CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily.

B. [ ] Dispose of present accumulation, no additional accumulation anticipated.

C. [ ] Microfilm and destroy originals.

D. [X] Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept	b. In Storage Center	c. Total	10. Equipment and space freed	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		YES [ ] NO [X]

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval — Robert E. Farber, M.D., Title: Commissioner of Health — Date: 3/28/63

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A. To be sold as scrap or waste paper	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference.)
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ]	[X]	[ ]

REMARKS: 2 negative Rolls

Records Management Officer — Date: 3/28/63

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

-30—M. & T.—100 B—6EL

E 76361

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

169 E 76361

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Lexington Building. ST. 28-63 WARD)

2-FULL NAME Edythe L. Ogelsby.

(a) RESIDENCE NO 4405 Belview Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ---------- mos. ---------- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) December 28, 1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	1	5 6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Stenographer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

PARENTS

10 NAME OF FATHER Charles H. Ogelsby.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania.

12 MAIDEN NAME OF MOTHER Lollian Wattier.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania.

14 Informant Charles H. Robinson. (brotherinlaw)
(Address) 4405 Belview Ave.

15 Filed FEB 4 1932 H. HAMPTON JONES, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 3, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of the skull, chushed body, internal injuries. Jumped from the a 9th story window of the Lexington Bldg.
Suicide. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt Coroner. M. D.

2/4/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Hanover Pa DATE OF BURIAL Feb 5 1932

20 UNDERTAKER Josiah Lyter ADDRESS Hanover Pa

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76362 E 76362

CERTIFICATE OF DEATH

REGISTERED NO.

1.-PLACE OF DEATH

CITY OF BALTIMORE: (a) RESIDENCE NO. 1824 Ashburton St. WARD 15-60

(If death occurred in a hospital or institution, give its NAME instead of street and number.) Walter A Cox Sr. 1824 Ashburton St.

2.-FULL NAME

(a) RESIDENCE NO. 1824 St. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs mos ds How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Caroline B Cox

6 DATE OF BIRTH (month, day, and year): [illegible] 1854

7 AGE: Years 77 Months 9 Days 4 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED: (a) Trade, profession or particular kind of work: Retired C & O Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Charles Cox

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Lent Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Lawrence A Schmidt (Address) 1824 Ashburton St

15 Filed [illegible] 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 2 1932

17 I HEREBY CERTIFY, That I attended deceased from June 2nd 1932, to Feb 2nd 1932, that I last saw him alive on Feb 2nd 1932, and that death occurred, on the date stated above, at 11:30 A m.

The CAUSE OF DEATH* was as follows:

apoplexy - senility

(duration) yrs mos 3 ds.

CONTRIBUTORY (Secondary): malnutrition (duration) yrs mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) M P Boyerly M. D.

19 (Address) 30 E Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet DATE OF BURIAL: Feb 5th 1932

20 UNDERTAKER: Josiah Dyer ADDRESS: 1600 W Baltimore

84 1932

Spec.—1-10-21—MAT—1500 Blks.

76363 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76363

CERTIFICATE OF DEATH. 46

REGISTERED NO. 15-64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4009 Kathland St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Matilda Crook

(a) RESIDENCE NO. 4009 Kathland St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred all lifetime yrs mos ds How long in U. S., if at foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem.	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Wm Crook

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Caroline Fowler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

14 Informant (Address) Mrs. Blanch M. Evans 4009 Kathland St.

15 Filed Feb 4 1932 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby. 3, 1932

17 I HEREBY CERTIFY, That I attended deceased from Jany. 9, 1931, to Feb. 3, 1932

that I last saw him alive on Feb. 2, 1932

and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Cancer of stomach

(duration) Symptoms about 2 mos. yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? symptoms and palpation

(Signed) J. T. Chenwell, M. D.

Feb. 3, 1932 (Address) 3310 Gorsuch Parkway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL 2/5 1932

20 UNDERTAKER Walter S. Rowlson

ADDRESS 2236 W North Ave

BACo. 5-31 250B

76364 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 131 E 76364

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 8-Da Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Banks

(a) Residence: No. 1006 Sarahann St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Mar.

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lucinda Banks (?)

7. DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	(?)	(?)	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation 040

12. BIRTHPLACE (city or town) (State or country) Md.
13. NAME OF FATHER William Banks
14. BIRTHPLACE (city or town) (State or country) Md.
15. MAIDEN NAME OF MOTHER Fraser (?)
16. BIRTHPLACE (city or town) (State or country)
17. INFORMANT Hospital Record (Address)
18. BURIAL, CREMATION, OR REMOVAL. Place Mt. Auburn Cemetery Date Feb. 4, 1932
19. UNDERTAKER Mrs Kate R Williams Address 322 E Lexington St
20. FILED ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-1, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-30, 1926 to 2-1, 1932

I last saw him alive on 2-1, 1932 death is said to have occurred on the date stated above, at 7.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vascular Renal disease - Myocarditis Chronic Nephritis	7-30-26 (?)

Other contributory causes of importance:

Chronic Myocardial Failure	1 Da.

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Arthur E Peterson Jones, M. D.
(Address) Balto City Hospitals

MaCo. 5-31 2501

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76365 VE 76365

CERTIFICATE OF DEATH X 54-004

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 94 Ward)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lena Alexander

(a) Residence: No. Oldtown City Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Max

7. DATE OF BIRTH (month, day, year) 1890

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	42			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Kendall Mallay

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Meram ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records

(Address) JOHNS HOPKINS HOS.

18. BURIAL, CREMATION, OR REMOVAL Place Atlanta Ga. Date 2/4 1932

19. UNDERTAKER Jos. F. Flanagan

(Address) 1220 Eutaw

20. FILED FEB 4 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb - 3 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 23 1932 to Feb 3 1932

I last saw h alive on Feb 3 1932 death is said to have occurred on the date stated above, at 11 37 p m.

The principal cause of death and related causes of importance were as follows:

Brain Tumor - pleural Endothelioma - left Cerebral - non malignant — Date of onset 1926

Other contributory causes of importance:

Bronchial Pneumonia bilateral — Feb 1932

Name of operation Left Craniotomy Date of Jan 26 32

What test confirmed diagnosis? Op. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1932

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Fred W Good M. D.

Johns Hopkins Hospital

AACo. 5-11 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 53E 76366

~~E 7363~~ 76366

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bessie Caples

(a) Residence: No. Flat Rock St., North Carolina Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Richard

3. DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Car

13. NAME Robert Keener

14. BIRTHPLACE (city or town) (State or country) N. Car

15. MAIDEN NAME Hattie Keener

16. BIRTHPLACE (city or town) (State or country) N Car

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Leakesville Date 2/4 1932

19. UNDERTAKER Joseph Laws
(Address)

20. FILED 1932 [illegible] Registrar. McCOMAS M. D.

FEB 4 1932 HARRY

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1932 to Feb 4, 1932

I last saw her alive on Feb 4, 1932 death is said to have occurred on the date stated above, at 1.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor, malignant glioma	6 yrs ago
Other contributory causes of importance	
operation	2 5 32

Name of operation Craniotomy Date of 3 3 32

What test confirmed diagnosis? ~~Clinical~~ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M Blackwood, M. D.
(Address) John Hopkins Hospital

-30—M. & T.—100 B—50L

76367

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 76367

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1610 N. Monroe ST. 15-21 (WARD)

2-FULL NAME Louis Hoffman

(a) RESIDENCE No. 1610 N. Monroe ST., WARD

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1869

7 AGE: 63

Years	Months	Days	If LESS than 1 day, hrs. or min.
62			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Abraham Hoffman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Sadie Klugman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Isaac Hoffman

(Address): 1728 Monument

15 Filed 2 1 1932 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 1st 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) Inquest thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) yrs. Sudden mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) [illegible], M. D. Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Southern Ave

20 UNDERTAKER: Sol Levinson & Bro

DATE OF BURIAL: 2/4 1932

ADDRESS: 1127 E Balto.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76368

CERTIFICATE OF DEATH

E 76368

Registered No. 92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 6-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Israel Morris

(a) Residence: No. 12 N. Chester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche

7. DATE OF BIRTH (month, day, year) 1852 Russia

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Moses Morris

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rachael Boyer

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Herrn Rm Date 2/5 1932

19. UNDERTAKER Jos Levinson & Bro
(Address) 117 E Balto St

FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1932 to Feb 11, 1932

I last saw him alive on Feb 4 1932 death is said to have occurred on the date stated above, at 4:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis	?
Arteriosclerosis	
Myocardial insufficiency	1929
Aortic insufficiency	1931

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. Wilson M. D.

(Address) Johns Hopkins Hospital

A&Co. 5-31 2505

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76369 E 76369

CERTIFICATE OF DEATH

Registered No. 76936

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital (St.) (Ward) 22-42

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Carter

(a) Residence: No. 4107 La Salle, Belair Rd, Balto. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Widower of Emma Sylvester

7. DATE OF BIRTH (month, day, year) Jan 29th 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74		3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Do not know

10. Date deceased last worked at this occupation (month and year) Don't know

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Reisterstown Balto Co

13. NAME John G Carter

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Francis Sanders

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Nellie Hammersla

(Address) 4107 La Salle Ave

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place Prospect Hill Date Feb 6th 1932

19. UNDERTAKER Geo H Schilling & Son

(Address) 1124 E Monument St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/2, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1/26, 1932 to 2/2, 1932

I last saw him alive on 2/2, 1932 death is said to have occurred on the date stated above, at 2 35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	1/30/32
Other contributory causes of importance: Adenomatous Prostate	

Name of operation Supra-pubic Cystotomy Date of 1/29/32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Emil J. C. Hildenbrand M. D.

(Address) University Hospital

AaCo. 5-31 2506

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76370 E 76370

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes Hospital Registered No. 17
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St. 25-12 Ward)

Length of residence in city or town where death occurred yrs. mos ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wave Miller

(a) Residence: No. St. Marys Ind. School St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Unknown 1923

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown
17. INFORMANT Hospital Records
(Address) St Agnes Hospital
18. BURIAL, CREMATION, OR REMOVAL Agnes Mem Date Dec 4 1931
19. UNDERTAKER East Side Funeral Home
(Address) 1111 N. Milton Ave
20. FILED DEC 1 1932 1932 H. EMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 12 - 1931, 19..., to Dec-3, 1932
I last saw h-im alive on Dec-3-32, 19... death is said to have occurred on the date stated above, at 2:55 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis	Dec 12 1931
Bronchial Pneumonia	Dec 1-1931

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Empson Jones M. D.
(Address) St Agnes Hospital

AdCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

76371

CERTIFICATE OF DEATH

97 E 76371

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1206 E. Hoffman St. 9-18 (Ward)

Length of residence in city or town where death occurred 78 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret A Neumann

(a) Residence: No. 1206 E. Hoffman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F Female	White	Widowed

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Neumann

7. DATE OF BIRTH (month, day, year) Nov 2 - 1842

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	3	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Adam Hartwick

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dorothea Kusch

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr Ernest Neumann
(Address) 1206 E. Hoffman

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date Feb 5 1932

19. UNDERTAKER John Leuck & Co
(Address) 1201 Eastern Ave

20. FILED Feb 6 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 3rd 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 23 1932 to Feb 3 1932

I last saw h[illegible] alive on Feb 2 1932 death is said to have occurred on the date stated above, at 6 1/2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dilatation of heart	Feb 3/32
Other contributory causes of importance.	Jan 31/32
Bronchitis & chronic valv. disease of heart	Nov 3/31

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) John A Carnelison M. D.

(Address) 1714 N Lanvale St.

AACo. S-H 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76372 — CERTIFICATE OF DEATH — 92-6 — E 76372

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 519 N Kennard Ave Sec. 4-10 Ward)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Howard Curry

(a) Residence: No. 519 N Kennard Ave Sec. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Myrtle Curry

7. DATE OF BIRTH (month, day, year) June 24 1895

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	7	9	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mail Carrier

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P.O.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation 3 yrs

13. BIRTHPLACE (city or town) (State or country) Baltimore

14. NAME William H Curry

15. BIRTHPLACE (city or town) (State or country) Baltimore

16. MAIDEN NAME Emma Miller

17. BIRTHPLACE (city or town) (State or country) Baltimore

18. INFORMANT Mrs Myrtle Curry
(Address) 519 N Kennard

19. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date July 6 1932

20. UNDERTAKER John Ulrich
(Address) 2108 Eutaw St

1932 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2 1932

22. I HEREBY CERTIFY, That I attended deceased from September 9 1931 to July 2 1932

I last saw him alive on Feb. 2 1932 death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency — Date of onset Feb 1931

Other contributory causes of importance: Cardiac Dilatation — Date of onset Jan 24 1932

Name of operation — Date of

What test confirmed diagnosis? Physical Examination — Autopsy? No

28. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert C Gundry M. D.

(Address) 2028 E Preston St

Rec. 2-29-28—L. F. S.—500 Blks.

E 76373

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001 V

E 76373

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1414 Carroll ST. 21-28 WARD)

2—FULL NAME James Arthur Pannill

(a) RESIDENCE NO. 1414 Carroll ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mal

4 COLOR OR RACE: Cal

5 Single, Married, Widowed, or Divorced, (write the word):

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year): March 27-1931

AGE: Years | Months: 10 | Days: 8 | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Washington D.C.

10 NAME OF FATHER: Arthur Pannill

11 BIRTHPLACE OF FATHER (city or town) (State or country): Wash D.C.

12 MAIDEN NAME OF MOTHER: Gertrude Endicott

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Wash D.C.

Informant: Gertrude Endicott

(Address) 1414 Carroll

Filed 1932, 19 G. HAMPSON JONES, M.D. Registrar

6585

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/4/32

17 I HEREBY CERTIFY, That I attended deceased from 2/1/32, 19 , to 2/3/32, 19 , that I last saw h alive on 2/3/32, 19 , and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) 1 yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): Cirrhosis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Linwood Brann M. D.

2/4/32 (Address) 1414 Carroll

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

UNDERTAKER

ADDRESS

FEB 3 - 1932

Commissioner of Health

For Edw. A. Woodall

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

76374 E 76374

CERTIFICATE OF DEATH

94-002

1. PLACE OF DEATH Maryland General Hospital. Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 11-24 St. Paul St.)

Length of residence in city or town where death occurred yrs. mos 17 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr John Hogan

(a) Residence: No. Rock Hall Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Susie Jolly Hogan

7. DATE OF BIRTH (month, day, year) May 12 1867

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	69	8	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal deliver 145

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chester Penn

13. NAME Franklin T Hogan

14. BIRTHPLACE (city or town) (State or country) Penn

15. MAIDEN NAME Mary J Coleman

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hosp records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Wesley Chapel Date Feb. 6 1932 Kent County Md

19. UNDERTAKER J. Otis Clark
(Address) Chestertown Md.

20. FILED 1932 Registrar R. O. 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4th 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 30 1932 to Feb 4th 1932

I last saw her alive on Feb 3 1932 death is said to have occurred on the date stated above, at 11 08 a.m. P.M.

The principal cause of death and related causes of importance were as follows

	Date of onset
Prostatic hypertrophy (Benign)	
Other contributory causes of importance Coronary embolism	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. D.

(Address)

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

76375

CERTIFICATE OF DEATH

108 E 76375

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 913 Woodbourne St. 27-48 Ward

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Edwin Wright

(a) Residence: No. 913 Woodbourne Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Nov 1st 1909

7. AGE: Years 22 | Months 3 | Days 2 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Richmond Va

13. NAME: C E Wright

14. BIRTHPLACE (city or town) (State or country): Virginia

15. MAIDEN NAME: Ida Tatum

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: C A Wright

(Address) 913 Woodbourne Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Richmond Va Date Feb. 5th, 1932

19. UNDERTAKER: H Jenkins & Son

(Address) Edmondson Ave & Carey St

FILED 1932 C. HARPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1932 to Feb 3, 1932

I last saw h— alive on Feb 2, 1932 Death is said to have occurred on the date stated above, at 2.15 P.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Jan 29
Pulmonary Embolism — Feb 3

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Helen C. Merkel M. D.

(Address) 3012 St Paul St Balto Md.

Spec—1-30—M. & T.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

76376

CERTIFICATE OF DEATH.

145-001

E 76376

70-69

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2627 Frederick Ave. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine C.Fuller

(a) RESIDENCE NO. 2627 Frederick Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of George Fuller

DATE OF BIRTH (month, day, and year) Dec 30 1911

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	1	5 4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto.Co.Md.

10 NAME OF FATHER Henry H.Veit

11 BIRTHPLACE OF FATHER (city or town) (State or country) Minneapolis Minn.

12 MAIDEN NAME OF MOTHER Margaret Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.Co.Md.

14 Informant George Fuller

(Address) 2627 Frederick Ave.

15 Filed 1932 . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4/1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 28 . 1932 . to Feb 4 . 1932 .

that I last saw h alive on Feb 4 . 1932 .

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Puerperal Infection

due to fall down back

(duration) yrs. mos 4 da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical findings

(Signed) Maxwell M. D.

2/4 . 1932 (Address) Irvington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL Feby 6 1932

20 UNDERTAKER Harry H Armacost & Son

ADDRESS 4204 Ridgewood Ave

A&Co. 5-31 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

76377

CERTIFICATE OF DEATH

E 76377

Registered No. 95-003

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital St. 11-24 Ward)

Length of residence in city or town where death occurred yrs. mos 8 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Alice Russell

(a) Residence: No. Liberty and Old Court Roads St., Ward.
Randallstown Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mr [illegible] (Russell)

6. DATE OF BIRTH (month, day, year) April 7, 1875 4-7-75

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	56	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

13. NAME Julia Arndt

FATHER

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Amelia Krieger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date Feb. 5, 1932

19. UNDERTAKER J. S. Black
(Address) 1003 W. Baltimore St.

20. FILED [illegible], 19[illegible] [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1932 to Feb 3, 1932

I last saw her alive on Feb 3, 1932 death is said to have occurred on the date stated above, at 2:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Obstruction [illegible]	11-27
Myocardial failure	[illegible]
Other contributory causes of importance: Chronic myocarditis	1900?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) [illegible], M. D.

(Address) Md General Hospital

76378

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 76378

CERTIFICATE OF DEATH

131

28-66

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 1922 West Forest Park Ave. (St.) (Ward)

2 FULL NAME Clinton Hall Spurrier

(a) RESIDENCE NO. 1922 West Forest Park Ave. ST. WARD

(If usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced: HUSBAND of (or) WIFE of Fannie Roote Spurrier

6 DATE OF BIRTH (month, day, and year) January 20, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	-	13 14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (state or country) Md

PARENTS

10 NAME OF FATHER Henry Spurrier

11 BIRTHPLACE OF FATHER (city or town) (state or country) Mt. Airy, Md.

12 MAIDEN NAME OF MOTHER Sarah Hood Williams

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Maryland

14 Informant (Address) Mrs. Fannie R. Spurrier 1922 West Forest Park Avenue

15 [illegible] 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) ~~January~~ Feb. 3/32

17 I HEREBY CERTIFY, That I attended deceased from ~~January~~ Feb. 2 1932 to ~~January~~ Feb. 3 1932

that I last saw ~~him~~ alive on ~~January~~ Feb. 2 1932

and that death occurred, on the date stated above, at 6.05 a m

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno Swan Thomas M. D.

2/3 1932 (Address) Med. Arts Bldg

*State the Disease Causing Death, or In deaths from Violent Causes (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery Frederick, Md.

DATE OF BURIAL: Feb. 6 1932

UNDERTAKER: Robt. Cook

ADDRESS: 1003 West Baltimore St.

1-30—M & T —100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

76379

CERTIFICATE OF DEATH

8-001 E 76379

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 212 N. Caroline St. 5-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Noble Washington

(a) RESIDENCE NO. 212 N. Caroline St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	col	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
50	45	9	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas Washington

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant John Smallwood
(Address) 1307 N. Eden St

15 Filed 2-3-32, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2/32 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Apoplexy

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] Coroner, M. D.

2/4/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery DATE OF BURIAL 2/5/1932

20 UNDERTAKER Payne Sander 1413 E preston ADDRESS

A&Co. 5-11 2501

HEALTH DEPARTMENT—CITY OF BALTIMORE

76380

CERTIFICATE OF DEATH

93 E 76380

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1710 Sulgrave Ave St. Dr Washington (Ward)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine Stoke Brumbaugh

(a) Residence: No. 1710 Sulgrave Ave, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced
HUSBAND (or) WIFE of Upton Brumbaugh

7. DATE OF BIRTH (month, day, year) Jan 4th 1851

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	1	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Williamsport Md

13. NAME Karshner Stoke

14. BIRTHPLACE (city or town) (State or country) Williamsport Md

15. MAIDEN NAME Adaline S. Oster

16. BIRTHPLACE (city or town) (State or country) Hagerstown Md

17. INFORMANT Andrew K. Brumbaugh
(Address) 1879 Coleridge Rd Cleveland Hghts Ohio

18. BURIAL, CREMATION, OR REMOVAL Rose Hill Hagerstown Md Date 2/5/ 1932

19. UNDERTAKER Wm Cook
(Address) 217 St Paul St

20. FILED 1932, 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4th 1932

22. I HEREBY CERTIFY, That I attended deceased from October 27, 1930 to Feb 4 1932

I last saw h alive on 19 death is said to have occurred on the date stated above, at 5A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Oct 27 1930
Senility	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E E Nichols, M. D.

(Address) Pikesville Md

A&Co. 5-31 250B

HEALTH DEPARTMENT CITY OF BALTIMORE

E 76381

CERTIFICATE OF DEATH

108 E 76381

Registered No.

1. PLACE OF DEATH Union Memorial Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4-47 St. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harriet Jane Summers

(a) Residence: No. 3524 Ellerslie Ave. St., Balto. Md. Ward. (If non resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married.

6. If married, widowed, or divorced (or) WIFE of Mr. Geo. D. Summers

7. DATE OF BIRTH (month, day, year) Feb. 10, 1867

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	11	6 24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (none)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

13. NAME Mr. Charles R. Standiford (d)

14. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

15. MAIDEN NAME Miss Cassandra Knight

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Feb 6, 1932

19. UNDERTAKER Wm. Rieman Sons
(Address) North & Pa Aves

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1932 to Feb. 4, 1932

I last saw her alive on Feb. 4, 1932 death is said to have occurred on the date stated above, at 7:27 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/29/32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) L. Prince, M. D.

(Address) Union Mem. Hosp.

AACo. 5-31 250B

76382

HEALTH DEPARTMENT—CITY OF BALTIMORE

46 E 76382

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1818 Park Ave St., 27-56 Ward)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Emma Reed

(a) Residence: No. 4634 Pimlico Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 7, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	76	3	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montgomery Co. Md.

13. NAME Wm. Edw. Reed

14. BIRTHPLACE (city or town) (State or country) Boston Mass.

15. MAIDEN NAME Elizabeth Thomas

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. John Reed
(Address) 4634 Pimlico Rd

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Feb 5 1932

19. UNDERTAKER Wm. Fletcher & Sons
(Address) North & Pine Sts.

20. FILED FEB 5 1932 WILSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1931, to Feb 2, 1932

I last saw h alive on Feb. 2 1932 death is said to have occurred on the date stated above, at 4:50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas	2.
Other contributory causes of importance: Cardiac Asthenia	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place. —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. Smith M. D.

(Address) 3429 Chestnut Ave

1-30—M. & T.—100 B—50L

E 76383

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76383

CERTIFICATE OF DEATH

121

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph Hospital ST. 27-43 WARD

2-FULL NAME Joseph Marecki

(a) RESIDENCE NO 5921 Glenoak Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 12/1920

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	11	10	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Julian Marecki

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Anna Lisek

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Julian Marecki

(Address) 5921 Glenoak, Ave

15 Filed FEB 5 1932 C. HUDSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2 A.M. Feb 2/32 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Peritonitis- Ruptured Appendix

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Feb 1/32

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] Coroner, M. D.

Feb 3, 19 32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Feb

DATE OF BURIAL 5 1932

20 UNDERTAKER John H. Weber

ADDRESS 401 Chester St

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 119 E 76384

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 1-24 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sterling Carey

(a) Residence: No. 937 Shenandoah St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word):

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Nov 21-1931

7. AGE: Years | Months: 2 | Days: 12 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

MOTHER FATHER

13. NAME: Albert Carey

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME: Estelle Wells

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Feb 4 1932

19. UNDERTAKER: Daniel Easton

(Address)

20. FILED 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1932 to Feb 8, 1932

I last saw h[illegible] alive on Feb. 8, 1932 death is said to have occurred on the date stated above, at 8 20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea and enteritis	1/29/32
Other contributory causes of importance:	
Lobar Pneumonia	1/26/32

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. D.

(Address) Johns Hopkins Hosp

1-30—M & T —100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76385

CERTIFICATE OF DEATH

82-001

E 76385

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 929 E. Eutaw St. 11-24 (WARD)

2-FULL NAME Alphonso T. Bailey

(a) RESIDENCE NO. (Usual place of abode) 920 N. Eutaw ST., WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha

6 DATE OF BIRTH (month, day, and year) Feb 10 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	11	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) St Josephs Mission

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Bertha T. Bailey

(Address) 920 N. Eutaw

15 Filed 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Feb 2nd 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) Seconds

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. Magruder Moore, M. D. Coroner

Feb 4 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 2-5 1932

20 UNDERTAKER Davis Easter

ADDRESS 916

AACo. 5-31 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76386

CERTIFICATE OF DEATH

E 76386

Registered No. 54

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 S. PattersonPark Ave. Ward) 6-10

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary M. McIlvaine

(a) Residence: No. 212 S. Patterson Park Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John McIlvaine

6. DATE OF BIRTH (month, day, year) Dec 30, 1869

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	62	1 2	4 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York Pa.

FATHER

13. NAME John E. Frederick

14. BIRTHPLACE (city or town) (State or country) York Pa.

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Frank J. Eyster

(Address) 3210 Fait Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Feb 6, 1932

19. UNDERTAKER George W. Zinkler

(Address) 1737 E. Eager St.

20. FILED 1932, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4, 1932 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1932 to Feb. 4, 1932

I last saw HER alive on Feb. 4, 1932 death is said to have occurred on the date stated above, at 8.35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	2/2/31
Other contributory causes of importance: Diabetic Coma	2/2/32

Name of operation None Date of

What test confirmed diagnosis? Clinical Was an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. S. Campbell M. D.

2/4/32 (Address) 1644 Hanover St

Spec—12-23-21—F B R S—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76387

CERTIFICATE OF DEATH.

√ 114 E 76387

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1028 N. Monroe St. 16-32 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy Hoffman

(a) Residence No. 1128 N. Monroe St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) May 20, 1931

7-AGE: yrs. 8 mos. 14 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country): Baltimore, Md.

PARENTS

10-NAME OF FATHER: Earl Hoffman

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Baltimore, Md.

12-MAIDEN NAME OF MOTHER: Mary Jarboe

13-BIRTHPLACE OF MOTHER (City or town) (State or Country): Baltimore, Md.

14- (Informant): Earl Hoffman

(Address): 1028 N. Monroe St.

15-

Filed 1932 [illegible] JONES, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) February 4, 1932

17- I HEREBY CERTIFY, That I attended deceased from Jan. 30 1932 to Feb. 3, 1932

that I last saw h[illegible] alive on Feb. 3, 1932

and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Enteritis

(Duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary): None

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? History

(Signed) John D. Quinn M. D.

2-4-1932 (Address) 1507 N. Fulton Ave.

*State (1) Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvert

DATE OF BURIAL: 2/6 1932

20-UNDERTAKER: Wm Cook

ADDRESS: 1217 Ft Ave

AACo. 5-31 250B

HEALTH DEPARTMENT CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH

E 76388 — Registered No. E 76388

1. PLACE OF DEATH: Baltimore City Hospitals — St. 24-34 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 82 yrs. mos ds. How long in U.S. If of foreign birth 82 yrs mos ds

2. FULL NAME: Catherine Woomer

(a) Residence: No. 115 E. Barney St., Ward. (If non-resident give city or town and State)

no home

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jansen Woomer

7. DATE OF BIRTH (month, day, year): 1844 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): ? Germany

MOTHER'S FATHER

13. NAME: ?

14. BIRTHPLACE (city or town) (State or country): ?

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT (Address): Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL: Place Baltimore Cemetery Date 2/6, 19 32

19. UNDERTAKER (Address): Wm Cook 1217 E Paul St

20. FILED ..... 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1929 to Feb. 3, 1932

I last saw her alive on Feb. 3, 1932 death is said to have occurred on the date stated above, at 3:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis. chr Arteriosclerosis, gen Hypertension	2 yrs 20 yrs

Other contributory causes of importance:

arteriosclerosis cerebral

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Jno Stewart Jr., M. D.

(Address) Balto. City Hosp.

Spec.—9-30—A. & Co.—250 Blks

Margaret Hotta

76389 HEALTH DEPARTMENT—CITY OF BALTIMORE 76389

CERTIFICATE OF DEATH

1. PLACE OF DEATH 911 Cathedral St — S 11-24 (WARD) — REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Margaret

2. FULL NAME Mrs Leonard Hotta

(a) RESIDENCE NO. 911 Cathedral St — ST. — WARD (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 85 yrs. mos. ds. — How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female — 4. COLOR OR RACE: White — 5. ~~Single~~, Married, ~~Widowed~~ or Divorced, (write the word): Married

5a. If married, widowed, or divorced (~~Husband~~) or WIFE of Leonard Hotta

6. DATE OF BIRTH (month, day, and year): April 13-1910

7. AGE: Years 21 yrs — Months 9 — Days 21 — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Dom
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10. NAME OF FATHER: Vernon L Parker
11. BIRTHPLACE OF FATHER (city or town) (State or country): Warrenton N.C.
12. MAIDEN NAME OF MOTHER: Janie E Godfrey
13. BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14. Informant: Vernon L Parker Jr
(Address): 319 E Madison St Hag Md

15. Filed Feb 9 1932 — Md. — Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): Feb 7/1932

17. I HEREBY CERTIFY, That I attended deceased from Dec 12th, 1931, to Feb 4th, 1932

that I last saw h[er] alive on Feb 4th, 1932

and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Amyloid Nephritis

(duration) yrs. 6 mos. ds.

18. Where was disease contracted if not at place of death? in Balto Md

Did an operation precede death? No — Date of —

Was there an autopsy? No

What test confirmed diagnosis? Sign & Symptoms

(Signed) J A Chatard M. D.

Feb 8 1932 (Address) 708 N Calvert St Balto Md

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Hagerstown Md

DATE OF BURIAL: Feb 7 1932

20. UNDERTAKER: H C Duncan

ADDRESS: Hagerstown Md

Spec.—2-29-28—1. P. S.—500 Blks.

E 76390

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

73 E 76390

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Penitentiary (Ward) 18-16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles Hamilton

(a) RESIDENCE NO. 221 N. Amity ST.. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	B	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 2-15-1910

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	11	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of indostry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (City or town) Baltimore
(State or country) Md

10 NAME OF FATHER Thos. Hamilton

11 BIRTHPLACE OF FATHER (City or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Josephine Hollund

13 BIRTHPLACE OF MOTHER (City or town)
(State or country) Md

14 Informant Josephine Thomas
(Address) 221 Amity St

15 Filed 1932, 19.. .. M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-3-32

17 I HEREBY CERTIFY, That I attended deceased from Nov 24, 1931, to Feb 3, 1932.

that I last saw him alive on Feb 3, 1932

and (that death occurred, on the date stated above, at 3.50 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No

What (test confirmed diagnosis? Usual

(Signed) John L. Audrey M. D.

19 (Address) 3012 Northern Parkway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem.

DATE OF BURIAL 2/6 1932

20 UNDERTAKER Harold Easton

ADDRESS 916 Penna Ave

1-30—M & T—100 B—50L

E 76391

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1644-001

E 76391

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3349 Belair Road ST. 21-10 WARD)

2-FULL NAME Mary E. Johnson

(a) RESIDENCE NO 3349 Belair Road ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 23/1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	7	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Straw Hat Trimmer
(b) General nature of industry, business, or establishment in which employed (or employer) Dbb
(c) Name of employer M.S.levy & Co

9 BIRTHPLACE (city or town) (State or country) Vanderbilt, Pa.

PARENTS

10 NAME OF FATHER Geo. W. Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick, Md.

12 MAIDEN NAME OF MOTHER Dora Harford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Vanderbilt, Pa

14 Informant Robert W. Johnson (Bro)
(Address) 6933 Theodore S., Phila Pa

15 Filed Feb 4 1932 E. HAY JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3/32 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Illuminating Gas Asphixiation
Suicide
Gas range burners turned on.
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) ..... M. D.
Coroner

Feb 4 1932 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Morland Memorial Park

DATE OF BURIAL 2-6 1932

20 UNDERTAKER Est B Harle

ADDRESS 115 E Mt St

Spec—9 30—A. & Co.—250 Bks

E 76392 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76392

CERTIFICATE OF DEATH

106-002

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Sinai Hospital ST. 15-58 WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Joseph Katz

(a) RESIDENCE NO. 3807 Towanda ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of Late Martha
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	64	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Wms Katz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) Wallie Frant 3507 Towanda ave

15 Filed 2 1932 Wallie Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Febr. 5. 1932,

17

I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1932, to Feb 5, 1932

that I last saw h[illegible] alive on Feb 4, 1932

and that death occurred, on the date stated above, at 2-10 a m.

The CAUSE OF DEATH* was as follows:

Myocardial failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Nephritis, Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. B. Kelly M. D.

2-5, 1932 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harmon Mt Carmel Road

DATE OF BURIAL 2/5 1932

20 UNDERTAKER Hol Gerson & Bro

ADDRESS 1127 E Balto st

AdCo. 5-31 2500

John J. Reddington

HEALTH DEPARTMENT—CITY OF BALTIMORE

13\E 76393

E 76393

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 234 Homewood Terrace St. 12-44 Ward)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John J. Reddington

(a) Residence: No. 234 Homewood Terrace St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine Reddington

6. DATE OF BIRTH (month, day, year) Jan 27, 1868

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
✓	64	0	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gen'l Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER FATHER

13. NAME Patrick Reddington

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Elizabeth Devine

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Catherine Reddington
(Address) 234 Homewood Terrace

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Feb 6, 32

19. UNDERTAKER R. E. Trueheart
(Address) 1 E. Lexington St.

FILED 5 1932 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1930 to Feb 4, 1932

I last saw him alive on Jan 30, 1932 death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/4/32

Other contributory causes of importance:
Cardio Renal Vascular Hypertension Disease

Name of operation None Date of

What test confirmed diagnosis Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.
(Address) 705 Med Arts Bldg

A&Co. 5-31 250B

76394

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 76394

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3136 Leeds St. St. 20-70 Ward)

Length of residence in city or town where death occurred 87 yrs. 5 mos. 12 ds. How long in U.S. If of foreign birth? 84 yrs. 5 mos. 12 ds.

2. FULL NAME Maria Gerlach

(a) Residence: No. 3136 Leeds St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Gerlach

6. DATE OF BIRTH (month, day, year) August 23, 1844

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME Leonard Klein

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Maria Keil

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Miss. Amelia Klein 3136 Leeds St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Feb. 8, 1932

19. UNDERTAKER (Address) Robert S. Little 2700 Edmondson Ave.

20. FILED FEB 5 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1932 to Feb 4, 1932

I last saw her alive on Feb 4, 1932 death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	[illegible]

Other contributory causes of importance:

Cardiac decompensation	Feb.

Name of operation — Date of —

What test confirmed diagnosis? cl Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) F J Kyper M. D.

(Address) 3321 Fredk Ave

AaCo. 5-31 250M

76395 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76395

CERTIFICATE OF DEATH

164-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 9-47 Ward)

Length of residence in city or town where death occurred 16 yrs. mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Sloss Smith.

(a) Residence: No. 509 E 38 St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married.

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Alice Smith

6. DATE OF BIRTH (month, day, year) Mar 15 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (city or town) (State or country) Montgomery Alabama

13. NAME W. Frank Smith

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Sarah Dillard

16. BIRTHPLACE (city or town) (State or country) Montgomery Alabama

17. INFORMANT Lila Smith Simpson

(Address) Atlanta Ga.

18. ~~BURIAL~~ CREMATION, ~~REMOVAL~~

Place London Park Date Feb 6 1932

19. UNDERTAKER Henry W. Rukert's Son

(Address) 14 Eutaw Place

20. FILED FEB 6 1932 By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 - 3 , 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1 , 1932, to Feb. 3 , 1932

I last saw him alive on Feb 3 , 1932 death is said to have occurred on the date stated above, at 8 30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poisoning.	2/1/32
(Suicide)	
Other contributory causes of importance: Bronchopneumonia.	2/2/32

Name of operation None Date of

What test confirmed diagnosis? Lab. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, ~~or homicide~~? Suicid Date of injury 2/1, 1932

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. home.

Manner of injury Inhaled Illuminating Gas.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C Maurice Jones Abrams M. D.

(Address) Univ. Hospital

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76396

V 82 3003

CERTIFICATE OF DEATH.

REGISTERED NO. E 76396

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1718 Ethnny St. 17-24 Ward)

2 FULL NAME Howard Brown

(a) RESIDENCE NO. 1718 Ethnny St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Hannah Brown

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Porter
(b) General nature of industry, business, or establishment in which employed (or employer) Market
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va

12 MAIDEN NAME OF MOTHER Anderson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ohio

14 Informant Asher Reed
(Address) 1718 Ethnny St.

15 Filed 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/24/32

17
I HEREBY CERTIFY, That I attended deceased from 1/11/32 to 1/24/32
that I last saw h-- alive on 1/24/32
and that death occurred, on the date stated above, at 7:58 P.M.

The CAUSE OF DEATH* was as follows:
Arteriosclerosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemiplegia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? No
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) A. Levi Hi M. D.
1932 (Address) 527 Mad. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary — DATE OF BURIAL Feb. 5 1932

20 UNDERTAKER M. & R. C. Elliott — ADDRESS 1727 Eutaw Pl.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-002

E 76397

6397

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospital. ST. 26-36 WARD)

2-FULL NAME John Strepay Jr.

(a) RESIDENCE NO 6583 St Helena Ave. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. ---- mos. ------- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) February 26, 1911

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	11	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Furnace worker.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania.

PARENTS

10 NAME OF FATHER John Strepay, Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria.

12 MAIDEN NAME OF MOTHER Alice Gelembrusn.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria.

14 Informant Bertha Strepay. (stepmother)

(Address) 6583 StHelena Ave.

15 Filed [illegible] 1932 HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 3, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull, Struck and knocked down by an Automobile while walking on the road

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Homicide

(duration) Sundath Eve. yrs. mos. ds.

18 Where was disease contracted if not at place of death? February 1, 1932

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquest

(Signed) Otto Steinhardt, M. D. Coroner

2/5/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem

DATE OF BURIAL 2/9/32

20 UNDERTAKER George J. Kettler

ADDRESS 1130 E Lexington

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76398 CERTIFICATE OF DEATH 2-4-32 E 76398

1. PLACE OF DEATH Baltimore City Hospitals St. 76-37 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth 20 yrs. mos. ds.

2. FULL NAME Josephine Wojtal Tomiatowska

(a) Residence: No. 1221 S. Clinton St., Ward. 50 4th.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Eugene Tomiatowska

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 28 | Months | Days | If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Patient
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Cem. Date Feb. 6" 1932

19. UNDERTAKER Stephen D. Stalkowski M
(Address) 1000 S. Linwood Ave

20. FILED 1932 HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-4-1932

22. I HEREBY CERTIFY, That I attended deceased from 2-22-31, 19 to 2-4-32, 19

I last saw her alive on 2-3-32, 19 death is said to have occurred on the date stated above, at 2:35A.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Arteriosclerotic cardio renal disease ?

Other contributory causes of importance:

Myocardial failure 2-3-32
Lumbar puncture

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Curtis E. Linton M. D.
(Address) Balto. City Hospitals

Spec.—0-30—A & Co.—250 Bks

E 76399

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76399

CERTIFICATE OF DEATH

93-003

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) #22 E. 22nd ST. 9-Wd (WARD)

2 FULL NAME Lewis Ward Windsor

(a) RESIDENCE NO #22 E 22nd ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 COLOR OR RACE W.

5 ~~Single, Married~~, Widowed, or ~~Divorced~~, (write the word) Widow.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Geo Windsor

6 DATE OF BIRTH (month, day, and year) Sept 11-1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	89	4	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None 60
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Laurel Md.

PARENTS

10 NAME OF FATHER David Hill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Hill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Mrs E Irene Tompkins 422 E 22nd St

15 Filed Jan 3 1938 J. SIMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 29 1932 to Feb 4 1932 that I last saw h[illegible] alive on Feb 4 1932 and that death occurred, on the date stated above, at 12 30 o'clock m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility + Carcinoma Uterus

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) W S Emmy M. D.

(Address) Govt Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Lebanon Cem. Balto Co. Md. DATE OF BURIAL Feb 6 1932

20 UNDERTAKER Peter Gloe ADDRESS 2229 E Baltimore

30—M. & T.—100 B—50L.

E 76400

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E-76400

REGISTERED NO. 00194 E

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 909 N. Central Ave ST., 10-14 WARD) 159

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. Healy

(a) RESIDENCE NO 909 N. Central Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Feb 3/32

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				8

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

10 NAME OF FATHER John J Healy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Pauline Fox

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Pauline Fox

(Address) 909 N. Central Ave

Filed Feb 6 1932 H. W. JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4/32 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. C. Coulter, M. D. Coroner

Feb 4/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

JOHNS HOPKINS HOSPITAL

Spec.—1-30—M. & T.—250 Bks.

E 76401

E 76401

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

160-002

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital Baltimore Md. St. 9-46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Dellman

(a) RESIDENCE NO. 3030 Matthews St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	—

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2/3/32

7 AGE	Years	Months	Days	If LESS than 1 day 14 hrs. or ... min.
14 hours	0	—	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Vernon Dellman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Ella May Smith.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant (Address) 3030 Matthews St.

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/4/32

17 I HEREBY CERTIFY, That I attended deceased from 2/3, 1932, to 2/4/32, 19...,

that I last saw him alive on 2/4/32, 9 a.m. 19...,

and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Intracranial hemorrhage.

14 hours

(duration) 14 hrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of...

Was there an autopsy? Yes Autopsy —

What test confirmed diagnosis?

(Signed) Archie Robert Cahen, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19 FEB 5 - 1932

20 UNDERTAKER

ADDRESS

JOHNS HOPKINS HOSPITAL

B 5 1932 H. HARRISON JONES, M. D.

Registrar

6504

1-30—M. & T.—100 B—50L.

E 76402

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76402

CERTIFICATE OF DEATH

178-001

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced dead at Johns Hopkins Hospital

CITY OF BALTIMORE: (No. _____ ST 2-4 WARD)

2-FULL NAME Walter Wirobek (Wyrobek)

(a) RESIDENCE NO 733 S. Bond ST., _____ WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs _____ mos _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	arreid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maryanna nee Skoneczny)

6 DATE OF BIRTH (month, day, and year) about 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Longshoreman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Wies Bojewa Poland

PARENTS

10 NAME OF FATHER Martin Wyrobek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Katarzyma Styl

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Catherine Miros (Cousin) (Address) 2205 Essex St

15 Filed _____, 192 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3/32 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Illuminating Gas Poisoning-Accidental
Probably kicked hose loose from gas stove while intoxicated.

(duration) _____ yrs. _____ mos _____ ds

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) J. H. Weems, M. D. Coroner

Feb 4/32 (Address) 806 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cemetery

DATE OF BURIAL Feb 6th 1932

20 UNDERTAKER George A. Weber

ADDRESS 705 S Ann St

Spec—9-30—A. & Co.—250 Blks

76403 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76403

CERTIFICATE OF DEATH

93-003

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No) 120 S Wolfe St (WARD) 7-4

2 FULL NAME Antonina Andreasik

(a) RESIDENCE NO 120 S Wolfe St. (Usual place of abode) WARD _____ (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? 21 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan. 19-1884.

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48		15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Work.

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER Louis Wilk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Juliana Bunzick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Alice Makowska (Address) 120 S Wolfe Street

15 Filed _____, 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/4/32

17

I HEREBY CERTIFY, That I attended deceased from 1/24/ 1932 to 2/4/ 1932

that I last saw her alive on 2/2/ 1932

and that death occurred, on the date stated above, at 3 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 4 yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Ascites - Pulmonary Edema

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? UnKnown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Alex Abseintseff M. D.

2/4/ 1932 (Address) 713 Augusta St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cemetery DATE OF BURIAL Feb 8 1932

20 UNDERTAKER George A. Weber ADDRESS 705 S. Ann St

1-30—M. & T.—100 B—60L

76404

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82 E 76404

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital. ST. 27-55 WARD

2-FULL NAME John Maus.

(a) RESIDENCE NO 5250 Nelson Ave, Arlington ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of Lena C. Maus.

6 DATE OF BIRTH (month, day, and year) January 14, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	0	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Watchman.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: Dietrich Bros.

9 BIRTHPLACE (city or town) (State or country): Germany.

PARENTS

10 NAME OF FATHER: John Maus.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Elizabeth Pitts.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Lena C. Maus. (wife)
(Address) 5250 Nelson Ave Arlington.

15 Filed 1932. C. HARPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 4, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage.
Hemiplegia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 220 E. Pleasant St.
Did an operation precede death? No. Date of
Was there an autopsy? No.
What test confirmed diagnosis? Inquiry

(Signed) Otto H. Reinhardt M. D. Coroner

2/4/32 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem.

DATE OF BURIAL: 2/6/1932.

20 UNDERTAKER: John F. Cowan & Son

ADDRESS: 901 Hollins St.

1-30—M. & T.—100 B—50L

E 76405

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76405

CERTIFICATE OF DEATH

REGISTERED NO. 107

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1706 Aliceanna ST. 2-4 WARD)

2-FULL NAME Wladislaw Zandarski

(a) RESIDENCE No. 1706 Aliceanna ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 28 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	-	3	7 6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Stanislaus Zandarski

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

12 MAIDEN NAME OF MOTHER Joanna Doniskowski

13 BIRTHPLACE OF MOTHER (city or town) Poland
(State or country)

14 Informant Stanislaus Zandarski
(Address) 1706 Aliceanna St.

15 Filed 1932 J. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) B P Herzog M D, M. D.
Coroner

Feb 5, 1932 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary

DATE OF BURIAL Feb 5, 1932

20 UNDERTAKER M F Sadowski

ADDRESS 1940 Eastern Ave

AsCo. 5-31 2500

E 76406 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93 E 76406

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1003 E. Calvert St. 11-15 Ward)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Frick

(a) Residence: No. 1003 E. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced, HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb. 16, 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82 yrs.	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nurse
10. Date deceased last worked at this occupation (month and year) 12 yrs. ago
11. Total time (years) spent in this occupation 56

12. BIRTHPLACE (city or town) (State or country) Phila. Penn.

MOTHER FATHER

13. NAME John Frick
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Margaret Clark
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs J. M. Frick
(Address) 1003 E. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL. Place St. Peters Cemetery Date Feb. 6, 1932

19. UNDERTAKER Emmert Conkey
(Address) 524 Eutaw St.

20. FILED 2-5 1932 C. HUNSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/4, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1/26, 1932 to 2/3, 1932

I last saw her alive on 2/3, 1932 death is said to have occurred on the date stated above, at 5 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	2 yrs.
myocarditis	Nov. 1931 (1929)

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Phys. exam. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Norman Smith M. D.

(Address) 817 Park Ave. Balto. Md.

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 76407

E 76407

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH West Balto Gen Hosp. ST. 12-18 WARD

CITY OF BALTIMORE: (Or)

2-FULL NAME John Nunnery

(a) RESIDENCE NO 2747 Winchester ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline L Nunnery

6 DATE OF BIRTH (month, day, and year) May 4 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	8	30	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Janitor
(b) General nature of industry, business, or establishment in which employed (or employer) Royal Cash Bkt Store
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto md.

PARENTS

10 NAME OF FATHER Fred Nunnery

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Lotta Christiana

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Katherine M Balto Hosp (Address) Baynor Bve

15 Filed 1932 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Feb 3rd 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accident. Electric Car

Cerebral Hemorrhage

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Fell back on head

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Poplar Grove Street

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. E. Heuisler M. D. (Coroner)

19 (Address) Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Feb 6 1932

20 UNDERTAKER Chas Mac John M Tindel & Son

ADDRESS 501 W Fayette

1-30—M. & T.—100 B—50L

E 76408

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76408

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hosp Memorial Hosp ST. ..... WARD)

2-FULL NAME Dora Keziah

(a) RESIDENCE NO 726 Singer Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Emmett Keziah

6 DATE OF BIRTH (month, day, and year) About 1887

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
45	2	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) At Home
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Charlotte N.C.

PARENTS

10 NAME OF FATHER George Aldridge

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Emmett Keziah

(Address) 726 Singer Ave

15 Filed 2 1932, 192 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/3 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tabes Dorsalis

Heart

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) ..... M. D. Coroner

2/5, 1932 (Address) 3632 Belair

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys (Hampden) Cemetery

DATE OF BURIAL 2/8/1932

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76409

93-E 76409

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2636 Maryland Ave Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Jennie E. Stevens

(a) Residence: No. 2636 Maryland Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of .....
(or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Feb 9th 1855

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
77	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Clyde N.Y.

FATHER

13. NAME Henry H. Stevens

14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER

15. MAIDEN NAME Eliza E. Wallace

16. BIRTHPLACE (city or town) (State or country) Troy N.Y.

17. INFORMANT Miss Frances A. Stevens
(Address) 2636 Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Clyde N.Y. Date 2/6/1932

19. UNDERTAKER Wm Cook
(Address) 211 St Paul St

20. FILED 1932 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3rd 1932

22. I HEREBY CERTIFY, That I attended deceased from 1/27 1932 to 2/3 1932

I last saw her alive on 2/3 1932 death is said to have occurred on the date stated above, at 11:30 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral hem. — Date of onset 1/27/32
arterio sclerosis

Other contributory causes of importance:

Myocarditis
former attack Hemeplegia — 1924

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm H. Welch M. D.

(Address) 2020 N. Charles

A&Co. 5-31 250B

76410 HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 76410

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tbc.)

CITY OF BALTIMORE: (No. ..... St., 1-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs ... mos. ... ds.

2. FULL NAME Frank Bauernschub

(a) Residence: No. 715 S. Robinson st. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	46 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boxmaker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER
13. NAME John Bauernschub
14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER
15. MAIDEN NAME Caroline Rice
16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Feb 8 1932

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. Wolfe St

20. FILED 1932 C. HARRISON JONES M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4 to 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1932, to Feb. 4, 1932

I last saw h im alive on Feb. 4, 1932 death is said to have occurred on the date stated above, at 1.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unknown

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Laurence A. Sena, M. D.

(Address) Baltimore City Hospitals

AACo. 5-31 2508

76411 **HEALTH DEPARTMENT—CITY OF BALTIMORE** L 76411

CERTIFICATE OF DEATH

25-75-51

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 Maude Ave. Brooklyn St., ... Ward.)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William H. Calvert

(a) Residence: No. 504 Maude Ave., St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Victoria I. Calvert

6. DATE OF BIRTH (month, day, year) Jan. 2, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	59	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Arundel Corporation
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

FATHER

13. NAME Benjamin F. Calvert
14. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

MOTHER

15. MAIDEN NAME Prudie Young
16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT Victoria I. Calvert (Address) 504 Maude Ave.-Brooklyn

18. BURIAL, CREMATION, OR REMOVAL. Place Cedar Hill Date Feb 9, 1932

19. UNDERTAKER John F. Dennis (Address) 715 Light St.

20. FILED 1932, 19 ..... S. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from January 13, 1932, to Feb. 4, 1932
I last saw him alive on Feb. 4, 1932 death is said to have occurred on the date stated above, at 8.40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of bladder	about 1½ yea
Other contributory causes of importance:	

Name of operation - - - - Date of - -

What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? -- Date of injury --, 19....
Where did injury occur? ----
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. -------
Manner of injury -------
Nature of injury -------

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Harry Weibel, M. D.
(Address) 1224-1226 Hanover St.

AsCo. 5-31 2500

76412

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 76412

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1766 Homestead St., 9-th Ward)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marie K Valentine

(a) Residence: No. 1766 Homestead St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Norman L Valentine

6. DATE OF BIRTH (month, day, year) Feb 11 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

MOTHER FATHER

13. NAME Ludwig Flescher

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Mauro

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Norman L Valentine

(Address) 1766 Homestead

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Feb 6 1932

19. UNDERTAKER Fleischmann Bros

(Address) Lena Path

C. HAMPSON JONES, M. D.

Registrar.

Filed Feb 6 1932

Issued for

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 32, to Feb 3, 32

I last saw her alive on Feb 3 1932 death is said to have occurred on the date stated above, at 7P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	2/3/32
" Pneumonia	2/3/32

Other contributory causes of importance:

Chronic Cholecystitis	2 years

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W J Young, M. D.

(Address) 6 W Monument

AACo. 5-31 2500

76413

HEALTH DEPARTMENT—CITY OF BALTIMORE

76413

CERTIFICATE OF DEATH

X 15

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 9-43 Ward)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 10 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Tatt

(a) Residence: No. Lavings, Calvert Co, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of /

6. DATE OF BIRTH (month, day, year) Dec 20, 1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	1	15 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lavings Md

FATHER

13. NAME J Hutchins Tatt
14. BIRTHPLACE (city or town) (State or country) Calvert Co, Md

MOTHER

15. MAIDEN NAME Lola King
16. BIRTHPLACE (city or town) (State or country) Calvert Co, Md

17. INFORMANT Mrs. Lola Tatt
(Address) Lavings, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Int Lavings Calvert Co Date Feb 8, 1932

19. UNDERTAKER J H Hutchins
(Address) Owings Md

20. FILED Feb 8, 1932 RFW Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1932 to Feb 5, 1932
I last saw h.r alive on Feb 5, 1932 death is said to have occurred on the date stated above, at 7 10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas (generalized)	1/25/32
Other contributory causes of importance: none	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) L. Peter Meranchi M. D.
(Address) Sydenham Hospital

A&Co. 5-11 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

76414 — 76414

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital — Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ Ward) 4-36

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Margaret A. Lunney

(a) Residence: No. 2213 West Fayette St., Ward. (Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/23/53

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HW 027

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Christian Lauer

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Ann Rose Hauns

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 2-8-1932

19. UNDERTAKER Robert Brooks & Son (Address) Calhoun & Pulaski Sts.

20. FILED 2-8-1932 C. HUPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-4-1932

22. I HEREBY CERTIFY, That I attended deceased from 1-15-1932, to 2-4-1932

I last saw her alive on 2-4-1932 death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Congested Funeral Pneumonia	20 days
Other contributory causes of importance: Pulmonary Embolism	1/2 hr.

Name of operation Funeral Thoracotomy Date of 2-2-32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ____, 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) ____, M. D.

(Address) ____

1-30—M & T—100 B—501.

E 76415

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76415

CERTIFICATE OF DEATH

REGISTERED NO. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 726 W Saratoga ST. 4-26 WARD

2-FULL NAME Julia Saunders

(a) RESIDENCE NO 726 W Saratoga ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs 5 mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE Female Colored

5 Single, Married, Widowed, or Divorced (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lee Saunders

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
56	55			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Jake Ruins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Maria Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mrs. Lula Lee (sister)

(Address) 1411 E. Chase St

15 Filed 1932 C. FAYETTE JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) (duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Carlos Tillett, M. D. Coroner

1932, (Address) 2-[illegible] Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashton Cemetery Balto.

DATE OF BURIAL 6 1932

20 UNDERTAKER Chas. R. [illegible] & Son

ADDRESS Carlisle Pa

AACo. 5-31 2108

E 764 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76416

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes Hospital
CITY OF BALTIMORE: (No. Hilton & Caton Aves) St. (Or Ward)
Length of residence in city or town where death occurred yrs. 1 mos ds. How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Mrs. Mary Sandaman

(a) Residence: No. Elkridge Md St. Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Sandaman

6. DATE OF BIRTH (month, day, year) Aug 11th 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	56	5	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER
13. NAME Mrs Mary Sandaman
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Margaret Miller
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Henry Sandman
(Address) Elkridge - Md

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Co. Date 2/8 1932

19. UNDERTAKER John F. Howard & Son
(Address) 924 Hollins St.

20. FILED 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-6 1932

22. I HEREBY CERTIFY, That I attended, deceased from January 4 1932 to February 6 1932
I last saw her alive on Feb. 5 1932 death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1 week
Contributory causes of importance:	
Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. Simon Anderson M. D.
(Address) Elkridge Md.

A&Co. 5 II 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

76417

CERTIFICATE OF DEATH

X121 E 76417

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4-30 Ward)

Length of residence in city or town where death occurred yrs. mos 7 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jennie Williams

(a) Residence: No. Eldridge, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

13. NAME unknown
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) Md.

FATHER

17. INFORMANT Mrs. Williams
(Address) Doney Howard Co. Md

18. BURIAL, CREMATION, OR REMOVAL
Place Ft Stewart Date 2-7 1932

19. UNDERTAKER James Carton
(Address) 216 Paca St

20. FILED Feb 9 1932 A. C. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4 1932

22. I HEREBY CERTIFY, That I attended deceased from January 27 1932 to Feb. 4 1932
I last saw her alive on Feb. 4 1932 death is said to have occurred on the date stated above, at 6.15 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	Jan. 4. 32
Other contributory causes of importance:	
Cholangeitis	Dec. 31
Cystitis	" 31

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George H. Yeager M. D.
2/4/32 (Address) University Hospital

AaCo. 5-31 250B

76418 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

107-D 76418

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 18-26 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs 4 mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Doris Hall.

(a) Residence: No. 129 Amity St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 7-1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Norine Hall

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Green

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary Hall
(Address) 129 Amity St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 2-6 1932

19. UNDERTAKER Daniel Custer
(Address) 711 Ramsay

20. FILED 1932 Feb 8 19 A.C.H. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1932 to Feb. 4, 1932

I last saw he alive on Feb. 4, 1932 death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	Jan 28, 1932
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Syn. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Joseph F. Drenga M. D.
(Address) University Hospital

CHARLES S. THOMPSON, M.D.

AACo. 5-31 250B

76419 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-0E 76419

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 W. Barre St. 21-24 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Arthur Kinnitz

(a) Residence: No. 816 W. Barre St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Pauline M. Kinnitz

6. DATE OF BIRTH (month, day, year) January 5, 1870

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	62	-	29 30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wilson & Rullmen

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME Charles Frank Kinnitz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. Frederick Lucas
(Address) 681 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date February 8 1932

19. UNDERTAKER Geo. H. Corse
(Address) 1003 W. Baltimore St.

20. FILED 1932 RM Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1 1932 to Feb. 4 1932

I last saw ~~him~~ alive on Feb. 4 1932 death is said to have occurred on the date stated above, at 9:20 P.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia.

Date of onset

Other contributory causes of importance:
Ulcers Gangrene.
Right Lower Extremity.

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury 19
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. no injury
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry M.D.
(Address) 1216 Hanover

AaCo. 5-31 2501

HEALTH DEPARTMENT—CITY OF BALTIMORE

25 76420 — 54-E 76420

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U.S. if of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Mack Foster

(a) Residence: No. Burlington N Car St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) N. Car

FATHER

13. NAME Samuel Foster

14. BIRTHPLACE (city or town) (State or country) N Car

MOTHER

15. MAIDEN NAME Eugenia Underwood

16. BIRTHPLACE (city or town) (State or country) N Car.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Earlington Date 2-7 1932

19. UNDERTAKER Joseph Shreve
(Address) Earlington Ky

20. FILED FEB 7 1932 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 3 1932 to Feb 5 1932

I last saw him alive on Feb 5 1932 death is said to have occurred on the date stated above, at 7.4 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma pelvis with ulcus vulvae	1926

Other contributory causes of importance:

Uraemia

Name of operation Curettage & fulguration Date of 2 5 32

What test confirmed diagnosis Microscopic. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W B Woodhall M. D.

(Address) Johns Hopkins Hospital

AACo. 5-31 250B

E 76421 HEALTH DEPARTMENT—CITY OF BALTIMORE

XV 48 E 76421

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St. 4-20 Ward)

Length of residence in city or town where death occurred yrs. mos 27 ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Laura Belle Grace

(a) Residence: No. Towson Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Harry C. Grace

6. DATE OF BIRTH (month, day, year) April 28th 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Lewis W. Thayer

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Elizabeth Schwartz

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Harry C. Grace

(Address) Towson Md

18. BURIAL, CREMATION, OR REMOVAL. Place Park Road Date Feb. 7, 1932

19. UNDERTAKER John Burns Sons

(Address) Towson Md

20. FILED FEB 7 1932, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 6 1932

22. I HEREBY CERTIFY, That I attended deceased from January 14, 1932, to Feb. 6, 1932

I last saw h[illegible] alive on Feb 6, 1932 death is said to have occurred on the date stated above, at 3:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	Aug 1931
Other contributory causes of importance: Mechanical Ileus	Feb 1, 32

Name of operation Colostomy Date of Jan. 20

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Horn Baker, M. D.

(Address) Univ. Hosp.

Spec.—9-30—A. & Co.—250 Bks.

76422 HEALTH DEPARTMENT—CITY OF BALTIMORE 76422

CERTIFICATE OF DEATH. X 131

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No.) Sinai Hospital (St.) 7-13 (Ward)

2 FULL NAME Lillian Goldstein

(a) RESIDENCE NO. 1201-21st st N.W. (St.) Wash D C (Ward)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. 7 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Goldstein

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Isaac Tabin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Cecelia

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Hary. Goldstein (Address) 1732 Columbia st

15 Filed 1932 RJC Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/6/32

17

I HEREBY CERTIFY, That I attended deceased from 1/27, 19 32, to 2/6, 19 32

that I last saw h[illegible] alive on 2-6, 19 32

and that death occurred, on the date stated above, at 1.20 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Pyelonephritis - Left

Rhydronephrosis - Left

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Uraemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 2/5/32

Was there an autopsy? Yes Hemorrhagic Pyelitis & Pyelitis

What test confirmed diagnosis? Autopsy

(Signed) J. E. Goodman M. D.

19 (Address) Sinai Hospital.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington D. C.

DATE OF BURIAL 2-7 1932

20 UNDERTAKER Jack Levin Inc.

ADDRESS 1439 G Pa Ave

1-30—M. & T.—100 B—50L

76423

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001 92 E 76423

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2915 Kirk Avenue ST. 9-46 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillie M. Spence

(a) RESIDENCE NO. 2915 Kirk Avenue ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry W. Spence

6 DATE OF BIRTH (month, day, and year) October 10, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	3	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None 037
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER John E. Folks

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Lillie May

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Mr. Charles H. Spence
(Address) 2915 Kirk Ave.

15 Filed 1932 . 192 . Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 5 1932 10 AM.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cardiac Failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Valvular Insufficiency?

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John H. Kaelin, M. D. Coroner

Feb 19 32 (Address) 508 E. North Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Feb. 8 1932

20 UNDERTAKER Joseph B Cook

ADDRESS 1003 West Baltimore St.

TION is very important. See instructions on back of certificate.

1-30—M & T—100 B—50L

E 76424

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

26-45 160-002

REGISTERED NO. E 76424

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Vernon Reichert

(a) RESIDENCE NO 3408 Belair Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	--

5a If married, widowed, or divorced (or) WIFE of ---

6 DATE OF BIRTH (month, day, and year) Feb. 4, 1932

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
			2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work --
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER Hiram V. Reichert

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Edna V. Horak

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md.

14 Informant Hiram V. Reichert
(Address) 3408 Belair Road

15 Filed ... 19... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 6, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intracranial Hemorrhage

Birth Injury (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] Coroner, M. D.

19 (Address) 808 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem. Co.

DATE OF BURIAL Feb. 8, 1932

ADDRESS

20 UNDERTAKER Frederick Lansburgh 7401 Belair Rd.

FEB 7 1932

THON is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 76425

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76425

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 926 W. Fulton St. 16-22 WARD

2-FULL NAME Robt M. Griffin

(a) RESIDENCE NO. 926 W. Fulton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Matilda Morris

6 DATE OF BIRTH (month, day and year) Oct 13-1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	3	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Home Friendly Life Insur. Co.

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Robt M. Griffin

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

12 MAIDEN NAME OF MOTHER Louisa Morris

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md

14 Informant Matilda Griffin

(Address) 926 W. Fulton

15 Filed . 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Sept 16 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) Autopsy thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) Autopsy find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis Failure Duration

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Robt Griffith, M. D. Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Cathedral Cem. DATE OF BURIAL Feb 1 1932

20 UNDERTAKER John O Mitchell & Son ADDRESS 1900 Eutaw Place

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76426

CERTIFICATE OF DEATH

E 76426

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 4046 Kate Ave. St 15-63 WARD

2 FULL NAME Dan F. Baker

(a) RESIDENCE NO. 4046 Kate Ave. St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edna E. Ford

6 DATE OF BIRTH (month, day, and year) Feb.10,1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
69	68	11	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Swift & Co.

9 BIRTHPLACE (city or town) (State or country) Harford County Md.

PARENTS

10 NAME OF FATHER ---

11 BIRTHPLACE OF FATHER (city or town) (State or country) ---

12 MAIDEN NAME OF MOTHER ---

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ---

14 Informant Mrs. Edna Ford Bolton
(Address) 4046 Kate Ave.

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb.6,1932

17 I HEREBY CERTIFY, That I attended deceased from Jan. 28, 1932, to Feb. 5th, 1932 that I last saw him alive on Feb. 5th, 1932 and that death occurred, on the date stated above, at 8:45 A.M.

The CAUSE OF DEATH* was as follows:

Coronary Occlusion,
Myocarditis,
Pericardial infarct.

(duration) yrs. one mos. 12 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Approximate (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? xxxxxxx

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) William A. Sinton M. D.

19 (Address) 2624 St.Paul St, City

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL Feb.8, 1932

20 UNDERTAKER John O. Mitchell & Sons, ADDRESS 1900 Eutaw Place

Malcolm B. Mitchell

Registered 3 F 1932 HARRISON JONES, M.D.

AACo. 5-11 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76427 +59 E 76427

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital 59 Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 12-14 St. Ward)

Length of residence in city or town where death occurred yrs mos 2 ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Dr. William J. Skilling.

(a) Residence: No. Lonaconing, Md. St. Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lottie V. Zinn

6. DATE OF BIRTH (month, day, year) 10/20/59

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min
	72	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Jan. 32.

11. Total time (years) spent in this occupation 45 ?

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Dr John Skilling

14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER

15. MAIDEN NAME Mary Quail.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Dr. W. J. Skilling.
(Address) 4107 Liberty Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lonaconing, Md. Date Feb. 1, 1932

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED , 19 , Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/6 , 1932

22. I HEREBY CERTIFY, That I attended deceased from 2/7 , 1932 to 2/6 , 1932
I last saw him alive on 2/6 , 1932 death is said to have occurred on the date stated above, at 12:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia, bilateral	2/4/32
Other contributory causes of importance	
Diabetes Mellitus	1915 (?)
Carbuncle, thigh, rt	3 weeks
Prostatitis, [redacted] acute.	2 weeks

Name of operation — Date of —
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Samuel McLanahan, M.D.
(Address) Union Memorial Hosp.

AaCo. 5-31 2108

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 76428 — 93-00 3 — E 76428

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

St. 2-4 Ward)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 20 yrs mos ds How long in U.S. If of foreign birth? 30 yrs mos ds

2. FULL NAME Stanley Alexandrowicz

(a) Residence: No. 1610 Shakespeare Str. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	50?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ? Poland

MOTHER FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date 2/8/32 19

19. UNDERTAKER F. W. Cichowski
(Address) 1910 Eastern Ave.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1932 to Feb. 5, 1932

I last saw him alive on Feb. 5, 1932 death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Feb. 5, 1932
Other contributory causes of importance: Myocarditis, chronic interstitial.	[illegible]

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Ned Stevenson M. D.

(Address) Balto. City Hosp.

OCCUPATION & SEX inquiries

T. JOSEPH ELWOOD JONES, M. D.

1-28—M & T—100 B—50L

76429

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3 E 76429

REGISTERED NO. 173

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital ST., 5-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elmer T. Staylor

(a) RESIDENCE NO. 1601-E. Preston Street ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of - - - - - - -

6 DATE OF BIRTH (month, day, and year) 1/2/1913

7 AGE Years	Months	Days	If LESS than 1 day, hrs.
19	1	1	~~xx hrs~~

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Chauefeurs
(b) General nature of industry, business, or establishment in which employed (or employer) Taxi-cab
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Wm. A. Staylor

11 BIRTHPLACE OF FATHER (City or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Lula Staylor (Witts)

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Baltimore, Md.

14 Informant Mrs. Lula Staylor

(Address) 1601- E. Preston Street

15 Filed ..... 19.. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3 [illegible] 32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to h[illegible] death on the day stated above.

THE CAUSE OF DEATH was as follows: Gun Shot wound through Head [illegible] Pulmonary

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] Coroner, M. D.

[illegible] 19.. (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 3 [illegible] 19

20 UNDERTAKER [illegible]

ADDRESS [illegible]

FEB 1932 [illegible] M. D.

TION is very important. See instructions on back of certificate.

AACo. 5-11 2108

E 76430

HEALTH DEPARTMENT—CITY OF BALTIMORE E 76430

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 617-E. 28th. Street St., 9-47 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dora Lorenz

(a) Residence: No. 617-E. 28th Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Fredk. Lorenz

6. DATE OF BIRTH (month, day, year) 4/14/1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	9	22 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0??

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles Heisterman

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Margaret Harker

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs Sarah E. Heisterman
(Address) 1233-Cliftview Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 2/8/32

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH OVER.

21. DATE OF DEATH (month, day, year) Feb 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1932 to Feb 5, 1932

I last saw her alive on Feb 4, 1932 death is said to have occurred on the date stated above, at 10:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	?
Other contributory causes of importance	
Pulmonary Oedema	2 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank Lemmon M. D.

(Address) 2305 Eutaw Place

AdCo. 5-31 250M

E 76431 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 76431

CERTIFICATE OF DEATH

Registered No. 47

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705-Cliftview Ave. St. 8-45 Ward)

Length of residence in city or town where death occurred life yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Frederick Linck

(a) Residence: No. 1705-Cliftview Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary (Vogl)

6. DATE OF BIRTH (month, day, year) 1-28/1887

7. AGE Years	Months	Days	If LESS than 1 day old
45	-	8	~~hrs. or min.~~

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc 613

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Harry Linck

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Amelia Wagner

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Amelia Funk
(Address) 1607-Cliftview Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date 1/13 19

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-5 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 . 1931 to 2-5 . 1932

I last saw him alive on 2-5 . 1932 death is said to have occurred on the date stated above, at 1:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	about 5 mo ago
Myocardial Degeneration	
Arterial Hypertension	

Other contributory causes of importance:

acute Cardiac Dilatation

Name of operation Removal of Head Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-064 V

E 76432

REGISTERED NO. E 76432

E 76432
1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hotel Rennert. ST. 4-25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul Winchester.

(a) RESIDENCE NO Hotel Rennert. ST., ... WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40. yrs. ---- mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of Virginia Winchester.

6 DATE OF BIRTH (month, day, and year) January 15, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	0	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Newspaper publisher.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Grafton Lee Brown.
(Address) 500 Hollen Rd.

Filed ..... 19 32 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 5, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the heart.
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto Hartzendorf, M. D. Coroner

2/6/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount St. Mary's, Md.

DATE OF BURIAL: 2/8, 1932

20 UNDERTAKER: Henry A. Mears & Son

ADDRESS: 805 N. Calvert

FEB 7 1932 HAWSON JONES M.D.

Via Western Maryland Railroad Escort Grafton Lee Brown

TION is very important See instructions on back of certificates.

AACo. 5-11 250B

Margaret Eagan

HEALTH DEPARTMENT—CITY OF BALTIMORE

76433 76433

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Joseph Hospital Registered No. 24433

CITY OF BALTIMORE: (No. 6 Nelson St., 2nd Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Egan

(a) Residence: No. 1218 Battery St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 5 1926

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Thos. J. Egan

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Margaret Mueller

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Margaret Egan (Address) 1218 Battery Ave

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross Date Feb. 10 1932

19. UNDERTAKER J. J. Flynn & Co. (Address) 710 W. Fulton St.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-6-32, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-12-32, 19, to 2-6-32, 19

I last saw h[illegible] alive on 2-2-32 19 death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Bronchial Pneumonia	
Terminal Pneumonia	
Leukemia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. H. Hendrey M. D.

(Address) St Joseph Hospital

E. FRANCIS JONES, M. D.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

76434 E 76434

CERTIFICATE OF DEATH

1. PLACE OF DEATH (a) Hospital or Institution. Registered No. 59
(If death occurred in hospital or institution, give its NAME instead of street and number.)
CITY OF BALTIMORE: (No.) Louraine St. Ward 23
Length of residence in city or town where death occurred about 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Flynn

(a) Residence: No. 1307 Hull St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John J. Flynn

6. DATE OF BIRTH (month, day and year) Sept. 28-1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	4	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME Jas. Gilbons
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Honora Coleman
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Mrs Anna Prosser 1307 Hull St
18. BURIAL, CREMATION, OR REMOVAL. Place Cathedral Date Feb. 8 1932
19. UNDERTAKER (Address) Maynard S. Flynn 1107 N. Milton St.
20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-5-32, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-29-32, 19 to 2-5-32, 19
I last saw h alive on 2-5-32 19 death is said to have occurred on the date stated above, at 5P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
diabetes Mellitus	
Other contributory causes of importance:	
Pneumonia	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) W. W. Handley M. D.
(Address) 1307 Hull St.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76435 50 E 76435

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 27-46 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Georgia A. Shaick

(a) Residence: No. 5106 Whitelord Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Shaick

6. DATE OF BIRTH (month, day, year) Dec. 22, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
67	67	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gen.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pittsburg Pa.

MOTHER FATHER

13. NAME Wm H. Lewis

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Sara Cross

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date Feb 8th 1932

19. UNDERTAKER Bertram Hope
(Address) 2224 N. Charles St

20. FILED [illegible] 1932 [illegible] HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4 1932 to Feb 6 1932

I last saw her alive on Feb. 4 1932 death is said to have occurred on the date stated above, at 3:10 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Metastatic carcinoma of liver primary in st. breast (cardiac resp. renal. heart failure)	

Other contributory causes of importance:

Name of operation Exploratory laparotomy Date of Feb 5, 1932

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Samuel McLanahan, M. D.
(Address) Union Mem. Hospital

OCCUPATION is very important. See instructions.

AACo. 5-31 250B

76436 HEALTH DEPARTMENT—CITY OF BALTIMORE 76436

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 320 Gittings Ave St., 27-48 Ward)

Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sovana T. Smith

(a) Residence: No. 320 Gittings St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married, widowed or divorced~~ (or) WIFE of George A. Smith

6. DATE OF BIRTH (month, day, year) Apr 23rd 1842

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
90	9	314	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md

FATHER

13. NAME Joshua Fowble

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

MOTHER

15. MAIDEN NAME Charlotte Gill

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Wanda S Cornelius

(Address) 320 Gittings Ave

18. BURIAL, CREMATION, OR REMOVAL Presbyterian (Govans Cemetery) Date 2/8/1932

19. UNDERTAKER Wm Cook

(Address) 1217 E Pratt St

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6th 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1931 to Feby. 6, 1932

I last saw her alive on Jany 10 1932 death is said to have occurred on the date stated above, at 12:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Senility	

Other contributory causes of importance

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Wm O Pillsbury M. D.

(Address) 415 Cedarcroft Rd

OCCUPATION is very important. See instructions on back of this sheet.

Spec.—0-20—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76437

CERTIFICATE OF DEATH.

127-002

E 76437

1-PLACE OF DEATH West Baltimore General Hospital REGISTERED NO.

CITY OF BALTIMORE: (No ~~2825 W. Lemmel~~ ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Martha Fingles

(a) RESIDENCE NO. 2825 W. Lemmle ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2.5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If ~~married~~ widowed, or ~~divorced~~:
~~HUSBAND of~~
(or) WIFE of James A. Fingles

6 DATE OF BIRTH (month, day, and year) Jan 8th 1868

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	0	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) At Home
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Irvington Va

PARENTS
10 NAME OF FATHER Lemuel Ashburn
11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.
12 MAIDEN NAME OF MOTHER Rosetta Warwick
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Rena Walker
(Address) 2941 W. Mosher st

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 6, 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan. 31 , 19 32 to Feb. 6 , 19 32
that I last saw her alive on Feb 6 , 19 32
and that death occurred, on the date stated above, at 10:53 A.M.
The CAUSE OF DEATH* was as follows:

Heart failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Operation — drainage of gall bladder + ~~Cancer~~ tumor mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? yes Date of Jan. 31, 1931
Was there an autopsy? no
What test confirmed diagnosis?

(Signed) John K Rozell M. D.
2/6 1932 (Address) West Balto Gen'l Hosp

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL 2/9 1932

20 UNDERTAKER Wm Cook ADDRESS 1217 St Paul St

TION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 76438

HEALTH DEPARTMENT—CITY OF BALTIMORE

115-001

CERTIFICATE OF DEATH

Registered No. E 76438

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp St. 8-11 Ward)

Length of residence in city or town where death occurred 5 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME - Vincent Gehring

(a) Residence: No. 2809 E. Preston St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W White	- Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb. 6, 1900

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
32 yrs	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as optuner, sawyer, bookkeeper, etc. A.S.L. operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) - Penna.

FATHER

13. NAME John Gehring

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Rose Leonard

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Leonard Gehring

(Address) 2809 E. Preston St

18. BURIAL, CREMATION, OR REMOVAL

Holy Redeemer Cemetery Date 2/9 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED 1932 [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/6/32 19

22. I HEREBY CERTIFY, That I attended deceased from 2/3/32 19 to 2/6/32 19

I last saw him alive on 2/6/32 19 death is said to have occurred on the date stated above, at 6 10 P.M. in

The principal cause of death and related causes of importance were as follows:

	Date of onset
- Acute Follicular Tonsilitis,	- 1wk.
Acute Purulent Pericarditis,	4-5 days
Other contributory causes of importance - Pleurisy with effusion	- 1 day
at base -	
Myocardial Insufficiency	- 2 days

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. L. Chambers, M. D.

(Address) Mercy Hosp.

A&Co. 5-31 250B

HEALTH DEPARTMENT CITY OF BALTIMORE

E 76439 E 76439

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1010 N Eden St St 10-14 (Ward)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Elizabeth Wolf

(a) Residence: No. 1010 N Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Edward L Wolf

6. DATE OF BIRTH (month, day, year) July 15 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... 10 yrs
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto

MOTHER FATHER

13. NAME Antone Hunk
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edward Wolf (Address) 1010 N Eden St

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Oct 9 1932

19. UNDERTAKER W. E. Duppel Inc (Address) 372 Cathedral St

20. FILED OCT 10 1932 HAROLD JONES, M. D., Registrar

OCCUPATION is very important. See instructions on the back of this certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1930 to Oct 6 1932

I last saw h W alive on Oct 6 1932 death is said to have occurred on the date stated above, at 5 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Arteriosclerosis	
Hypertension	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Typical ... was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter Thomas M. D.
(Address) 1228 Eutaw

AACo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 76440 — 46 E 76440

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 12-54 Ward)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Mrs Bertha Gebhart (Pa, Pa.)

(a) Residence: No. 2202 Calvert Ave St. Ward.
(If non resident give city or town and State)
(usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Mr Frank Gebhart

6. DATE OF BIRTH (month, day, year) January 3, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	63	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) Oct
11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Balt. Maryland

MOTHER FATHER

13. NAME Abram Emrich
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Minna Ehrman
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. M. Emrich
(Address) 2218 Park Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Lundsby Date 2/5/ 1932

19. UNDERTAKER Theo. Sondheimer Son
(Address) 1162 Eutaw Place

20. FILED 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 3d, 1931, to Feb. 6, 1932

I last saw h[illegible] alive on Feb 6, 1932 death is said to have occurred on the date stated above, at 4:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon	
Other contributory causes of importance: Intra abdominal abscess	

Name of operation Incision & Drainage Date of Dec 12, 31

What test confirmed diagnosis? Was there an autopsy?

28. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Allen R. Hamilton M. D.

(Address) Union Memorial Hosp

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-29—M&T—500 Blks.

E 76441 HEALTH DEPARTMENT—CITY OF BALTIMORE 87-00 76441

CERTIFICATE OF DEATH. E 76441

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) U.S. Marine Hosp. (St.) Balto Md (WARD).

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dr. George W. Stoner

(a) RESIDENCE NO. Stapleton (St.) Staten Island N.Y. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Mrs. George W. Stoner

6 DATE OF BIRTH (month, day, and year): Jan 9, 1853

7 AGE: Years 78; Months 11; Days 30; If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Doctor of Medicine

(b) General nature of industry, business, or establishment in which employed (or employer): U.S. Public Health Service

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): East Berlin Pennsylvania

PARENTS

10 NAME OF FATHER: J. K. Stoner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pennsylvania

12 MAIDEN NAME OF MOTHER: Catherine Wood

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pennsylvania

14 Informant (Address): Dr. J. R. Anderson Asst. U.S. Marine Hosp. Balto Md

15 Filed 1932 . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 7, 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 19, 1932, to Feb 7, 1932,

that I last saw him alive on Feb 7, 1932

and that death occurred, on the date stated above, at 10.45 A m

The CAUSE OF DEATH* was as follows:

(1) Cerebral Hemorrhage (Apoplexy)

(2) Acute of bladder

(2) 10 years

(1) (duration) 9 yrs. 3 mos ds.

CONTRIBUTORY (Secondary): myocarditis

(duration) yrs. mos. 17 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Jan 25, 1932

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) E. H. Townsend (per DRG) M. D.

2/7, 1932 (Address) U.S. Marine Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Littlestown, Pa.

DATE OF BURIAL: Feb 10 1932

20 UNDERTAKER: John W. Little

ADDRESS: Littlestown Pa

TION is very important. See instructions on back of certificate.

E 76442

STATE OF MARYLAND
CERTIFICATE OF DEATH

E 76442

1 PLACE OF DEATH.
County Balto City

Registration Dist. No. 9-47

Village or City Balto. md (No. 533 E. 38th St.) St. 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John H. Grove

18 yrs.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: Sept. 18 1859 (Month) (Day) (Year)

7 AGE: 72 yrs. 4 mos. 19 ds. (If LESS than 1 day hrs. or min.)

8 OCCUPATION
(a) Trade, profession or particular kind of work: Watchman
(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country): Pa.

PARENTS

10 NAME OF FATHER: Leo Grove

11 BIRTHPLACE OF FATHER (State or country): Pa

12 MAIDEN NAME OF MOTHER: Leah Geary

13 BIRTHPLACE OF MOTHER (State or country): Pa.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Howard M. Grove

(Address) 1803 Chilton St.

15 Filed 1932 Reg. No. 1932 Keff

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: February 7 1932 (Month) (Day) 1932 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Jan. 31st 1932 to Feby 7th 1932

that I last saw h alive on Feby 7th 1932,

and that death occurred on the date stated above, at 6-25 P.M.

The CAUSE OF DEATH * was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 5 ds.

Contributory Secondary: Cardiac Failure

(Duration) yrs. mos. 2 ds.

(Signed) Robert F. Kieffer M. D.

Feby 7th 1932 (Address) 3126 Harford Rd

* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Shrewsbury Pa

DATE OF BURIAL: 2/10 1932

20 UNDERTAKER: Geo Geisler & Son

ADDRESS: Glen Rock Pa

If more blanks are needed, address State Registrar, 15 W. Saratoga St., Balto., Requesting V. S. No. 1

AaCo. 5-11 2-08

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 V

E 76443

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

76443

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2709 Mosher St. 16-68 Ward)

Length of residence in city or town where death occurred 79 yrs. 2 mos. 23 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Virginia Chaillou

(a) Residence: No. 2709 Mosher St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Chaillou

6. DATE OF BIRTH (month, day, year) Nov. 14, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Edward McGeehan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mr. Roy Chaillou (Address) 2810 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date Feb 9 1932

19. UNDERTAKER J. Kirkner Sons (Address) North Ave

20. FILED Feb 8 1932 H. L. Kirk Registrar

B 8

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6 1932

22. I HEREBY CERTIFY, That I attended deceased from December, 1931, to Feb 6, 1932

I last saw h alive on Feb 4th 1932 death is said to have occurred on the date stated above, at 8 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Intestinal Disturbance	?

Other contributory causes of importance:

Uraemia	Jan 4, 32

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wade H. Thompson, M. D.

(Address) 507 Medical Arts Bldg

1-30—M. & T.—100 B—50L

E 76444

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76444

CERTIFICATE OF DEATH

REGISTERED NO. 94

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Rivoli Theatre. ST., 9-46 WARD)

2-FULL NAME John Matthew Reichel.

(a) RESIDENCE NO 1623 Chilton St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 3 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of Winnie E.Reichel.

6 DATE OF BIRTH (month, day, and year) October 18,1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	53	3	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Insurance Agent.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Matthew Reichel.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Louisa Plitt.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Tyler Joyce.(nephew)
(Address) 708 N.Kenwood Ave.

15 Filed FEB 8 1932 12 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) February 5°1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Elliott Reinhardt, M. D.
Coroner

2/6/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Com DATE OF BURIAL Feb 8 1932

20 UNDERTAKER Wm. J. Tuckner & Son ADDRESS Mota

CAUSE OF DEATH ... See instructions on back of certificates.
TION is very important!

AACo. 5-11 2508

76445. HEALTH DEPARTMENT—CITY OF BALTIMORE E 76445.

CERTIFICATE OF DEATH

Registered No. 176 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Gen. Hospital 27-55 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. 7 mos. 16 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maude Marguerite Hutton

(a) Residence: No. 5321 Beaufort Ave St., Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~WIFE~~ of WIFE of Wilbert Earl Hutton

6. DATE OF BIRTH (month, day, year) Nov. 21 1899

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	32	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) November 1930

11. Total time (years) spent in this occupation 1½

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Robert Fulton Sanders

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Sadie Elizabeth Crowley

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT (Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL. Place Loudon Park Date Feb. 9, 1932

19. UNDERTAKER (Address) Wm. J. Jackson & Sons North Charles St.

20. FILED ....., 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1932 to Feb 6, 1932

I last saw her alive on Feb 6, 1932 death is said to have occurred on the date stated above, at 1:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Cerebral Embolism	2/6/32

Other contributory causes of importance:

Lymphostomy	2/5/32
Cholecystectomy	
Cholelithiasis	

Name of operation Cholecystectomy Date of 2/6/32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Robert Clements, M. D.

(Address) Md. General Hospital

OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T—100 B—50L

E 76446.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 76446

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1617 Jefferson ST. 6-9 WARD)

2-FULL NAME Mary C. Haskins

(a) RESIDENCE NO. 1617 Jefferson ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence is city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Richard H. Haskins

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Snow Hill, Md.

PARENTS

10 NAME OF FATHER Robert Spence

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Leah Btotton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Louise M. Watkins (Address) 1617 Jefferson St

15 Filed Feb 8 1932 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5/32 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to he death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) [signature] Coroner, M. D.

19 Feb 6/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem

DATE OF BURIAL 2-8 1932

20 UNDERTAKER Byron Wright 1218 E. Lexington St

ADDRESS

CAUSE OF DEATH must be given in plain terms, so that any person may understand it. See instructions on back of certificates. TION is very important

AACo. 5-31 2'OB

E 76447 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76447

CERTIFICATE OF DEATH

117-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Gen'l St. Hosp. Ward

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry D. Carney

(a) Residence: No. 1820 Collington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
~~WIFE~~ of Mrs. Harry D. Carney

6. DATE OF BIRTH (month, day, year) Dec. 25, 1884

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	47	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clifton Park School
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Frederick Carney
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Fannie Cain
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Record.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cemetery Date Feb 9, 1932

19. UNDERTAKER Albert F. Kilty
(Address) 1606 N. Charles Street

20. FILED ... 1932 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1932, to Feb. 5, 1932
Last saw h— alive on Feb. 5, 1932 death is said to have occurred on the date stated above, at 2.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated Duodenal Ulcer	1/16/32
Other contributory causes of importance:	
General Peritonitis	1/16/32
Bronchopneumonia	1/24/32

Name of operation Closure of Ulcer Date of 1/16/32
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town), county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gilbert F. Wilkerson M. D
(Address) Md. Gen'l Hosp.

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

CERTIFICATE OF DEATH

E 76448

E 76448

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH B. & O.R.R. Yards Locust Point

CITY OF BALTIMORE: (No. Foot of Andre St. ST. 23-31 WARD)

2-FULL NAME Roman Philanuk. (FILINUK)

(a) RESIDENCE NO 918 Bevan St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? 19 yrs. ---- mos. ---- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, HUSBAND of Alice Philanuk.

6 DATE OF BIRTH (month, day, and year) October 1, 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	4	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) B. & O.R.R.Co.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Alice Philanuk..(wife)

(Address) 918 Bevan St.

15 Filed 1932, 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 5, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.
Hemiplegia.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D. Coroner

2/5/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross & Co

DATE OF BURIAL 2-8 1932

20 UNDERTAKER Bernard C Hale

ADDRESS 1000 S Paca.

CAUSE OF DEATH in plain terms. So that it may be properly classified.
TION is very important See instructions on back of certificates.

AACo. 5-31 250R

E 76449. HEALTH DEPARTMENT—CITY OF BALTIMORE E 76449.

CERTIFICATE OF DEATH

92-0

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 723 N Central Ave St.) (Ward) 10-16th

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Borden

(a) Residence: No. 723 N Central Ave St., Ward.
(If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married.

5a. If married, widowed, or divorced (or) WIFE of Chas Borden

6. DATE OF BIRTH (month, day, year) 1885

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min
	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——— 37
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James Ellis.
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Henrietta Freeman
16. BIRTHPLACE (city or town) (State or country) Trinidad B.W.I.

17. INFORMANT (Address) Jessie Cummings (daughter) 723 N Central Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Asbury Cem. Date Feb 8 1932

19. UNDERTAKER (Address) Lottie Gross 1402 Ashland Ave

20. FILED. C. T. [illegible] 1932 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1932 to Feb 5, 1932

I last saw h[illegible] alive on Feb 4 1932 death is said to have occurred on the date stated above, at 10:10 A.m.

The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation

Date of onset Probably 1 mo

Other contributory causes of importance:

Repeated attacks of Bronchial Asthma and Hypertension

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. T. Jones M. D.

(Address) 1729 Monument St

C. T. JONES, M. D.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76450 XV 82-101 E 76450

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.) Registered No.

CITY OF BALTIMORE: (No. ? St., [illegible] Ward)

Length of residence in city or town where death occurred ? yrs. 3 mos. 5 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Ayers

(a) Residence: No. Uniontown, Pa St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William E. Ayers

6. DATE OF BIRTH (month, day, year) May ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Henry Ayers

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records of Balto City Hosp (Address)

18. BURIAL, CREMATION, OR REMOVAL Place St Paul's Cemetery Date Feb 8, 1932

19. UNDERTAKER Randall & Hippley (Address) 3008 Eastern Ave

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1931 to Feb. 4, 1932

I last saw her alive on Feb. 4, 1932 death is said to have occurred on the date stated above, at 5:20 m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Hemorrhage into Cerebrum~~	
~~Cerebral Hemorrhage~~	
Hemorrhage into Cerebrum	Aug 1931
	3 days

Other contributory causes of importance: Bronchopneumonia Influenza Uremia Arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas Thomas Jones, M. D.

(Address) City Hosp

OCCUPATION is very important. See instructions on back of certificate.

C. H. Pepper Jones M.D.

AaCo. 5-31 250B

HEALTH DEPARTMENT CITY OF BALTIMORE

E 76451

E 76451

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital

Registered No. 107

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore Med. St. 8-16 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theresa Hansel

(a) Residence: No. 1730 N. Duncan St. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Otto Hansel

6. DATE OF BIRTH (month, day, year) ? 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0?

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Balto City Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Matthews Date 2/9/ 1932

19. UNDERTAKER William Coote
(Address) 212 St Paul St.

20. FILED 19 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-6-1932

22. I HEREBY CERTIFY, That I attended deceased from 11-22-1931, to 2-6-1932

I last saw h[illegible] alive on 2-6-1932 death is said to have occurred on the date stated above, at 1.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-22-31
Other contributory causes of importance:	
Bronchitis	Uncertain

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

2-7-32 (Signed) Chas. Fahey M. D.

(Address) Balto. City Hospital

AaCo. 5-31 250B

E 76452

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001 V E 76452

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 719 E. Preston St. 10-1 Ward)

Length of residence in city or town where death occurred Life yrs. mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Elizabeth Ufrakel

(a) Residence: No. 719 E. Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~
(or) WIFE of James Ufrakel

6. DATE OF BIRTH (month, day, year) Nov 14th 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Unknown

18. BURIAL, CREMATION, OR REMOVAL Balto. Cemetery Date 2/10/1932

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

20. FILED 1932 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 28th, 1932 to Feb. 7th, 1932

I last saw h ER alive on Feb 5th, 1932 Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Disease	1/28/32
Cerebral Hemorrhage	
Other contributory causes of importance: Pulmonary Edema	2/7/32

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) Alex Alsentzer M. D.

(Address) 713 Dugan St

OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T—100 B—[illegible]

E 76453

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 76453
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital WARD 24-35

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME David Kurluk.

(a) RESIDENCE NO 1206 Cooksie St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) January 16, 1932

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	0	0	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER David Kurluk.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russian.

12 MAIDEN NAME OF MOTHER Agnes Persuk.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia.

14 Informant David Kurluk.(father)
(Address) 1206 Cooksie St.

15 Filed 1932 B. HAWSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February, 6, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Mal nutrition.
Broncho pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1206 Cooksie St. February 6, 1932

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Geo. Leffingwell Coroner. M. D.

2/8/32 19 1017 E. Charles St. (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Russian Ind Cem. DATE OF BURIAL Feb 8 1932

20 UNDERTAKER John J Gallinghouse ADDRESS 423 Race St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause is very important. See instructions on back of certificates.

AACo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76454

E 76454

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. ( ) Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William E. Snowden

(a) Residence: No. no home St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lizzie

6. DATE OF BIRTH (month, day, year) May 10, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Ferndale Md.

FATHER

13. NAME James Snowden

14. BIRTHPLACE (city or town) (State or country) ? Md.

MOTHER

15. MAIDEN NAME Josephine Smith

16. BIRTHPLACE (city or town) (State or country) ? Guinea

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place [illegible] Date Feb. 5, 1932

19. UNDERTAKER (Address) Wm. H. G. Elliott [illegible]

20. FILED FEB 8 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1932 to Feb. 3, 1932

I last saw h in alive on Feb. 3. 1932 death is said to have occurred on the date stated above, at 11:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, general	1930.
Other contributory causes of importance: Bronchopneumonia.	1/2/32.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Jas Greene M. D.

(Address) Balto City Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76455

CERTIFICATE OF DEATH

E 76455

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1042 McElderry St. 7-13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jane Jones

(a) Residence: No. 1042 McElderry St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 21 1911

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Fred Jones

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER

15. MAIDEN NAME Annie Hopkins

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Fred Jones

(Address) 1042 McElderry St.

18. BURIAL, CREMATION, OR REMOVAL

Place Pet. Date Jan 8, 1932

19. UNDERTAKER

(Address)

Filed Jan 8 1932 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-7-, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1932, to Jan. 7, 1932

I last saw h alive on Jan. 5, 1932. Death is said to have occurred on the date stated above, at 8:10 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia-Bronchial	Jan 1.
Pulmonary Edema	"

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 1508

76456. HEALTH DEPARTMENT CITY OF BALTIMORE E 76456.

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Joseph Hospital Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Calhoun St. (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry Schuret

(a) Residence: No. 1201 East Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed,~~ or ~~Divorced~~ (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Single

6. DATE OF BIRTH (month, day, year) Sept 13th 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hardware Paint
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hardware Paint
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 26

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Peter Schuret
14. BIRTHPLACE (city or town) (State or country) Wasserburg Germany

MOTHER

15. MAIDEN NAME Barbara Gra-
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT (Address) Mrs Hannah E Schuret 1201 E Monument St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date July 9th 1932

19. UNDERTAKER George H Schilling
(Address) 1124 E Baltimore St

20. FILED July 9 1932 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6-32 19

22. I HEREBY CERTIFY, That I attended deceased from July 28 32, 19 ... to July 6-32, 19 ...
I last saw h— alive on July 6-32 19 ... death is said to have occurred on the date stated above, at 1.30 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tubercular Pneumonia	

Other contributory causes of importance:

Dysuria, Impotentia

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) J B Hendrix M. D.
(Address) St Joseph Hospital

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31-2500

E 76457 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76457

V 111-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Josephs Hospital Registered No. 4417
CITY OF BALTIMORE: (No.) Caroline (St.) & Others (Ward) (If death occurred in hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Sister Mary Matrona Donahue
(a) Residence St Josephs Hospital Ward.
(Usual place of abode) (If not resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of: None

6. DATE OF BIRTH (month, day, year): 11-30-1873

7. AGE: Years 58 | Months 2 | Days 9 | If LESS than 1 day, hrs or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Religious
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER
13. NAME: Catherine Donahue
14. BIRTHPLACE (city or town) (State or country): Ireland
15. MAIDEN NAME: Mc Swan

FATHER
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Hospital Records

18. BURIAL, CREMATION, OR REMOVAL: Holy Redeemer Cemetery Date Feb 9 1932

19. UNDERTAKER: Henry Hoen & Son Inc.
(Address) 1301 E Eager St

20. FILED FEB 8 1932 CHAMPION JONES M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-7-32 19

22. I HEREBY CERTIFY, That I attended deceased from 12-31-30, 19, to 2-7-32, 19
I last saw h[illegible] alive on 2-7-32 19 death is said to have occurred on the date stated above, at 5:30 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Gangrene Right leg.	
Other contributory causes of importance: Pulmonary tuberculosis.	

Name of operation None Date of No
What test confirmed diagnosis? C. C. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, give

(Signed) Wm Hendrey M. D.
(Address) St Josephs Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 76458 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76458

CERTIFICATE OF DEATH

V 59

Registered No. 27542

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 6534 Rosemont Ave St., 27 Ward

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Fisher

(a) Residence: No. 6534 Rosemont Ave St., 27 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Fisher

6. DATE OF BIRTH (month, day, year) Feb, 19 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50 49	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Goiebleig Slembecker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William Fisher (husband)
(Address) 6534 Rosemont Ave

18. BURIAL, CREMATION, OR REMOVAL Parkwood Cemt Feb.9 1932
Place Date 19

19. UNDERTAKER Edward L Lilly
(Address) 3318 E Glenmore Ave

20. FILED Feb 9 1932 HARRY G. ROBERTS, M. D.
Registrar.
BY

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 9 1931 to Feb 6 1932

I last saw h alive on Feb. 6 1932 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	

Other contributory causes of importance:
Myocarditis Arteriosclerosis and Diabetes Mellitus

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas Simms M. D.

(Address) 476 Hospital St

STATE REGISTRAR IS VERY IMPORTANT. See instructions on back of certificate. OCCUPATION

1-30—M & T—100 B—501.

E 76459.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76459.

CERTIFICATE OF DEATH

REGISTERED NO. 87-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital STREET 21-27 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dora Windsor

(a) RESIDENCE NO. 1267 Washington Blvd. STREET WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 10 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas R. Windsor

6 DATE OF BIRTH (month, day, and year) March 17, 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	50	10	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER William Holsey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Rosie Broom

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Thomas R. Windsor

(Address) 1267 Washington Blvd.

15 Filed FEB 9 1932 C. ELLWOOD JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 4th, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 12 hrs. ds.

CONTRIBUTORY (Secondary) High Blood Pressure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Physical signs

(Signed) Guy N. Cromwell M. D.

2/6, 1932 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem.

DATE OF BURIAL: 2/8/1932

UNDERTAKER: John J. Cowan & Son

ADDRESS: 901 Hollins St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 76460 . HEALTH DEPARTMENT—CITY OF BALTIMORE E 76460 .

CERTIFICATE OF DEATH

11-001

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME Instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2218 Frederick Ave) (Ward) 19-19

Length of residence in city or town where death occurred 72 yrs. 11 mos 13 ds. How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Jacob Neill

(a) Residence: No. 2218 Frederick Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Neill.

6. DATE OF BIRTH (month, day, year) Feby 24-1859

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
72.	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tobacco
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wilson Hair Factory
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

13. NAME Christopher Neill

14. BIRTHPLACE (city or town) (State or country) Germany

FATHER

15. MAIDEN NAME do not know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Lena Neill
(Address) 2218 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 2/9/ 1932

19. UNDERTAKER John F. Conway & Son
(Address) 901 Baltimore Ave

20. FILED FEB 8 1932, 19..... HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/6/ 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1932, to Feb 6, 1932
I last saw h. alive on Feb 5, 1932 death is said to have occurred on the date stated above, at 11.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	2/2/32
Other contributory causes of importance:	
Acute Laryngitis	2/2/32

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank Wotten, M. D.

(Address) 1000 Eutaw Pl

OCCUPATION is very important. See instructions on back of certificate.

ASCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76461

E 76461

82-001

CERTIFICATE OF DEATH

27-53

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 LONGWOOD ROAD St. ..... Ward)

Length of residence in city or town where death occurred 50 yrs mos ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ROBERT POOLE SIMPSON

(a) Residence: No. 115 LONGWOOD ROAD St., ... Ward.
(usual place of abode) (if non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of EMMA E SIMPSON

6. DATE OF BIRTH (month, day, year) 9 | 29 | 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. BANKER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. BANK

10. Date deceased last worked at this occupation (month and year) JAN 1932

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) SMITHFIELD, VA

FATHER

13. NAME GEORGE SIMPSON

14. BIRTHPLACE (city or town) (State or country) EDINBOROUGH SCOTLAND CARDIGAN, WALES Great Britain

MOTHER

15. MAIDEN NAME CATHERINE C. JONES

16. BIRTHPLACE (city or town) (State or country) SMITHFIELD VA

17. INFORMANT MRS. ROBT P. SIMPSON
(Address) 115 LONGWOOD RD. BALTO.

18. BURIAL, CREMATION, OR REMOVAL
Place DRUID Ridge Date 2 | 9 | 1932

19. UNDERTAKER HENRY W. JENKINS & SONS CO.
(Address) Baltimore, Md

20. FILED FEB 9 1932 C. HAMPSON JONES Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1932, to Feb. 6, 1932

I last saw h~~im~~ alive on Feb. 6, 1932 death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Feb 6 32
Other contributory causes of importance: Cardiac dilatation	

Name of operation — Date of

What test confirmed diagnosis? Ex. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19....
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) [illegible] M. D.
(Address) 842 Chestnut Ave

State CAUSE OF DEATH in plain terms. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 76462 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76462

CERTIFICATE OF DEATH

82-001

13-20

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 West North St. (or Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William S. Hendrickson

(a) Residence: No. 922 West North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Belle K. Hendrickson

6. DATE OF BIRTH (month, day, year) Feb. 6, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Shoe Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Delaware

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. W. Kaufman

(Address) Seville Apts.

18. BURIAL, CREMATION, OR REMOVAL
Place Heb. Friendship Date 2/8/ 1932

19. UNDERTAKER Ward Sondheimer & Son
(Address) 1242 Eutaw Place

20. FILED FEB 8 1932 19 C. HARRY JONES Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on Feb. 6 1932 death is said to have occurred on the date stated above, at 1:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Apoplexy)	
Other contributory causes of importance:	
Senile Arteriosclerosis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Adam E. Wilson M. D.

(Address) 3 W. Biddle St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 76463 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76463

CERTIFICATE OF DEATH

93063

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1213 W. Fayette St. St., Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah H. Auer

(a) Residence: No. 1213 W. Fayette St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Dr. William T. Auer

6. DATE OF BIRTH (month, day, year) Jan 5 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Mary's Co. Md.

FATHER

13. NAME E. A. Wells

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary L. Hammett

16. BIRTHPLACE (city or town) (State or country) St. Mary's Co. Md.

17. INFORMANT Dr. J. E. Auer

(Address) 1213 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Feb 9 1932

19. UNDERTAKER Harry N. Armacost & Son

(Address) 4204 Ridgewood Ave.

20. FILED FEB 8 1932 [illegible] JONES M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1930 to Feb. 6, 1932

I last saw h[illegible] alive on Feb. 5, 1932 Death is said to have occurred on the date stated above, at 2.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac dilatation	2-2-32
Other contributory causes of importance:	
Myocarditis and arterio-sclerosis	Ca. 11-1-30

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) J. E. Auer M. D.

(Address) 1213 W. Fayette St

state CAUSE OF DEATH in plain terms, so that it may be properly classified.
OCCUPATION is very important. See instructions on back of certificate.

AsCo. 5-31 250B

E 76464 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76464

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3400 E. Baltimore St. [illegible] Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Grace E. Smith

(a) Residence: No. 3400 E. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edwin B. Smith

6. DATE OF BIRTH (month, day, year) Aug 27, 1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
33	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Harry A. Knox
14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Catherine Roeder
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Edwin B. Smith
(Address) 3400 E. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Feb. 9, 1932

19. UNDERTAKER Wm. H. Miller & Son
(Address) 2330 Eastern Ave

20. FILED FEB 8 1932 C. HAMPSON JONES, M. D. Registrar.

State CAUSES OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1932, to Feb 6, 1932
I last saw her alive on Feb 6, 1932 death is said to have occurred on the date stated above, at 5 P.M. (S.T.)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. Lloyd Johnson, M. D.
(Address) 720 E. Frederick Rd

A4Co. 5-31 250B

E 76465

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76465

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 25-76 St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eli McGuire

(a) Residence: No. 3205 Fairfield Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 2, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Anderson
14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Martha ?
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Ch Date 2/9 19 32

19. UNDERTAKER Isaiah L Blount Sons
(Address) 1114 Pennsylvania Ave

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1932 to Feb. 5, 1932
I last saw him alive on Feb. 5, 1932 death is said to have occurred on the date stated above, at 1:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung.	Jan. 1931
Other contributory causes of importance: Anemia, Secondary	Jan. 1932

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. Howell Jr M. D.
(Address) Balto. City Hosp.

state CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

Spec. 1-10-21 M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

76466. E 76466.

CERTIFICATE OF DEATH.

159

REGISTERED NO. 5354

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) 514 S. Greene ST. 22-30 (WARD)

2-FULL NAME Baby Girl Cooper

(a) RESIDENCE NO. 514½ Greene St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Black	Single (Baby)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ? hrs or min.
0	0	0	

8 OCCUPATION OF DECEASED — old

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Edward Garrett

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Lola Cooper

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md.

14 Informant
(Address)

15 Filed , 19 . . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb 3, 1932, to Feb 3, 1932, that I last saw h[illegible] alive on Feb 3, 1932, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Prematurity (26 wks)

Spontaneous abortion

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL
Cremated by Hospital

DATE OF BURIAL Feb 4 1932

20 UNDERTAKER

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76467

CERTIFICATE OF DEATH.

E 76467

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 620 Parkwyn & Ave (Street) (Ward) 9-47

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie E. Stein

(a) RESIDENCE NO. 620 Parkwyn & Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred abt 62 yrs — mos — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female | 4 COLOR OR RACE W | 5 Single, Married, Widowed, or Divorced, (write the word) widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of M. Stein

6 DATE OF BIRTH (month, day, and year) Sept 13. 1843

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	88	4	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Invalid

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Eichow Shan Province Shantung China

PARENTS

10 NAME OF FATHER Wenzel Strauss

11 BIRTHPLACE OF FATHER (City or town) (State or country) Dorchester Co Md

12 MAIDEN NAME OF MOTHER Mary C Harris

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Del

14 Informant Mrs. E. Stein (Address) 620 Parkwyn Ave

15 Filed . . 19 . . at . . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 7 1932

17 I HEREBY CERTIFY, That I attended deceased from for 40 yrs. to . 19 .

that I last saw h alive on November 19

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Old age

(duration) yrs mos ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) William B. Rand M. D.

. 19 (Address) Owings Mills, Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL Fr 1932

20 UNDERTAKER L. Branning Sons

ADDRESS 1136 Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly coded. TION is very important. See instructions on back of certificates.

FEB 9 1932 C. H. WILSON JONES, M. D.

E 76468 . HEALTH DEPARTMENT—CITY OF BALTIMORE E 76468

CERTIFICATE OF DEATH.

93-003

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No.) Fayette and Calhoun ST.. 19-29 (WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vaclav Rezek

(a) RESIDENCE NO. 1334 W. Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs mos ds. How long in U. S. (if of foreign birth)? 55 yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Rezek

6 DATE OF BIRTH (month, day, and year): Sept 28/1852

7 AGE: Years 79 Months 4 Days 9 8

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ~~None~~ Cigar Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Europe

PARENTS

10 NAME OF FATHER: — Rezek

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bohemia

14 Informant (Address): Mrs C Amelia Kaiser 1334 W. Lombard St

Filed FEB 8 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/6/32 19

17 I HEREBY CERTIFY, That I attended deceased from Jan 6, 1932, to Feb 6, 1932, that I last saw him alive on Feb 6, 1932, and that death occurred, on the date stated above, at 6 A P m.

The CAUSE OF DEATH* was as follows:

Hypertrophy Prostate (not determined)

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis and Arteriosclerosis (duration) not determined ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 2/6/32

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edward Berlet, M. D.

19 (Address) Fayette & Calhoun St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Hill Cem

DATE OF BURIAL: Feb 10 1932

20 UNDERTAKER: Philip Stewart

ADDRESS 2016 Orleans St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of DISEASE, INJURY, and/or OPERATION is very important. See instructions on back of certificates.

AaCo. 5-31 250B

HEALTH DEPARTMENT CITY OF BALTIMORE

E 76469

CERTIFICATE OF DEATH

108 E 76469

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 6-10 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel B White

(a) Residence: No. 2434 E. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 4- 1871

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
54	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)?

11. Total time (years) spent in this occupation?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Samuel White

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Emma Kelso

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL.
Place Mt Olivet Cem Date Feby 8. 1932

19. UNDERTAKER John Ulrich & Sons
(Address) 200 Aliceanna

20. FILED FEB 8 1932 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 5 1932 to Feb 5-1932. 19
I last saw h[illegible] alive on Feb 5 1932 death is said to have occurred on the date stated above, at 12 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	6 days ?
Acute Purulent Pleurisy & Empyema	?
Other contributory causes of importance: Arteriosclerotic Cardio-renal Disease	?
Myocardial failure	1 day

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. F. Bannenstein, M. D.
(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact NUMBER of OCCUPATION is very important. See instructions on back of certificate.

B 8 1932

AACo. 5-11 2508

E 76470 **HEALTH DEPARTMENT CITY OF BALTIMORE** E 76470

CERTIFICATE OF DEATH

93-0

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 16-22 Ward)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME James Z. Jefferson

(a) Residence: No. 1712 Lafayette Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE Emma Jefferson

6. DATE OF BIRTH (month, day, year) June 9, 1884

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
47	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dr
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME William Jefferson
14. BIRTHPLACE (city or town) (State or country) Md.
15. MAIDEN NAME Katie Taylor
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Emma Jefferson
(Address) 1712 W. Lafayette

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 2-9- 1932

19. UNDERTAKER James A. Hayes
(Address) 1142 W. Hill St

20. FILED ... 1932 ALAN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/6 1932

22. I HEREBY CERTIFY, That I attended deceased from 2/5/32 19 to 2/6/32 19

I last saw h[illegible] alive on 2/6/32 19 death is said to have occurred on the date stated above, at 1.40 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Hypertensive Cardio Vascular Disease	
2) Cerebral Hemorrhage	

Other contributory causes of importance:

1) Myocardial Insufficiency

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No. Date of injury ... 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. L. Chambers, M. D.
(Address) Mercy Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 76471 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76471

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 2222 West North Avenue (St.) 15-68 (Ward) 131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William George Gruber

(a) RESIDENCE NO. 2222 West North Avenue St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura V. Gruber

6 DATE OF BIRTH (month, day, and year) Nov. 2, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	3	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

PARENTS

10 NAME OF FATHER John Gruber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Charlotte Balter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Laura V. Gruber 2222 West North Ave.

15 Filed 1932 C. Hampson Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby. 7-1932

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1931 to Feby 7, 1932

that I last saw h[illegible]alive on Feby 6, 1932

and that death occurred, on the date stated above, at 3 a m

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis
Arteriosclerosis
Cardiac Hypertrophy -
(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage
(Duration) yrs. mos.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Necropsy & physical examination

(Signed) Wilbur F. Guileman M. D.

Feby 8 1932 (Address) 6 East Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem. DATE OF BURIAL Feby 10 1932

20 UNDERTAKER Harry W. Ehlen ADDRESS 1945 W. Mordecai

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 8 1932

Spec.—9-30—A. & Co.—250 Blks.

E 76472

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76472

CERTIFICATE OF DEATH.

111-001

15-21

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1803 N. Fulton Ave. St. Ward)

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Rosie Lee Hughes

(a) RESIDENCE No 1803 N. Fulton Ave. St. Ward
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of William T. Hughes

6 DATE OF BIRTH (month, day, and year) May 1st. 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	9	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Henry Curtis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Elizabeth Payne

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 (Informant) William T. Hughes
(Address) 1803 N. Fulton Ave,

15 Filed FEB 8 1932 16 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 7th. 1932

17

I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1932, to Feb. 7, 1932

that I last saw h[illegible] alive on Feb. 6, 1932

and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) I. Joseph Tonkey M. D.

, 19 (Address) 300 S. Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery, DATE OF BURIAL Feb. 10 32

20 UNDERTAKER Chas. F. Kraus & Son ADDRESS 1150 W. Mt. Royal Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76473

CERTIFICATE OF DEATH

E 76473

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-30 Ward)

Registered No. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos 6 ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME June Evelyn Taylor

(a) Residence: No. Mitchellsville St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 28th 1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	[illegible]	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Harry Taylor

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Viola Burnside

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Harry Taylor

(Address) Mitchellsville Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Bowie Md. Date Feb. 8th 1932

19. UNDERTAKER Bernard C. Harker

(Address) 1000 S Paca St.

20. FILED FEB 8 1932, 19 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1932, to Feb. 7, 1932

I last saw her alive on Feb. 7, 1932, death is said to have occurred on the date stated above, at 4:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	1-30-32
Other contributory causes of importance:	
Pertussis	Dec. 1931

Name of operation None Date of —

What test confirmed diagnosis? Lab. Exam Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Maurice James Abrams, M. D.

(Address) Prince Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76474

CERTIFICATE OF DEATH

E 76474

1. PLACE OF DEATH Baltimore City Hospitals 133 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 6-9 Ward)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Watson

(a) Residence: No. 69 N. Caroline St., ... Ward.
(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thirsie Watson

6. DATE OF BIRTH (month, day, year) Feb. 19 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME William Watson
14. BIRTHPLACE (city or town) (State or country) Virginia
15. MAIDEN NAME Mary Watson
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date 19

19. UNDERTAKER
(Address)

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1931 to Feb 5, 1932
I last saw h[illegible] alive on Feb 1, 1932 death is said to have occurred on the date stated above, at 6:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic Hypertrophy	?
Cystitis	11-1-32
Arteriosclerosis (Generalized)	?
Other contributory causes of importance: Anemia	2-2-32

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Luther T. Leech M. D.
(Address) Balto. City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB - 1932 C. HAWSON JONES, M. D.

6506 RKP

1-30—M. & T.—100 B—50L

E 76475.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 76475.

REGISTERED NO. 173

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St. 22-30 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alberta Wilson

(a) RESIDENCE No. 420 W. Conway ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 25-1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	32	1	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Jack Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Linda Jefferson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Lettie Wilson

(Address) 800 Malone St. Norfolk, Va.

15 Filed. 1932 C. HAWPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol shot wound of brain. Homicide.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Eugene Zilfer M. D.
Coroner

2/8, 1932 (Address) 129 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Norfolk Va

DATE OF BURIAL Feb. 8 1932

20 UNDERTAKER Samuel T. Hemsley

ADDRESS 578 Bute

mation should be carefully supplied. Age should be stated in full. Profession, trade or particular kind of business should be stated. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

8 8 1932

1-30—M & T —100 B—50L

E 76476

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76476

CERTIFICATE OF DEATH

173

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital STR. 23-31 WARD

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Sylvester Bristy

(a) RESIDENCE No 1113 Race ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

940

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Tom H. Bristy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Eliza Richards

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Eliza Bristy

(Address) Richmond, Va

15 Filed ....., 192 C. HAMPSON JONES, M. D. Registrar

38 1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 7 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage due to pistol shot wound of chest. Homicide.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Eugene Fellet, M. D. Coroner

Feb. 9, 1932 (Address) 2734 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Richmond Va

DATE OF BURIAL: Feb 9 1932

20 UNDERTAKER: Samuels-Heusley

ADDRESS V 78 Biddle

mation should be carefully supplied. AGE should be stated EXACTLY. If UNDER ONE YEAR, or ONE DAY, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-31 250B

E 70477 HEALTH DEPARTMENT CITY OF BALTIMORE E 76477

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital (St.) (Ward) Registered No. 160 32-48

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Dutton — (new-born infant)

(a) Residence: No. 520 Rossiter Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 6, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Dutton

14. BIRTHPLACE (city or town) (State or country) Wilmington, Del.

MOTHER

15. MAIDEN NAME Ruth Gunther

16. BIRTHPLACE (city or town) (State or country) Magnolia, Md.

17. INFORMANT Mrs Ruth Dutton.

(Address) 520 Rossiter Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Abingdon, Md. Date Feb. 9, 1932.

19. UNDERTAKER Howard K. McComas

(Address) Abingdon, Md.

20. FILED 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1932 to Feb. 7, 1932

I last saw him alive on Feb. 7, 1932 death is said to have occurred on the date stated above, at 4.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage following prolonged labor.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John M. Hanna M. D.

(Address) Union Memorial Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 2508

Grannes Butler

E 76478 HEALTH DEPARTMENT CITY OF BALTIMORE E 76478

CERTIFICATE OF DEATH

129

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Universities Hosp. St., 19-27 Ward)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jannis Grace or Jannie Butler

(a) Residence: No. 28 N Vincent St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
f	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or, min.
	15			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school girl
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME unknown
14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Agnes Butler
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Agnes Butler
(Address) 28 N Vincent St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 2/9, 1932

19. UNDERTAKER Archibald M. Goddis
(Address) 1840 Mc Culloh St

20. FILED FEB 9 1932 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/5/32, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 22 1932, 19..., to Feb 5, 1932
I last saw h.e alive on Feb 5, 1932 death is said to have occurred on the date stated above, at 12 M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcic peritonitis	1/15/32
Other contributory causes of importance:	

Name of operation Exploratory laparotomy Date of 1/23/32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Hamilton, M. D.
(Address) Univ. Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. S-11 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

E 76479.

E 76479.

CERTIFICATE OF DEATH

46

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 16-22 Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Malvian Kay.

(a) Residence: No. 2018 N. Gilmore St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of No.

6. DATE OF BIRTH (month, day, year) Sept 26 [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Ca.

MOTHER FATHER

13. NAME Willie King
14. BIRTHPLACE (city or town) (State or country) N. C.
15. MAIDEN NAME Lulah Carter
16. BIRTHPLACE (city or town) (State or country) N. Ca.

17. INFORMANT Willie King
(Address) 1818 N. Gilmore St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemetery Date Feb 9 1932

19. UNDERTAKER Schofield & Gaddis
(Address) 1840 Mt Cubert St

20. FILED 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 28 1932, to Feb. 7 1932

I last saw her alive on Feb. 7 1932 death is said to have occurred on the date stated above, at 11.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of Retroperitoneal Glands with extensive Metastases	1931
Other contributory causes of importance: Ataelectasis	1931

Name of operation Laparatomy Date of 2-5-32

What test confirmed diagnosis? X-Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Maurice Lauren Abrams M. D.

(Address) Univ. Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

HEALTH DEPARTMENT CITY OF BALTIMORE

E 76480. CERTIFICATE OF DEATH 108 E 76480.

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Community Hospital 27-55 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rose Campagna.

(a) Residence: No. 5410 Park Heights Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sam Campagna

6. DATE OF BIRTH (month, day, year): Sept 9 1875

7. AGE: Years 56 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Italy

FATHER
13. NAME: Rose Campagna
14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER
15. MAIDEN NAME: Rose Pantoni
16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT: Sam Campagna
(Address) 5406 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 2-11-1932

19. UNDERTAKER: Robert Brooks & Son
(Address) Calhoun & Hollins Sts

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/8 1932

22. I HEREBY CERTIFY, That I attended deceased from 2/6 1932 to 2/8 1932
I last saw her alive on 2/8 1932 death is said to have occurred on the date stated above, at 4:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2/4/32
(Other contributory causes of importance)	

Name of operation None Date of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. S. Stonebraker, M. D.
(Address) Mercy Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76481. E 76481.

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1320 Hollins St. 4-29 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Wm G Buckingham Jr

(a) Residence: No. 1320 Hollins St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 1st 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Office

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dealer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co Md

FATHER

13. NAME Wm G. Buckingham

14. BIRTHPLACE (city or town) (State or country) Fort Monroe

MOTHER

15. MAIDEN NAME Mary A Baldwin

16. BIRTHPLACE (city or town) (State or country) Frederick Co

17. INFORMANT Florence Buckingham

(Address) 1320 Hollins St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 2-9 1932

19. UNDERTAKER Robert Burns Edson

(Address) Calhoun & Hollins Sts

20. FILED 1932 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-7 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 15 1926 to Feb 7 1932

I last saw him alive on Feb 7 1932 death is said to have occurred on the date stated above, at 7 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Poisoning	
Chronic Interstitial Nephritis	

Other contributory causes of importance:

Name of operation nm. Date of —

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. Bryant Veech M.D.

(Address) 2502 Eutaw Place

Information should be carefully supplied. Any unknown or doubtful answers should be stated. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76482

E 76482

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1202-E.Lafayette Ave ST. 9-18 (WARD)

2-FULL NAME John Henry Asendorf

(a) RESIDENCE NO. 1202-E.Lafayette Ave ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth S. (Vaubel)

6 DATE OF BIRTH (month, day, and year) 6/23/1870

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	7	15 14	~~xxxxxx~~

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Claus Henry Asendorf

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Eliz. Tieneyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Eliz. S. Vaubel Asendorf

(Address)

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7/32 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. H. Porter, M. D. Coroner

Feb 8/32 (Address) 508 E. 20th Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery

DATE OF BURIAL: 2-9 19 32

20 UNDERTAKER: George F. Pfeil Inc

ADDRESS: 1730 Harford Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

AaCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76483

CERTIFICATE OF DEATH

E 76483

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2103- Hollins Street St., (Ward) 20-69

Registered No. 93

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? 50 yrs. mos. ds.

2. FULL NAME Joseph Schueler

(a) Residence: No. 2103-Hollins Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara (Unknown)

6. DATE OF BIRTH (month, day, year) Sept. 7th, 1847

7. AGE Years	Months	Days	If LESS than 1 day XXXXXXX or min.
84	4	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O.W.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date 2/2/32, 19

19. UNDERTAKER Geo. J. Pulz Sons

(Address) Mass. Ave. and 33rd Street

20. FILED 2 1932 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1932 to Feb 6, 1932

I last saw him alive on Feb. 6, 1932 death is said to have occurred on the date stated above, at 100 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular disease.	unknown

Other contributory causes of importance:

Myocardial Degeneration.	unknown

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. A. Tumminello M. D.

(Address) 306 N. Greene St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—9-30—A. & Co.—250 Blks.

E 76484 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76484

CERTIFICATE OF DEATH

131

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No) 325 S. Payson St. (St) (Ward) 20-28

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Anna F. Grebing

(a) RESIDENCE NO. (Usual place of abode) 325 S. Payson St. (St) (Ward) (If non-resident give city or town and State)

Length of residence in city or town where death occurred: Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of: Late Jacob Grebing

6 DATE OF BIRTH (month, day, and year): Sept. 13, 1858.

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	4	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: John Fangmeyer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Bugglen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. Wm.L. Sipple (Address): 325 S. Payson St.

15 Filed 19 R.P.H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 6-32

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1932 to Feb 6, 1932

That I last saw h 6 alive on Feb 6, 1932

and that death occurred, on the date stated above, at 1.15 P.M.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis 6 mo

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Urinalyses

(Signed) [illegible] M. D.

2/8, 1932 (Address) 537 Westwood Terrace

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: 2/9/32

20 UNDERTAKER: [illegible] — ADDRESS: 4101 Edmondson Ave

B [illegible] 1932 [illegible] H. EDISON JONES, M. D.

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76485

E 76485

CERTIFICATE OF DEATH

REGISTERED NO. 81

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto Gen Hosp ST. 20-28 WARD

2-FULL NAME Frank Eyenes

(a) RESIDENCE NO 624 S. monroe ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 17-1876

7 AGE Years 56 Months — Days 20 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Car Inspector
(b) General nature of industry, business, or establishment in which employed (or employer) B & O RR
(c) Name of employer

9 BIRTHPLACE (city or town) Hungary
(State or country)

PARENTS

10 NAME OF FATHER Eyenes

11 BIRTHPLACE OF FATHER (city or town) Hungary
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) Hungary.
(State or country)

14 Informant Stanley Eyenes
(Address) 624 S Monroe

15 Filed 1932 By HAMPSON JONES, M. D. Registrar
Rec'd

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) Inquest and thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above, as follows:

The CAUSE OF DEATH* was as follows

Infection of Oesophagus

(duration) yrs. two mos days.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? Yes Date of Feb 6

Was there an autopsy? No

What test confirmed diagnosis? Laryngoscopy

(Signed) H. E. Smith, M. D. Coroner

Feb 7 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Feb 11 1932

DATE OF BURIAL

20 UNDERTAKER Harry A Smith & Co 4101 Edmondson Ave

ADDRESS

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

B 8

1-30—M & T—100 B—50L

E 76486.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76486.

CERTIFICATE OF DEATH

59

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced dead at

CITY OF BALTIMORE: (No. St. Joseph Hospital ST., 9-18 WARD)

2-FULL NAME Lawrence J. Keely

(a) RESIDENCE NO. 834 E. Preston ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M. V. Keely (Mrs. P.)

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Foreman Engineering
(b) General nature of industry, business, or establishment in which employed (or employer): Dept. Balto. City
(c) Name of employer 020

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Lawrence Keely

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Costello

13 BIRTHPLACE OF MOTHER (State or country) Ireland

14 Informant Mary Mary M. Keely (Address) 834 E. Preston St

15 Filed 2 1932 C. HAMPSON JONES, M. D. M.C.H. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6/32 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Carfiac Embolism

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) History Diabetes

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) [signature], M. D. Coroner

2/9/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: 2/9 1932

20 UNDERTAKER: H. C. Krause Son — ADDRESS: 703 Hanover St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

B 8 1932

1-30—M. & T.—100 B—50L

E 76487.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76487.

CERTIFICATE OF DEATH

131

1-PLACE OF DEATH

CITY OF BALTIMORE: No. Md Gen Hosp'l. 14-20 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie M Twele

(a) RESIDENCE No. 1600 McKeyal ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex Fem

4 COLOR OR RACE (White, Black, Mulatto, Yellow, Indian, Chinese, Japanese, etc. Married, Widowed, or Divorced (write the word) White Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles

6 DATE OF BIRTH (month, day, and year) Aug 2 1871

7 AGE — Years: 60 — Months: 6 — Days: 5 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 037
(c) Name of employer Bethesda

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Thomas McConnell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Chas H Twele

(Address) 1600 McKeyal

15 Filed ..... 192 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and hour) Feb 7- 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above. (autopsy or inquiry.)

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Uremia

(duration) ..... yrs. ..... mos 3 hrs

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? ..... What test confirmed diagnosis? .....

(Signed) ..... M. D. (Coroner)

19 (Address) .....

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL 2/10/1932

UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AaCo. 5-H 2508

E 76488

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76488

E 76488.

CERTIFICATE OF DEATH

82-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 641 N. Paca St. 22-30 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice M. Coffey

(a) Residence: No. 641 N. Paca St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of William J. Coffey

6. DATE OF BIRTH (month, day, year) Apr 24th 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Medium

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seamstress

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Wm J. Coffey

(Address) 641 N. Paca St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery date 2/9/1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED FEB 8 1932 C. H. HUDSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6th 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1931 to Feb 6 1932

I last saw h~~e~~r alive on Feb 6 1932 death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

Other contributory causes of importance:

Bronchial asthma

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, how?

(Signed) Jos. T. Melvin M. D.

(Address) 132 W. Lombard St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250R

E 76489

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76489

E ~~75486~~

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Harlem Crabson St., ... Ward) Balto City Hosp

Length of residence in city or town where death occurred 3 yrs. 6 mos. — ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Crabson

(a) Residence: No. 3328 Kenwick St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	wh	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 7th 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thomas Crabson
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Lucy Mooney
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Baltimore City Hospitals
(Address) 4170 Eastern Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Mary Rawlins Date Feb 9, 1932

19. UNDERTAKER A. D. Marshall
(Address) 3809 Falls Road

20. FILED FEB 9 1932 HOWARD JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/6/32, 19

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1931, to Feb 6, 1932

I last saw him alive on 2/6/32, 19 death is said to have occurred on the date stated above, at 10:05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pul. tuberculosis	1929

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Lawrence K. Senn, M. D.
(Address) Balto City Hosp

Information should be carefully verified, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

A&Co. 5-31 250B

~~E-[illegible]~~ HEALTH DEPARTMENT—CITY OF BALTIMORE ~~B-[illegible]~~

E 76490

CERTIFICATE OF DEATH

108 E 76490

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1822 Elliny St) (St.) (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catharine Owens

(a) Residence: No. 1822 Elliny St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1915

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James Owens
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Alverda Owens
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Matilda Owens
(Address) 1822 Elliny St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 9 Jan 1932

19. UNDERTAKER Daniel Carter
(Address) 516 Barre

20. FILED FEB 2 1932 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1931 to July 6, 1931
I last saw her alive on July 6, 1931 death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	July 3 1931

Other contributory causes of importance:

None	

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. [illegible]
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) [illegible] M. D.
(Address) [illegible]

Information should be carefully supplied. Answer all questions. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

FEB 2 1932 HUMPHREY JONES, M. D.

1-30—M. E 76491 500 8—50L

E ~~76494~~

E 76491

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

E 76491

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 711 Bruce ST. 16-22 WARD 4

2-FULL NAME Rudolph R. Washington

(a) RESIDENCE NO 711 Bruce ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Col 5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 8-1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	30	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Rudolph Washington

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Carter

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country)

14 Informant Elizabeth Carter

(Address) 711 Bruce

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Feb 6 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Pneumococcus

(Signed) H. Smith, M. D. Coroner

(Address) Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemy

DATE OF BURIAL 2-9 1932

20 UNDERTAKER Dennis Forbis

ADDRESS 916 Pa Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—9 30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76492

CERTIFICATE OF DEATH

12 V E 76492

1 PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No 1100 Monument St Ward 22-30)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Emma Rosenblum

(a) RESIDENCE NO 613 S. Hanover St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? 17 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Isaac

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
89 81				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Wife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Don't Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) Abbott Silverman 2304 Calvert ave

15 Filed FEB 9 1932 H. A. SOK JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8/32

17

I HEREBY CERTIFY, That I attended deceased from Jan 30, 1932, to Feb 8, 1932

that I last saw h alive on Feb. 8, 1932

and that death occurred, on the date stated above, at 1.05 P. M.

The CAUSE OF DEATH* was as follows:

Generalized cerebral arteriosclerosis duration ?

Chronic Cholecystitis -

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? physical exam.

(Signed) Nat Abbott M. D.

, 19 (Address) Penn Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Washington Rd — DATE OF BURIAL 2-9 1932

20 UNDERTAKER Jack Lawrence — ADDRESS 1439 E Baltimore

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S name and CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-20 M & T 100 B 501.

E 76493

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76493

CERTIFICATE OF DEATH

82-001

REGISTERED NO

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital 4-25 ST., WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Sonneborn {Sannebaum.}

(a) RESIDENCE NO 7 N. Pine ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Jennie Sonneborn

6 DATE OF BIRTH (month, day, and year) May 16 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	8	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired Merchant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Solomon Sonneborn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Hetta Kaufman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Samuel Sonneborn

(Address) 211 W North Ave

15 Filed 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. Frank Kilgus, M. D. Coroner

2/8, 1932 (Address) 2139 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lehmen-Rosedale Cemetery

DATE OF BURIAL 2-9 1932

20 UNDERTAKER Jos. Sons & Son

ADDRESS 1439 E Baltimore St

NAME PLAINLY; AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-31 250B

E 76494

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 34 E 76494

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Hot Springs Ark St. 4-30 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs ... mos 8 ds. How long in U.S. if of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Ross Gift

(a) Residence: No Hot Springs Ark St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Married

6. DATE OF BIRTH (month, day, year) .....

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel Owner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Chicago Ill. U.S.A.

FATHER

13. NAME Harry Gift

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Lena Broadey

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jack Lewis Inc
(Address) 1439 E. Balto St.

18. BURIAL, CREMATION, OR REMOVAL
Loudon Southern Date 2-9, 1932

19. UNDERTAKER Jack Lewis Inc
(Address) 1439 E Balto St

20. FILED ... 19... Registrar.

FEB 9 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1932, to Feb. 8, 1932.

I last saw him alive on Feb. 8, 1932, death is said to have occurred on the date stated above, at 3:05 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis (chr.) Uremia	1920
Other contributory causes of importance:	
Nephrolithiasis	1924
Lues	1912

Name of operation None Date of ...

What test confirmed diagnosis? X-ray + Lab Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Wylie M. Fauver M. D.

(Address) University Hospital

Information should be carefully supplied. All items must be filled. Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

E 76495

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76495

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 334 N. Gaulden Ave (St.) (Ward) 18-26-52

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank E. Heaton

(a) Residence: No. 334 N. Gaulden Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Theresa M Heaton

6. DATE OF BIRTH (month, day, year) June 7th 1863

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer Investor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Account

10. Date deceased last worked at this occupation (month and year) 2/6

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Howard County Md

FATHER

13. NAME Frank Heaton

14. BIRTHPLACE (city or town) (State or country) Howard County Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Theresa M Heaton
(Address) 334 N. Gaulden Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemetery Date 2/10/ 1934

19. UNDERTAKER F. B. Pickett
(Address) 1301 Eutaw Place

20. FILED ..... 19.. C. J. Jones M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/7/ 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 7th 1929 to Feb 7th 1934

I last saw h alive on Feb 7th 1934 death is said to have occurred on the date stated above, at 2.30 P.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Colon — Date of onset

Other contributory causes of importance:
Nuclear Sclerosis Coronary

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Joseph D. Nuzum, M. D.

(Address) 2419 Eutaw Place

Information should be carefully supplied. Any omission or error may cause delay in burial. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76496

CERTIFICATE OF DEATH

108 E 76496

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 636 W Mulberry St., (Ward) 17-25

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Claude Wilkes

(a) Residence: No. 636 W. Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Florence Wilkes

6. DATE OF BIRTH (month, day, year) April 3, 1908

7. AGE — Years 23 — Months 10 — Days 4 — If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 023

10. Date deceased last worked at this occupation (month, day, year) Dec 24, 1931

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME Thomas E Wilkes

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Hattie Robinson

16. BIRTHPLACE (city or town) (State or country) Richmond Va

17. INFORMANT Katie White

(Address) 636 W Mulberry St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery Date Feb 9, 1932

19. UNDERTAKER Wm. Katie R. Williams

(Address) 322 N. Schroeder St

20. FILED C. H. [illegible] JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1932 to Feb 7, 1932

I last saw him alive on Feb 6, 1932 death is said to have occurred on the date stated above, at 1.40 a m.

The principal cause of death and related causes of importance were as follows:

Lymphyemia of Chest — Date of onset Dec 26, 1931

Other contributory causes of importance:

Lobar Pneumonia

Name of operation Date of

What test confirmed diagnosis? X ray + Pneumonia Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Locke Workman, M. D.

(Address)

Information should be carefully supplied. Any blank should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 76497 HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

CERTIFICATE OF DEATH. E 76497

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3014 Edmondson Ave. ST. 16-70 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Ellen O'Brien

(a) RESIDENCE NO. 3014 Edmondson Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 11 mos. 4 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of James C. O'Brien

6 DATE OF BIRTH (month, day, and year) Mar. 3, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	69	11	14 3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas McGuire

11 BIRTHPLACE OF FATHER (city or town) ------
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Hayes

13 BIRTHPLACE OF MOTHER (city or town) ------
(State or country) Ireland

14 Informant Miss Regina Cascio
(Address) 3030 Edmondson Avenue

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 6, 1932

17 I HEREBY CERTIFY, That I attended deceased from April 13, 1930 to Feb 6 1932 that I last saw her alive on Feb 6 1932 and that death occurred, on the date stated above, at 11³⁰ P.m.

The CAUSE OF DEATH* was as follows:

Cerebral hemmorhage
with
Atherosclerosis

(duration) yrs. mos 13 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? usual tests

(Signed) George A. Kunkel, M. D.

19 (Address) 3030 Edmondson Ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 2/10 19 32

20 UNDERTAKER Henry H. Myers & Son

ADDRESS 803 W. Saratoga

BATION BOARD OF HEALTH, supplies. Note should be taken of the following: Exact statement of OCCUPATION is very important. See instructions on back of certificates. CAUSE OF DEATH in plain terms, so that it may be properly classified.

E 76498

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76498

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE, No. W. Baltimore St. 16-26 Ward 17

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Timothy George Duckett

(a) RESIDENCE NO. 537 N. Carrollton St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Colored 5 Single, Married, Widowed, or Divorced (write the word) Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lucille

6 DATE OF BIRTH (month, day, and year) Nov 4 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	3	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Watchman
(b) General nature of industry, business, or establishment in which employed (or employer) 067
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER George Duckett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Sarah Brodie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Lenora Smith (Address) 537 N. Carrollton

15 Filed FEB 9 1932, 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Obstruction

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted, if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Surgery

(Signed) M. Leslie, M. D. Coroner

19 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	2/9 1932
20 UNDERTAKER Samuel Hemsley	ADDRESS 518 N Bond

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-31 250B

E 76499 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76499

CERTIFICATE OF DEATH

186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5500 Groveland Ave St. 26-13 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George F. Lare

(a) Residence: No. 5500 Groveland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary J. Lare

6. DATE OF BIRTH (month, day, year) Mar 15 1836

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	95	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Frederick
(State or country) Md

FATHER

13. NAME Not known
14. BIRTHPLACE (city or town) Not known
(State or country)

MOTHER

15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) Not known
(State or country)

17. INFORMANT Charles B. Smack
(Address) 5522 Groveland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb 9, 1932

19. UNDERTAKER John E. Lee
(Address) 15 Light St

20. FILED FEB 8 1932 J. BAILEY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-8, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-14, 1928 to 2-7, 1932

I last saw him alive on 2-7, 1932 death is said to have occurred on the date stated above, at during night

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	4 yrs
Senile Asthenia	2 yrs
Shock fracture fall	4-5 days
Fracture thigh	ago

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Henry Russell M. D.

(Address) 3902 Groveland Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—9 30—[illegible] A Co.—250 Blks

E 76500

E 76500.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

145-001

REGISTERED No.

1 PLACE OF DEATH Sinai Hosp

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 7-13 ST. WARD)

2 FULL NAME Ladie Lavicka (LAVICKA

(a) RESIDENCE No. (Usual place of abode) 1910 Ashland Ave ST. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anthony Lavicka

6 DATE OF BIRTH (month, day, and year) Jan 26, 1911

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21		13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Joseph Sott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Jennie Brock

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant (Address) Anthony Lavicka 1908 Ashland Ave

15 Filed , 19 Registrar

HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8/32

17

I HEREBY CERTIFY, That I attended deceased from Jan 28, 1932, to Feb 8, 1932

that I last saw h[illegible] alive on Feb 8, 1932

and that death occurred, on the date stated above, at 7:30 a m.

The CAUSE OF DEATH* was as follows:

1) Puerperal infection (following normal delivery)

2) Septic pulmonary infarction

3) Empyema (duration) yrs. mos. 3 wks

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? X-ray

(Signed) Milton B. Kirsh M. D.

, 19 (Address) Sinai Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Feb 11 1932

20 UNDERTAKER Frank Grack Son 1906 Eastern Ave ADDRESS

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

E 76501 . HEALTH DEPARTMENT—CITY OF BALTIMORE E 76501 .

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals V 46

CITY OF BALTIMORE: (No. Baltimore Ward) St. Ward

Registered No. 16-23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Brown

(a) Residence: No. 1122 N. Gilmor St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lula Brown (dead)

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Bruce Brown

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sally Brown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT R. C. H. Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Cem. Date Feb 10, 1932

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pennsylvania Ave

20. FILED 10 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-7-32

22. I HEREBY CERTIFY, That I attended deceased from 4-29, 1931 to 2-7, 1932

I last saw h alive on 2-7, 1932, death is said to have occurred on the date stated above, at 12.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Unknown

Other contributory causes of importance:

None

Name of operation Autopsy Date of Feb 10

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

2-9-32 (Signed) Clarence Ayton E. Jones M. D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 76502

PLAINTIFF'S EXHIBIT NO. 8

E 76502

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1931 Brunt ST. 14-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Dett

(a) RESIDENCE NO. 1931 Brunt ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 7, 1913

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	5	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore md

PARENTS

10 NAME OF FATHER Wm. Dett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Jane Jefferson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Jane Dett

(Address) 1931 Brunt St.

15 Filed FEB 9 1932 C. HUMPHREY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-6-32

17 I HEREBY CERTIFY, That I attended deceased from 12-12-31, to 2-5-32,

that I last saw h[illegible] alive on 2-5-32,

and that death occurred, on the date stated above, at 12:30 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary phthisis (chronic)

Unknown (duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Lues, accidental

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lab. and clinical symptoms

(Signed) Frank Saunders, M. D.

2-7, 1932 (Address) 1029 N. Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Feb 9 1932

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Pitcairn St

FOR IMPORTANT See instructions on back of certificates.

[Approved by U. S. Census and American Public Health Asso.]

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman,* etc. But in many cases, especially industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill*; (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day Laborer, Farm Laborer, Laborer—Coal Mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary) may be entered as *Housewife, Housework* or *At home,* and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death.—Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid the use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("pneumonia," unqualified, is indefinite); *Tuberculosis of the lungs, meninges, peritoneum,* etc., *Carcinoma, Sarcoma,* etc., of . . . . . (name or-

ing cough, chronic valvular heart disease, chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Broncho-pneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child birth or miscarriage as "PUERPERAL *septicemia,*" "PUERPERAL *peritonitis,*" etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

My attention to this case was called after burial. My investigation disclosed that Helen Orth died of Chronic Pulmonary Phthisis and decided No Inquest necessary.

Otto Reinhardt M.D.
Coroner.

1-30—M. & T.—100 B—50L

E 76503

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1084 E 76503

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 630 W. Lee St. ST. 22-30 WARD)

2-FULL NAME Alexander A. Davis. (C)

(a) RESIDENCE NO 630 W. Lee St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 6 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

8a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) July 15, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	6	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William Davis. (C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina.

12 MAIDEN NAME OF MOTHER Irene Torney. (C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co. Md.

14 Informant Irene Davis. (C) mother

(Address) 630 W. Lee St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) February 8, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt Coroner, M. D.

2/9/32 19 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cemetery

DATE OF BURIAL 2/9 1932

20 UNDERTAKER B. Spriggs

ADDRESS 139 W. Hardy St.

FEB 9 1932 E. H. JONES, M. D. Registrar

Spec. 1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

76504

CERTIFICATE OF DEATH.

√9 E 76504

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 W. Ostend Street St.) 23-31 (WARD)

2-FULL NAME Katherine Elaine Germac

(a) RESIDENCE NO. 2 W. Ostend Street ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
fem	white	--

5a If married, widowed, or divorced HUSBAND of (or) WIFE of - - - -

6 DATE OF BIRTH (month, day, and year) March 28, 1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work - - - -

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Wm. J. Germac

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Lillian Plummer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant (Address) Wm. J. Germac. 2 W. Ostend St.

15 Filed 1932 C. PAUL JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 7, 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1932 to Feb. 7, 1932 that I last saw her alive on Feb. 6, 1932 and that death occurred, on the date stated above, at 6.30 A. m.

The CAUSE OF DEATH* was as follows:

Whooping-cough

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. mos 4 ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of - - -

Was there an autopsy? no

What test confirmed diagnosis? physical findings

(Signed) Adam Weibel M. D.

2/9, 1932 (Address) 1224-1226 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Cem (Hamden) DATE OF BURIAL Feb 9, 1932

20 UNDERTAKER J.H. Kramer & Son ADDRESS 703 Hanover St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

AACo. 5-11 2508

E 76505 **HEALTH DEPARTMENT CITY OF BALTIMORE**

CERTIFICATE OF DEATH 108 E 76505

Registered No.

1. PLACE OF DEATH University Hospital St. 4 W. 30 (or Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clifford Simpson (Clifford Simpson)

(a) Residence: No. S.S. Manchester Exporter St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ? 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman 88

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. SS Manchester Exporter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Manchester England

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records of British Consulate

(Address) Macht Building

18. BURIAL, CREMATION, OR REMOVAL,

Place Lorraine Cem. Date Feb 8 1932

19. UNDERTAKER Pobl Cook

(Address) 1003 W. Baltimore St.

20. FILED Feb 10 1932 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 1932 to Feb 8 1932

I last saw him alive on 2/8 1932 death is said to have occurred on the date stated above, at 9:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia Acute, Etiology unknown.	2/
Contributory causes of importance: Lobar Pneumonia Rt. side	2/

Name of operation Intercostal Drainage Date of 2/6/32

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ? If so, specify

(Signed) Harry T. Weller M.D.

(Address) University Hospital

1-30—M. & T.—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-004

E 76506

CERTIFICATE OF DEATH

E 76506

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 909 Penna Av St. 17-24 (WARD)

2-FULL NAME Lee Wallace

(a) RESIDENCE NO 909 Penna Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Col 5 Single, Married, Widowed, or Divorced (write the word) Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56	55			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 040
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Wm Wallace

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Martha Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Katie Wallace

(Address) 909 Penna Av

15 Filed . 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Feb 7th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

Failure

(duration) Sudden

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. E. Hartwig, M. D.

Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery

DATE OF BURIAL 2/10 1932

20 UNDERTAKER Chas H. Alexander

ADDRESS 1406 Druid Hill Av

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76507

CERTIFICATE OF DEATH

108 ✓ E 76507

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Resident Hospital St. 14-20 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Elizabeth Towe

(a) RESIDENCE NO. Resident Hospital St. 1629 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
F	col	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2-6-32

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min..
			2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) md

PARENTS

10 NAME OF FATHER Louis Towe

11 BIRTHPLACE OF FATHER (City or town) Plymouth (State or country) N.C.

12 MAIDEN NAME OF MOTHER Belle Parlin Conner

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) md

14 Informant Mother (Address) 1629 Druid Hill Ave

15 Filed ... 19... Registrar

6605

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-8-32 19

17 I HEREBY CERTIFY, That I attended deceased from 2-6— 19 32 to 2-8-32 19

that I last saw her alive on 2-8-32 19

and that death occurred, on the date stated above, at 8.55 P m.

The CAUSE OF DEATH* was as follows:

Left Lobar Pneumonia

(duration) yrs. mos 2 da.

CONTRIBUTORY (Secondary) (asphyxia of Fetus)

(duration) yrs. mos da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical + X-Ray

(Signed) W B Butler M. D.

2/9. 1932 Address Resident Hospital

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

IMPORTANT! OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-31 250M 5

B 76508 HEALTH DEPARTMENT CITY OF BALTIMORE E 76508

CERTIFICATE OF DEATH

Registered No. 154

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL St. 16-23 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Carpenter

(a) Residence: No. 1144 Monument St., Ward. 8 (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 1932

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
		2 mos		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md -

FATHER

13. NAME Wm A. Carpenter

14. BIRTHPLACE (city or town) (State or country) Md -

MOTHER

15. MAIDEN NAME Ida Bonn

16. BIRTHPLACE (city or town) (State or country) Md -

17. INFORMANT Friends
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date Jan. 4, 1932

19. UNDERTAKER
(Address)

20. FILED Jan 4 1932 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-4 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-1 1932, to 2-4 1932

I last saw h[im] alive on 2-4 1932 death is said to have occurred on the date stated above, at 7:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? -

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. J. Anderson M. D.

(Address) Johns Hopkins Hospital

AACo. 5-11 250R

125-1546 E 76509

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-601 E 76509

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 16-22 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carolyn Carroll

(a) Residence: No. 1515 Webster St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 13-1932.

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
	3 & 0	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md -

FATHER

13. NAME Eugene Irvis
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Carrie Cassell
16. BIRTHPLACE (city or town) (State or country) Md -

17. INFORMANT Friends -
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19...

19. UNDERTAKER ...
(Address)

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb-7 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 6- 1932 to Feb 7 1932

I last saw her alive on Feb 7 1932 death is said to have occurred on the date stated above, at 9:18 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2/3/32
Other contributory causes of importance:	
Prematurity	birth

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Ann E. Kuttner M. D.

(Address) Johns Hopkins Hosp.

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

Guarilla

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 76510 — 46 E 76510

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME Frank Guarilla

(a) Residence: No. 518 S. Burley St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Guarilla

6. DATE OF BIRTH (month, day, year): Aug 17 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Italy

FATHER

13. NAME: Antonio Guarilla

14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT (Address): Mary Guarilla 518 S. Burley St

18. BURIAL, CREMATION, OR REMOVAL. Place: Holy Redeemer Date: Dec 11 1932

19. UNDERTAKER (Address): M. H. G. Duppel Inc 334 Aisquith St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1932 to Dec. 8, 1932

I last saw h[illegible] alive on Dec. 8, 1932 death is said to have occurred on the date stated above, at 2:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Head of Pancreas	
Other contributory causes of importance:	

Name of operation: Laparotomy Date of: 11/25/32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) D. Wesselhoeft, M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

A4Co. 5-31 250B

E 76511

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76511

97-001

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1726 Forsuch ave (St. 9-4th Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William H. Smith

(a) Residence: No. 1726 Forsuch ave St., ... Ward. ...
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Minnie L. Smith

6. DATE OF BIRTH (month, day, year) Mar 2, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. B & O R R Co
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Brakeman
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 38 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME — Smith
14. BIRTHPLACE (city or town) (State or country) Balto Md
15. MAIDEN NAME Laura Taylor
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT (Address) Annie E. Smith 1726 Forsuch ave

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Pk Date Feb 10 1932

19. UNDERTAKER (Address) A. Howard Evans 2 E Fort Ave

20. FILED Feb 8 1932 19... Registrar. E.H.C.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7th 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 21st 1931, to Feb 7th 1932

I last saw ... alive on Feb 7th 1932 death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

Aortic insufficiency — Date of onset Probably 2 years prior to death

Other contributory causes of importance: Acute dilatation of L. Ventricle of heart

Name of operation None Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Weibel M.D.

2/9/32 (Address) 1224 - 26 Fairmount Ave

AaCo. 5-31 250B

E 76512 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76512.

John J. Farrell

CERTIFICATE OF DEATH

Registered No. 45

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1212 Harford Ave. St. 10-14 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John J. Farrell

(a) Residence: No. 1212 Harford Ave. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 6, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. City fever 07
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John J. Farrell

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen McCarty

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Margaret Louis
(Address) 1212 Harford Ave

18. BURIAL, CREMATION, OR REMOVAL Date Feb. 10, 1932
Place Cathedral Lutheran Cemetery

19. UNDERTAKER The Dieckfeld Co. Inc.
(Address) 1111 Wilson St. Balto. Md.

FILED 1932 Feb 10 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 28, 1931, to Feb. 7, 1932

I last saw him alive on Feb. 7, 1932 death is said to have occurred on the date stated above, at 1020 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Right Breast	Sept. 1931
Other contributory causes of importance: Bronchopneumonia	Feb. 6, 1932

Name of operation No Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify M. D.

(Signed) J. W. Kretzky

(Address) 1267 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

1-20—M & T—100 B—50L

E 76513

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76513

93-04

CERTIFICATE OF DEATH

REGISTERED NO. .....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Schooner Virginia, Foot of Andre St. ST. 24-35 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Blake,(C) or Edward Drake,(C)

(a) RESIDENCE NO Schooner Virginia, Foot of Andre St. ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced, HUSBAND of ~~XXXXXXXXXX~~ Inman Blake,(C) or Drake,(C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	----	----	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Do not know.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Capt. I.C.Garrett.
(Address) 610 E.Pratt St.

15 Filed ....., 192 .. .. Registrar

6601

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 16, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry.

(Signed) Otto M. Steinhardt, M. D. Coroner

2/8/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

ADDRESS

20 UNDERTAKER

JOHNS HOPKINS HOSPITAL

1932

HARRISON JONES, M. D.

PATHOLOGIST

TION is very important. See instructions on back of certificates. ... of property entitled. EXACT statement of OCCUPA-

Cor.—10-16-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 76514 ✓

E 76514

REGISTERED NO. 108

1-PLACE OF DEATH

City of Baltimore: (No. City Hospital St., 14-59 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Linwood Robinson

(a) RESIDENCE NO. 2220 Penna Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1900

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
32	32			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer 060
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Unknown
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant
(Address)

15 Filed , 19 H. HANSON JONES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) 2 yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2220 Penna Ave

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) C. F. Kerger 2nd D. M. D.

1-3, 1932 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

ADDRESS

20 UNDERTAKER

JOHNS HOPKINS HOSPITAL FEB 2 1932

6600

THE MOST IMPORTANT. See instructions on back of certificate. Exact statement of OCCUPATION is very

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-001 ✓

E 76515

CERTIFICATE OF DEATH

E 76515

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. City Hospital St., 817 Ward)

2-FULL NAME George Stuart

(a) RESIDENCE NO. 1636 E Preston St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Colored	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
59	59			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant
(Address)

15 Filed ..... 19 ..... Registrar

6599

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1636 E Preston

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) B B Kerr M.D., M. D.

2/3, 1932 (Address) 1302 East Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—7-17-26—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

35 E 76516

REGISTERED NO.

76516

1-PLACE OF DEATH

City of BALTIMORE: (No.) Provident Hosp. St. 5-8 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Moses Bailey

(a) RESIDENCE NO. 127 East St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
M	Bl	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (City or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

15 Filed [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/22 1932

17 I HEREBY CERTIFY, That I attended deceased from 10-12, 1931, to 1-22, 1932, that I last saw h[illegible] alive on 1-22, 1932, and that death occurred, on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Pneumonia

Chr. Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY Uremia

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of 10/13/31

Was there an autopsy? No

What test confirmed diagnosis? Clinical, Path

(Signed) [illegible] M. D.

1/23/32 (Address) Provident Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Date of Burial 19

ADDRESS

20 UNDERTAKER

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

[illegible] 1932 6398

1-30—M & T—100 B—50L

E 76517

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 76517

CERTIFICATE OF DEATH

210-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital. ST. 20-11 WARD)

2-FULL NAME Theresa M. Ward.

(a) RESIDENCE NO 218 S. Augusta Ave. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. 5 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, ~~XXXXXXXXXXXX~~ ed ~~XXXXXXXXXXXX~~ of (or) WIFE of Peter J. Ward.

6 DATE OF BIRTH (month, day, and year) August 14, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	5	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

087

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John W. Kunkel.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Rosina Kerchner.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Peter J. Ward. (husband)

(Address) 218 S. Augusta Ave.

15 Filed ..... 192 ..... Registrar

C. HAMPSON JONES, M. D.
1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 8, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage, Struck and knocked down by an Automobile while crossing the street

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Accidental Death

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Frederick & Augusta Ave

Did an operation precede death? January 16, 1932 Date of

Was there an autopsy? No.

What test confirmed diagnosis? No.

Inquest.

(Signed) Theo. Reinhardt, M. D. Coroner

2/14/32, 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL 2/10 1932

20 UNDERTAKER John J. Fahey Sons

ADDRESS 1918 Eutaw St

TION is very important. See instructions on back of certificates.

A&Co. 5-31 250B

E 76518

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-803 V

E 76518

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 5-8 S. Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Post

(a) Residence: No. 312 N. Exeter St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) July 4, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ? Md.

FATHER

13. NAME Victor Gunning

14. BIRTHPLACE (city or town) (State or country) ? Ireland

MOTHER

15. MAIDEN NAME Bertha

16. BIRTHPLACE (city or town) (State or country) ? Ireland

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart Date 2/10 1932

19. UNDERTAKER (Address) John J. Fahey Sons 1518 Light St

20. FILED 1932 C. H. Jones M.D. Registrar.

R.I.P.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day year) Feb. 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1929 to Feb. 8, 1932

I last saw her alive on Feb. 8, 1932 death is said to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic	Unknown
Other contributory causes of importance:	
Bronchopneumonia	5 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Jos Blumer M. D.

(Address) Balto. City Hosp.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76519 — CERTIFICATE OF DEATH — E 76519

1. PLACE OF DEATH Maryland Gen Hosp — Registered No. 84

CITY OF BALTIMORE: (No. 23-32 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Violet A Burke (Violet A. Burk)

(a) Residence: No. 1643 Hanover St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 9 1926

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	5	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John F Burke — Join F Burk

14. BIRTHPLACE (city or town) (State or country) Washington Del

MOTHER

15. MAIDEN NAME Thadae Jacks

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT (Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL — Place Loudon Pk Cem — Date Feb 12 1932

19. UNDERTAKER (Address) Joseph F Bell 1003 N Eutaw St

20. FILED 2-9 1932 — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-9-1932

22. I HEREBY CERTIFY, That I attended deceased from 2-5 1932 to 2-9 1932

I last saw h alive on 19 death is said to have occurred on the date stated above, at 6 00 4m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
chronic Mastoiditis	?

Other contributory causes of importance

Influenza	1 week
	5
	1

Name of operation none Date of

What test confirmed diagnosis Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Robert F Chevalier M. D.

(Address) Md General Hospital

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76520 — CERTIFICATE OF DEATH — 107 E 76520

Registered No. 801

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 25-72 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos 0 ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Robert Cunningham

(a) Residence: No. 1631 Sexton St., Ward.

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	✓

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) September 22, 1929

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	4	17/16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Robert Cunningham

14. BIRTHPLACE (city or town) (State or country) Hampton, Virginia

MOTHER

15. MAIDEN NAME Goldie Goddard

16. BIRTHPLACE (city or town) (State or country) St. Mary's City Maryland

17. INFORMANT (Address) Mr. Robert Cunningham 1631 Sexton St.

18. BURIAL, CREMATION, OR REMOVAL St. Mary's City Cem. Date Feb 9th 1932

19. UNDERTAKER Joseph L. Cook (Address) 1003 W. Baltimore St.

20. FILED Feb 9 1932 C. HUPSON JONES, M. D. Registrar

RAH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1/14, 1932 to 2/8, 1932

I last saw him alive on 2/8, 1932 Death is said to have occurred on the date stated above, at 9:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	1/10/32
Edema of Larynx	

Name of operation Tracheotomy Date of 2/2/32

What test confirmed diagnosis Clinical an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Grace Straley, M. D.

(Address) St. Agnes Hospital

1-30—M. & T.—100 B—50L

E 76521

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 76521

REGISTERED NO. 157

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. Gen. Hosp. ST. 13-57 WARD

2-FULL NAME Mary Ethel Schultz

(a) RESIDENCE NO. 718 Singer Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) February 6, 1932

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Peter Schultz

11 BIRTHPLACE OF FATHER (city or town)
(State or country) West Virginia

12 MAIDEN NAME OF MOTHER Margaret Pearce

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Mrs. Margaret Schultz
(Address) 718 Singer Ave.

15 Filed ____, 192 ____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 8 19 32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Malformation of heart

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) H. Schmidt, M. D. Coroner

Feb 19 32 (Address) North Ave & Division St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: Feb 10 19 32

20 UNDERTAKER: Joseph B. Cook

ADDRESS: 1003 West Baltimore St.

FEB 8 1932 C. HARRISON JONES, M. D.

FROM A very important See instructions on back of certificate.

1-30—M & T—200 B—50L

E 76522

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76522

CERTIFICATE OF DEATH

173

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (Dept. or Institution) Provident Hosp. St. 10-14 (WARD)

2-FULL NAME Ruth Taylor

(a) RESIDENCE NO 924 Madison St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): May - 1909

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	8		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Waitress
(b) General nature of industry, business, or establishment in which employed (or employer): 070 Bisb
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): N. C.

PARENTS

10 NAME OF FATHER: Lucy Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. C.

12 MAIDEN NAME OF MOTHER: Sarah Dean

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. C.

14 Informant: Sarah Taylor

(Address) 924 Madison

15 Filed ___ 192 ___ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day) Feb 4th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) Inquest thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) & Autopsy find that said deceased came to (Inquest, autopsy or inquiry.) Death on the day stated above.

The CAUSE OF DEATH* was as follows: Homicide

Ruptured Spinal Cord

Shot through neck

(duration) 6 hrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Penna Ave & St Mary

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) F. Edwin Coulter, M. D. Coroner

Feb 5 1932

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cem

DATE OF BURIAL: 2-10 1932

20 UNDERTAKER: Jas. M. Skinner

ADDRESS: 1625 E. Monument St

THIS is very important. See instructions on back of certificates.

1-30—M & T—100 B—50L

E 76523

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167

E 76523

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1830 Ethuny St. 14-W (WARD)

2-FULL NAME Andrew Monroe

(a) RESIDENCE NO 1830 Ethuny. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): 1905

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Porter on Train
(b) General nature of industry, business, or establishment in which employed (or employer): 670
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Georgia

PARENTS

10 NAME OF FATHER: Andrew Monroe

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ga.

12 MAIDEN NAME OF MOTHER: Matilda Roberts

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ga

14 Informant: Essie M. Edwards

(Address): Savannah Ga

15 Filed ..... 1932 ..... C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, year): Feb 6th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) Inquest thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Suicide
Pistol wound of Temple
(duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) C. Hampson Jones, M. D. Coroner

19 (Address) Feb 6 1932 Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Savanah Ga

DATE OF BURIAL: 2 9th 1932

20 UNDERTAKER: Jas M Skinner

ADDRESS: 1123 E Broad St

TION is very important. See instructions on back of certificates.

Spec. 0-30—A & Co.—250 M's

E 76524

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 76524

97-001

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2501 Roslyn Ave ST.) 15-51 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary E. Slater

(a) RESIDENCE No. 2501 Roslyn ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of: John H. Slater

6 DATE OF BIRTH (month, day, and year): Dec 24 1837

7 AGE: Years 94 Months 1 Days 15 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Harford Co. Md.

PARENTS

10 NAME OF FATHER: John C. Stinebraker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Hooker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Nancy H. Slater

(Address): 2501 Roslyn Ave.

15 Filed 2-9 1932. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-9-1932.

17 I HEREBY CERTIFY, That I attended deceased from Feby 5th 1932 to Feby 9th 1932 that I last saw her alive on Feby. 9th 1932 and that death occurred, on the date stated above, at 2:30 a.m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary): Intra Cranial Hemorrhage

(duration) Many yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? No Date of X

Was there an autopsy? No.

What test confirmed diagnosis? Physical signs

(Signed) C. H. Hoffman M. D.

2/9/1932 (Address) 2500 Garrison Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Hope-Bel Air-Md. DATE OF BURIAL: Feb 11 1932

20 UNDERTAKER: Wm. O. Mitchell & Sons 1901 Eutaw Place ADDRESS

Spec.—1-10-21 M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76525 ✓ E 76525

CERTIFICATE OF DEATH.

23

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2910 Rosalie Ave. ST. 27-43 WARD)

2-FULL NAME Robert Stratton Brown

(a) RESIDENCE NO. 2910 Rosalie Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. — mos. — ds. How long in U. S., if of foreign birth? 12 yrs — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 9, 1905

7 AGE: Years 26 | Months 7 | Days — | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sailor

(b) General nature of Industry, business, or establishment in which employed (or employer): Merchant Marine

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Nova Scotia

PARENTS

10 NAME OF FATHER: Leslie A. Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Nova Scotia

12 MAIDEN NAME OF MOTHER: Tressa Chapman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Nova Scotia

14 Informant: Mrs. Robt. Forbes

(Address): 2910 Rosalie Ave.

15 Dec 1932 .19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 9 1932

17 I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1931, to Feb. 9, 1932, that I last saw h[illegible] alive on Jan. 31, 1932, and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs mos ds.

CONTRIBUTORY (Secondary) Intestinal Tuberculosis

(duration) — yrs 8 mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? X-rays

(Signed) A. M. Bacon, M. D.

2/9, 1932 (Address) 2810 Taylor Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetary — DATE OF BURIAL 2/11/1932

20 UNDERTAKER: Wm Cook — ADDRESS 1217 St Paul St

C. HARRISON JONES, M. D.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76526 ✓

E 76526

CERTIFICATE OF DEATH.

X 46

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4511 Schenley Rd. (WARD) 27 52

2-FULL NAME John Henry Harward

(a) RESIDENCE NO. 4511 Schenley Rd ST. WARD Belair Md.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Mollie Harward

6 DATE OF BIRTH (month, day, and year) Apr 10 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	9	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER George Harward

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth McFaddy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Miss Priscilla Harward

(Address) 4511 Schenley Rd

15 Filed 19 C. HAMPSON JONES, M.D. Registrar

9 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/8 1932

17 I HEREBY CERTIFY, That I attended deceased from 1/24, 1932, to 7/8, 1932, that I last saw h— alive on 7/8, 1932, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows: Cancer Stomach (Hemorrhage Ulcer - noted but short time by Dr. Heyd) Endocarditis (Chronic)

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Endocarditis

(duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of — —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Diagnosis

(Signed) Henry F. Coffey M. D.

19 1932 (Address) Replaced Rh

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's (Hampden) Cemetery

DATE OF BURIAL 2/10 1932

20 UNDERTAKER Wm Cook 1217 St. Paul st

ADDRESS

THIS IS very important. See instructions on back of certificates.

A&Co. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76527 E 76527

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 27-43 Ward)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Paul Mentzer

(a) Residence: No. 7307 Old Harford Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, year) Nov 30 - 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. China & Glassware

10. Date deceased last worked at this occupation (month and year) DEC - 1931

11. Total time (years) spent in this occupation 10 yrs.

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Pitt Mentzer

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Bertha England

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Clark Date 2/9/32 19..

19. UNDERTAKER Engler & Sons Co
(Address) 4 N. Howard St

20. FILED FEB 9 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1931, to Feb 7, 1932

I last saw h im alive on Feb 7, 1932 death is said to have occurred on the date stated above, at 9 25 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tbc	9/4/31

Other contributory causes of importance:

Tbc of Larynx and Jaw

Name of operation ..... Date of .....

What test confirmed diagnosis? X ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Alan Bernstein, M. D.

(Address) Johns Hopkins Hosp.

1-20—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76528

CERTIFICATE OF DEATH

107-001 v

E 76528

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hopkins Hospital ST. 4-W (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Loretta Rose Malee

(a) RESIDENCE NO. 727 W. Lexington ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 27/31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md

PARENTS

10 NAME OF FATHER James Malee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Genevieve P. Moran

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant James Malee
(Address) 727 W. Lexington St

15 Filed ..... 1932 ..... G. HAMPSON JOKES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1.25 A.M. Feb 9/32 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Bronchitis- Lobular Pneumonia
History of Asthma

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? yes Feb 9/32

What test confirmed diagnosis? .....

(Signed) John F. Carter, M. D. Coroner

2/9/32 (Address) 508nE. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Hampden — DATE OF BURIAL Feb 10 1932

20 UNDERTAKER Harry H. Withe — ADDRESS 410 Edmondson Ave

FOR INFORMATION AS TO HOW TO FILL OUT THIS CERTIFICATE, See instructions on back of certificates.

1-30—M & T—100 B—50L

E 76529

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76529

CERTIFICATE OF DEATH

93-04

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 E. Churchill St. ST. 22-33 WARD)

2-FULL NAME James F. Sheppard.

(a) RESIDENCE NO 208 E. Churchill St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. 11 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married HUSBAND of (or WIFE of) Annie Sheppard.

6 DATE OF BIRTH (month, day, and year) February 21, 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	51	11	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Galvanizer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 9, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Theo A. Reinhardt, M. D. Coroner

2/10/32, 19 (Address) 1017 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

Informant Annie Sheppard. (wife)

(Address) Creswell Rd. Brooklyn. A.A.Co.

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill

DATE OF BURIAL Feb 11 1932

20 UNDERTAKER Chas. F. Stevens

ADDRESS 1570 Fort Ave

15 Filed ..... 192 ..... Registrar

FEB 10

SEE INSTRUCTIONS ON BACK OF CERTIFICATES.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

E 76530

CERTIFICATE OF DEATH

E 76530

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1201 Walnut Avenue ST. 28-66 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William N. Montague

(a) RESIDENCE NO. 1201 Walnut Avenue ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

6 If married, widowed, or divorced: HUSBAND of (or) WIFE of Ella Josina Montague

6 DATE OF BIRTH (month, day, and year) December 9, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	2	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Bricklayer

(b) General nature of industry, business, or establishment in which employed (or employer): Contractors

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

10 NAME OF FATHER: William Montague

11 BIRTHPLACE OF FATHER (city or town) (State or country): London England

12 MAIDEN NAME OF MOTHER: Louise Marker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

PARENTS

14 Informant: Mr. Vernon Montague

(Address) 1201 Walnut Ave.

15 Filed . 19 Registrar

FEB 10 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 9, 1932

17 I HEREBY CERTIFY, That I attended deceased from Nov. 21 . 1931, to Feb. 9th . 1932, that I last saw him alive on Feb 9th . 1932, and that death occurred, on the date stated above, at 11.52 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Apoplexy.

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Isaac C. Nelson, M. D.

Feb. 9th. 1932 (Address) 3055 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery

DATE OF BURIAL: Feb. 12 1932

20 UNDERTAKER: Joseph B. Cook

ADDRESS: 1003 West Baltimore St.

Spec.—9 30—A & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

76531 E 76531

CERTIFICATE OF DEATH.

REGISTERED No. 23 V

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No) 1131 Brewer ST. 17-24 (WARD)

2 FULL NAME Eleanor Rucker

(a) RESIDENCE No. 1131 Brewer ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced ~~HUSBAND OF~~ (or) WIFE of Preston Rucker

6 DATE OF BIRTH (month, day, and year) Dec - 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
47	48	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Nelson Co. Va

PARENTS

10 NAME OF FATHER: Paul Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): Nelson Co Va

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Nelson Co Va

14 Informant: Rebecca Jones
(Address) 1131 Brewer St

15 Filed FEB 10 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 8, 1932

17

I HEREBY CERTIFY, That I attended deceased from Dec 26, 1931, to Feb 8, 1932

that I last saw her alive on Feb 6, 1932

and that death occurred, on the date stated above, at 8:05 a.m.

The CAUSE OF DEATH* was as follows:

Cal. Haemorrhage

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Pulm. T. B.

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Lee Ellis M. D.

2/9, 1932 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn, Cem

DATE OF BURIAL: 2/10 1932

20 UNDERTAKER: Samuel F. Hemsley

ADDRESS: 78 McCulloh

M. D. B. 1288-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76532

CERTIFICATE OF DEATH

E 76532

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2324 Annapolis (Ward)

Length of residence in city or town where death occurred: Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ellen Augusta

(a) Residence: No. 2324 Annapolis Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Joseph Augusta

6. DATE OF BIRTH (month, day, and year): May 24-1912

7. AGE: Years: 19 | Months: 8 | Days: 19 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Servant in [illegible]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private Family

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (City or town) (State or country): Baltimore Md

FATHER

13. NAME: Henry Wright

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Rebecca Lewis

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Rebecca Wright

(Address) 2324 Annapolis

18. BURIAL, CREMATION, OR REMOVAL: Mt Auburn Cem 2/11 32

19. UNDERTAKER: Samuel Hemsley

(Address) 918 McCulloh St

20. FILED [illegible] 19 [illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/8/32

22. I HEREBY CERTIFY, That I attended deceased from 2/6/32 to 2/8/32

I last saw her alive on 2/8/32 Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I Secondary Anemia	

Other contributary causes of importance:

Prolonged Confinement

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. W. Bond Hurst M. D.

(Address) 912 Eutaw St

INSTRUCTIONS ON BACK OF CERTIFICATE.

AACo. 5-11 2508

76533

HEALTH DEPARTMENT CITY OF BALTIMORE

108 E 76533

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hosp (Street) 8-17 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Loretta Ruane

(a) Residence: No. 154 Carolina St (Street) (Ward)
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) June 10 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	10	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railways Co

10. Date deceased last worked at this occupation (month and year) Tuesday Feb 2 32

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

FATHER

13. NAME Wm J Ruane

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Virginia Wilson

16. BIRTHPLACE (city or town) (State or country) Balto Maryland

17. INFORMANT (Address) Albert J Wilson 1541 N Carolina St

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Feb 12th 1932

19. UNDERTAKER (Address) George W Schilling 1124 E Lexington St

20. FILED 10 1932 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9 , 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 3 rd , 1932 to Feb 9 , 1932

I last saw her alive on Feb 9 , 1932 death is said to have occurred on the date stated above, at 4.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Feb 2/32

Other contributory causes of importance:

Toxemia	
Toxic Myocardial Failure	Feb 4

Name of operation NO Date of

What test confirmed diagnosis Clinical as there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F M Brampsadner M. D.

(Address) St Joseph Hosp. Balt

Spec.—9-30—A. & Co.—250 Blks.

76534 HEALTH DEPARTMENT—CITY OF BALTIMORE

43-8

E 76534

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 4314 St Paul St. 27-49 (WARD)

REGISTERED No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John Hurst Purnell

(a) RESIDENCE No. 4314 St. Paul St. WARD ____ (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 59 yrs. 6 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced: (or) WIFE of Katherine Krupp Purnell

6 DATE OF BIRTH (month, day, and year) Aug-8-1872

7 AGE: Years 59 | Months 6 | Days 0 | If LESS than 1 day, hrs. or min. ____

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Real Estate
(b) General nature of Industry, business, or establishment in which employed (or employer): Real Estate
(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Baltimore Co Maryland

PARENTS
10 NAME OF FATHER: William B Purnell
11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Maryland
12 MAIDEN NAME OF MOTHER: Mary Hurst
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant (Address): Mrs Katherine K. Purnell (wife) 4314 St Paul St City

15 Filed: AUG 10 1932 Registrar: [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-8-32.

17 I HEREBY CERTIFY, That I attended deceased from 12-4-32, 1932, to 2-8-, 1932
that I last saw h[im] alive on 2-8-, 1932
and that death occurred, on the date stated above, at 8.30 a m.

The CAUSE OF DEATH* was as follows:
Myocarditis. Pulmonary Edema.
Broncho-pneumonia

(duration) ____ yrs. ____ mos. 4 ds.

CONTRIBUTORY (Secondary) Myocarditis (4 yrs)
(duration) 4 yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? ?
Did an operation precede death? No Date of ✓
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) John H Y Culley M. D.
, 19 (Address) 1100 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery
DATE OF BURIAL: Feb 6 1932

20 UNDERTAKER: Edward H Combs
ADDRESS: Balto.

Spec.—1-10-21—M&T—1500 Blks.

E 76535

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76535

CERTIFICATE OF DEATH

131 v

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 534 W. Lee st (St.) 22-30 (Ward)

2-FULL NAME Emmagt. Woods

(a) RESIDENCE NO. 534 W. Lee ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Eugene Woods

6 DATE OF BIRTH (month, day, and year): July 16, 1871

7 AGE — Years: 60 Months: 6 Days: 22 If LESS than 1 day, hrs or min.: 7 8

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer): 637

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ann Arundel Co.

PARENTS

10 NAME OF FATHER: Nehemiah Turner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Kent Delaud.

12 MAIDEN NAME OF MOTHER: Elizabeth Turner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Kent Co. Md.

14 Informant (Address): Henrietta Todd 534 W. Lee st

15 Filed 1932 C. HAMPSON LOFT, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 8 1932

17 I HEREBY CERTIFY, That I attended deceased from Dec 22 1931 to Feb 8 1932, that I last saw her alive on Feb 6 1932, and that death occurred, on the date stated above, at 5:20 A m.

The CAUSE OF DEATH* was as follows:

Acute Anemia

(duration) yrs 1½ mos da.

CONTRIBUTORY (Secondary) Chr. Cardio-renal disease (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical signs

(Signed) John D. Turner M. D.

, 19 (Address) 615 S. Paca st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: Feb. 10, 1932

20 UNDERTAKER: Mrs Katie R. Williams — ADDRESS 322 N. Schroeder st.

Spec.—9 30—A & Co.—250 Hls

76536 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76536

CERTIFICATE OF DEATH

82-001

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No) 3063 Stafford ST. 20-70 WARD

2 FULL NAME William Margraf

(a) RESIDENCE NO. (Usual place of abode) 3063 Stafford ST. WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Margraf

6 DATE OF BIRTH (month, day, and year): Feb 19 1849

7 AGE: Years 82; Months 11; Days 20; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Builder

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs C. A. Meyers (Address) 623 Bentalou Street

15 Filed 10-4-1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 9-1932

17 I HEREBY CERTIFY, That I attended deceased from Feb 9, 1932, to Feb 9, 19

that I last saw h — alive on —, 19

and that death occurred, on the date stated above, at 8.15 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Senile Debility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed) John A Schaefer M. D.

2-9-1932 (Address) 3610 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet DATE OF BURIAL: 2/12/1932

20 UNDERTAKER: Geo. Weber & Son ADDRESS: 2503 Edmondson

1-30—M. & T.—100 B—50L

E 76537

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76537

CERTIFICATE OF DEATH

REGISTERED NO. 106

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 908 N. Eutaw ST. 11-24 WARD

2-FULL NAME Eugene Epps

(a) RESIDENCE NO 908 N. Eutaw ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Nov 22-131

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto md

PARENTS

10 NAME OF FATHER Raymond Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto, Md

12 MAIDEN NAME OF MOTHER Estella Epps

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Estella Epps (Address) 908 N Eutaw

15 Filed Feb 10 1932 C. HAWSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. L. Ellis, M. D. Coroner

Feb 10 1932 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn cemetery

DATE OF BURIAL Feb 10 1932

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1203 Preston St.

B 10 1932

1-30—M & T—100 B—50L

E 76538 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76538

CERTIFICATE OF DEATH

1-PLACE OF DEATH — REGISTERED NO. 18 1/2

CITY OF BALTIMORE: No. Provident Hosp St. 19-27 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John West

(a) RESIDENCE No. 409 N. Vincent ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Col 5 Single, Married, Widowed, or Divorced (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE 66 Years 65 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER John West

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Watts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Arthur West

(Address) 409 N. Vincent

15 Filed FEB 10 1932 C. HAMPSON JONES, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Feb 8th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said Inquest find that said deceased came to death

(Inquest, autopsy or inquiry.)

on the day stated above.

The CAUSE OF DEATH* was as follows:

2nd degree burn

Bronchial pneumonia

(duration) yrs. mos 1 ds

CONTRIBUTORY (Secondary) Coal stove

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) T. Scott Funk, M. D. Coroner

Feb 8 1932 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carlton Cem

DATE OF BURIAL 2-10 1932

20 UNDERTAKER E. and E. Taylor

ADDRESS 916 Pa Ave

AdCo. 5-31 250B

E 76539 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 110 E 76539

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 111 W Winchester St. 16-23 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E Robinson (Robertson)

(a) Residence: No. 1117 Winchester St., ... Ward. ...
(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James Robinson

6. DATE OF BIRTH (month, day, year) ... June 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	1867 June		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

13. NAME James Gilmore

14. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

15. MAIDEN NAME Mary E. Brown

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Louise Evans
(Address) 1117 Winchester

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 2-10 1932

19. UNDERTAKER David Easton
(Address) 916 Pa ave

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-7- 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-3- 1932 to 2-3- 1932

I last saw her alive on 2-3- 1932 death is said to have occurred on the date stated above, at 2:30 P m.

The principal cause of death and related causes of importance were, as follows:

	Date of onset
Pneumonia	2/1/32
Other contributory causes of importance: Bronchitis	1/1/30

Name of operation ... Date of ...

What test confirmed diagnosis? Medical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. Howard Walker M. D.

(Address) 1005 N. Eden

AACo. 5-31 250B

25-6936

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 76540

Registered No. E 76540

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. [illegible] Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Ecwel

(a) Residence: No. 3705 Gough St., St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 1-1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Paul Edzel
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eliz. Meigel
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records — JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date Feb. 10. 1932

19. UNDERTAKER Penn Sonder & Sons Inc
(Address) Baltimore St. Broadway

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1932 to Feb. 6, 1932
I last saw h[illegible] alive on Feb 6, 1932 death is said to have occurred on the date stated above, at 11 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of head of Pancreas	8/31
Jaundice	11/31
Post Operative Pneumonia	2/5/32

Other contributory causes of importance:

Name of operation Cholecystostomy Date of 2/5/32
What test confirmed diagnosis? Surg. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible], M. D.
(Address)

A4Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76541

CERTIFICATE OF DEATH

119 E 76541

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 4-25 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Richard Clough

(a) Residence: No. 114 N. Haven St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan - 11 - 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind

FATHER

13. NAME William Clough

14. BIRTHPLACE (city or town) (State or country) Ind

MOTHER

15. MAIDEN NAME Anna Henry

16. BIRTHPLACE (city or town) (State or country) Ind

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date Feb. 10 1932

19. UNDERTAKER Henry Sander & Sons, Inc.
(Address) Number 21 E Broadway.

20. FILED FEB 10 1932, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1932 to Feb 8, 1932

I last saw h[illegible] alive on Feb 8 1932 death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset 1-11-32

Diarrhea (acute intestinal disturbance) — Date of onset 2-5-32

Other contributory causes of importance:

Name of operation ..... Date of ...

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) John O'Washington M. D.
(Address) Johns Hopkins Hospital

M. D. H. 1268-9

E 76542

E 76542 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

104-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3061 Strickland St. 20-7 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Betty Lee Blanch

(a) Residence: No. 3061 Strickland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 26 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Joseph O Blanch

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Catherine A Platt

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Joseph O Blanch
(Address) 3061 Strickland St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date 2/11 1932

19. UNDERTAKER George A Fogle
(Address) Fidelity & Fayette

20. FILED , 19 PAXTON JONES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 8 1932 to Feb 9 1932

I last saw her alive on Feb 5 1932. Death is said to have occurred on the date stated above, at 9.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Common Cold (Coryza)	2-6-32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) J. Hope Johnson M. D.

(Address) 720 Frederick Ave

Occupation is very important. See instructions on back of certificate.

RTD 1933

1-20—M. & T.—100 B—50L

E 76543

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76543

CERTIFICATE OF DEATH

93.004

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3019 Hamilton Ave ST. ..... WARD) 27-42

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Albert Ryan

(a) RESIDENCE NO. 3020 E. Hamilton Ave ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Veronica A. Ryan

6 DATE OF BIRTH (month, day, and year) June 27-1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	7	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Barber
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Chas. Hess

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John M. Ryan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Fannie L. Hill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant

(Address) Veronica A. Ryan 3020 E. Hamilton Ave

15 Filed ..... 192 ..... Registrar

1/1/1932 CHAS. H. JONES, M.D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Insufficiency

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) C. S. Hoffman, M. D. Coroner

2/9/1932 (Address) 108 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet

DATE OF BURIAL Feb. 11 1932

20 UNDERTAKER Leonard J. Ruck

ADDRESS 1305 Harford Ave

A4Co. 5-31 2'GR

E 76544 HEALTH DEPARTMENT CITY OF BALTIMORE E 76544

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5606 Hinthrop St., 23rd Ward) Registered No. 97-43

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Omar James

(a) Residence: No. 5606 Hinthrop St., 23rd Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William James

6. DATE OF BIRTH (month, day, year) Feb. 13 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Morgantown N.C.

FATHER

13. NAME Whitson

14. BIRTHPLACE (city or town) (State or country) Raleigh N.C.

MOTHER

15. MAIDEN NAME Mary Grossman

16. BIRTHPLACE (city or town) (State or country) Charleston S.C.

17. INFORMANT William James
(Address) 5606 Hinthrop St.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date 2-11 1932

19. UNDERTAKER Leonard Rock
(Address) 2605 Harford Rd.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 9 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1930 to Feb 9 1932.
I last saw him alive on Feb 9 1932 and that death is said to have occurred on the date stated above, at 5a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis.	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Hyla W. Hobby M.D.

(Address) 5703 Eastpoint Rd

1-20—M & T—100 B—50L

E 76545

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76545

82-801

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. 15-56 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Esther Fisher

(a) RESIDENCE NO 3713 Towanda Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Harris Fisher

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Yudal Schwartz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Jack Lewis

(Address) 1439 E. Baltimore St

15 Filed _____, 192 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9/32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John Lee, M. D. Coroner

2/10/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Mem. Park

DATE OF BURIAL 2-10-1932

ADDRESS

20 UNDERTAKER Jack Lewis Inc., 1439 E. Balt.

EDITOR: HARRISON JONES, M.

1-30—M & T—100 B—501.

E 76546

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76546

CERTIFICATE OF DEATH

REGISTERED NO. 131

1-PLACE OF DEATH
CITY OF BALTIMORE—NO. Providence Hosp. ST. WARD
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Blackwell

(a) RESIDENCE NO. 612 Pitcher ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE Col
5 Single, Married, Widowed or Divorced (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE Years 53 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS
10 NAME OF FATHER Richard Blackwell
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md
12 MAIDEN NAME OF MOTHER Hannah Johnson
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Walter Blackwell
(Address) 18 Lefrenn Ave

15 Filed Feb 10 1932 CLARENCE JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Feb 8th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:
Chronic Nephritis
(duration) yrs. mos 3 ds.
CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Regular
Signed Fabian Bordier, M. D.
19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Love Point
DATE OF BURIAL 2/10 1932
20 UNDERTAKER Walter B Spriggs
ADDRESS 1396 Hamby ST

Spec.—1-10-21—M&T—1500 Blks.

E 76547 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76547

CERTIFICATE OF DEATH. 1689-001

1-PLACE OF DEATH Franklin Square Hospital REGISTERED NO.

CITY OF BALTIMORE: (No.) ST. 13-52 WARD (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mildred King

(a) RESIDENCE NO. 3616 Pame Street WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifes yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 22 1912

7 AGE Years 19 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER David C King

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Emma M. Bortel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant David C. King (Address) 3616 Pame St

15 FEB 10 1932 H. HELLER JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-9 1932

17 I HEREBY CERTIFY, That I attended deceased from 2-1- 1932 to 2-9 1932.

that I last saw her alive on 2-9 1932

and that death occurred, on the date stated above, at 12 30 A m.

The CAUSE OF DEATH* was as follows:

Suppurative & Ulcus Medius acute Mastoiditis

(duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary) Fatal Lung Furunculosis

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? Mastoiditis

Did an operation precede death? Date of 2-3-32

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) C. W. Peaky M. D.

. 19 (Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem DATE OF BURIAL Feb 11, 1932

20 UNDERTAKER Schumacher & Son ADDRESS 3615 Edmondson Ave

1-20—M & T—100 B—50L

E 76548

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 76548

REGISTERED NO. 70-69

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital ST. (or WARD)

2-FULL NAME Charles E. Waltemeyer

(a) RESIDENCE NO 322 S. Pulaski ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary B. Waltemeyer

6 DATE OF BIRTH (month, day, and year) March 25, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	11	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Store-room Clerk
(c) Name of employer: Mount Vernon Shop

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER John H. Waltemeyer

11 BIRTHPLACE OF FATHER (city or town) Howard Co (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Crouse

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Mary B. Waltemeyer

(Address) 322 S. Pulaski St

15 Filed Feb 10 1932 Wm. H. Taylor Jones, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 8 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetes

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Physical Signs

(Signed) Guy N. Cromwell, M. D. Coroner

2/10 1932 (Address) 1031 Calvert Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pimlico Cemetery DATE OF BURIAL Feb. 11 1932

20 UNDERTAKER George L. Ashman ADDRESS 201 Park Ave

Stat.—2-25-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 76549 ✓ 59 E 76549

E 76549

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1915 E. Hoffman ST. 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Winifred Hartman

(a) RESIDENCE NO. 1915 E. Hoffman ST.. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If (married, widowed, or divorced) HUSBAND of (or) WIFE of John Hartman

7 DATE OF BIRTH (month, day, and year) Sept 3 rd 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	5	5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer) Dress maker 069

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Pa

9 NAME OF FATHER Edw Mc Donough

10 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

11 MAIDEN NAME OF MOTHER Mary Daley

12 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Katherine Dougherty

(Address) 452 N PPk Ave

Filed C. H. [illegible] JONES, M. D. Registrar

Feb 10 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 8, 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1932, (to) Feb. 8, 1932,

that I last saw her alive on Feb. 7, 1932

and that death occurred, on the date stated above, at 6:00 a. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) ? yrs. mns. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs of death

(Signed) I. R. Kronishas, M. D.

2-9-, 1932 (Address) 3037 O'Donnell St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem

DATE OF BURIAL Feby 11 1932

UNDERTAKER John Ullrich

ADDRESS 2008 Aliceanna

A4Co. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

76650

CERTIFICATE OF DEATH

E 76550

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 Reservoir St. 13-20 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Joseph Johnson

(a) Residence: No. 619 Reservoir St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Ellen Johnson

6. DATE OF BIRTH (month, day, year): Apr. 29 1873

7. AGE: Years 58 | Months 9 | Days 10 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Nurser
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Contractor
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country): Swansea Wales

13. NAME of father: Oswald Johnson

14. BIRTHPLACE (city or town) (State or country): Wales

15. MAIDEN NAME of mother: Ann ?

16. BIRTHPLACE (city or town) (State or country): Wales

17. INFORMANT: Mrs Ellen Johnson
(Address): 619 Reservoir

18. BURIAL, CREMATION, OR REMOVAL
Place: Parkwood Date: Feb 11 19 32

19. UNDERTAKER: J. T. Ferguson
(Address): 1044 Cathedral St.

20. FILED: FEB 10 1932, 19 ..... at ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2/7, 1932 to 2/8, 1932

I last saw him alive on 2/10, 1932 death is said to have occurred on the date stated above, at 8:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	2/7/32
Other contributory causes of importance: Pulmonary Oedema	2/8/32

Name of operation: none Date of

What test confirmed diagnosis? Phy. Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John T. Ferguson M.D.
(Address) 1044 Cathedral St.

Spec.—8-16-29—L. F. S.—100 Bks.

E 76551

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76551

CERTIFICATE OF DEATH

95-02

REGISTERED NO. 92-69

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2421 Lanvale Ave ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Harry E. Feelemyer

(a) RESIDENCE NO. 2421 Lanvale Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Nov-30-1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	2	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Heating Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) Heating 030

(c) Name of employer Her Brothers.

BIRTHPLACE (city or town) (State or country) Catonsville Md.

10 NAME OF FATHER George W. Feelemyer.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Catonsville Md.

12 MAIDEN NAME OF MOTHER Mary McDonald.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

Informant George W. Feelemyer Jr.
(Address) 2429 Lanvale Ave.

Filed ... 19 ... Registrar

C. HARRISON JONES, M. D.

1 0 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 8-1932

17 I HEREBY CERTIFY, That I attended deceased from May 30, 1931, to February 8, 1932, that I last saw h[illegible] alive on February 2[illegible], 1932, and that death occurred, on the date stated above, at 8:40 P. m.

The CAUSE OF DEATH* was as follows:

Degenerative Heart Disease

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Signs

(Signed) Chester Rukand, M. D.

2-8-1932 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Feb 11 1932

20 UNDERTAKER Wm J. Tschan & Sons

ADDRESS Nall & Pa

M. D. B. 1268-9

76552 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 E 76552

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 Newington Ave. 2-13-59 Ward)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Marie Dalger

(a) Residence: No. 708 Newington Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ernst T. Dalger

6. DATE OF BIRTH (month, day, year) Jan 29 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	0	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Darmstadt Germany

FATHER

13. NAME Philip Thomas.

14. BIRTHPLACE (city or town) (State or country) Darmstadt Germany

MOTHER

15. MAIDEN NAME Margaret Friedenbach

16. BIRTHPLACE (city or town) (State or country) Darmstadt Germany

17. INFORMANT Mr. Ernst T. Dalger

(Address) 708 Newington Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenridge Date Feb 9 1932

19. UNDERTAKER Wm. V. Pelner Sons

(Address) Reed & Paca sts.

20. FILED Feb 10 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 9 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16 1931 to Feb. 9 1932

I last saw h[illegible] alive on Feb. 9 1932 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleuritis Middle.	1924

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? (Clinical) Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1932

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Lyman C. Clark M. D.

(Address) Latrobe Apt. Church

Spec.—9-30—A. & Co.—250 Bks

76553

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95 E 76553

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1104 S. Clinton St. 76-1 WARD)

2 FULL NAME Mary Kreha

(a) RESIDENCE NO. 1104 S. Clinton St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Femal

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov. 17 1885

7 AGE: Years 47; Months 2; Days 22; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Austria

PARENTS

10 NAME OF FATHER: John Zoldos

11 BIRTHPLACE OF FATHER (City or town) (State or country): Austria

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Austria

14 Informant: Anna Kernigan
(Address): 1107 S. Clinton

15 Date: 6-1932 Registrar: C. HAMPSON JONES M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 9 1932

17

I HEREBY CERTIFY, That I attended deceased from Jan 31 1932 to Feb 9 1932

that I last saw h alive on Feb 8 1932

and that death occurred, on the date stated above, at 130a m.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular Dis. - (Coronal Thrombosis)

(duration) 1½ yrs. — mos. — ds.

CONTRIBUTORY (Secondary): Cardiac failure

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Frank C Bruce M. D.

19 (Address) 125 S Bkwy

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem

DATE OF BURIAL: Feb 12 1932

20 UNDERTAKER: Stephen J. Fialkowski INC

ADDRESS: 1000 S Kenwood Ave

AACo. 3-31 2108

E 76554

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76554

CERTIFICATE OF DEATH

Registered No. 9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 7 Ward) 43

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 4 mos. 14 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Kahler

(a) Residence: No. 5928 Glen Oak Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/27/31

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	3 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Frederick Kahler

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Barbara Smith

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Frederick Kahler
(Address) 5928 Glen Oak Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 2/13, 1932

19. UNDERTAKER Philip Weiss
(Address) 2016 Pennsylvania Ave

20. FILED 2-13-1932 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/10/32, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/30/32, 19, to 2/10/32, 19

I last saw him alive on 2/10/32, 19 death is said to have occurred on the date stated above, at 6:30 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	1/12/32
Other contributory causes of importance:	
Bronchial Pneumonia	1/27/32

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. V. Jackson, M. D.

(Address) Sydenham Hospital

1-30—M & T—100 B—501

E 76555

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76555

CERTIFICATE OF DEATH

REGISTERED NO. 93

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 214 S Wolfe ST. 2-4 (WARD)

2-FULL NAME Andrew Mazurek

(a) RESIDENCE NO. 214 S Wolfe ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
60	60			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Anthony Nadasni

(Address) 214 S Wolfe

15 Filed ..., 1932 C. HAMPSON JONES, M. D. Registrar

Per ...

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? History

(Signed) B Patterson md Coroner, M. D.

2/9, 1932 (Address) 1305 E Patterson Pl Ca

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary DATE OF BURIAL Feb 11 1932

20 UNDERTAKER H W Gazewski ADDRESS 1930 Eastern Ave

M. D. B. 1268-9

E 76556

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 E 76556

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2939 McElderry St. 7-11 Ward)

Length of residence in city or town where death occurred 42 yrs. 8 mos. 1 ds. How long in U. S. If of foreign birth — yrs. — mos. — ds.

2. FULL NAME Germanus J. France

(a) Residence: No. 2939 McElderry St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C. McNally

6. DATE OF BIRTH (month, day, year) June 8, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 054

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME John France

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Mary Mahon

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Mary C. France

(Address) 2939 McElderry Street

18. BURIAL, CREMATION, OR REMOVAL

Place Oaklawn Cemetery Date 2/12 19 32

19. UNDERTAKER Henry U. Mears and Son

(Address) 825 N. Eutaw St

FEB 1932 C. HARRISON JONES, M. D.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9 1932. 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1931 to Feb 9 1932

I last saw h— alive on Feb. 9 1932. Death is said to have occurred on the date stated above, at 155a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolus	Feb/32
Pulmonary oedema	Feb/32

Other contributory causes of importance:

Vegetative Endocarditis	Sept/31

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) C. Harrison Jones M. D.

(Address) 24 E Mon

AACo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D.S. 464 E 76557 ✓ 47 E 76557

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JONES HOPKINS HOSPITAL St. 13-53 Ward)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carrie Dowdson

(a) Residence: No. 857 W. 36th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced (write the word)~~: Married

6a. If married, widowed, or divorced (or) WIFE of Frank A Dowdson

6. DATE OF BIRTH (month, day, year) June 18th 1874

7. AGE: Years 57 | Months 7 | Days 21 | If LESS than 1 day, hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machine Op

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cl Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Sidney Raymond

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Florence Crayton

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Friend

(Address)

18. BURIAL, CREMATION, OR REMOVAL Loraine Cemetery Date 2/12/1932

19. UNDERTAKER Wm Cook

(Address) 217 St Paul St

20. FILED 2-11-1932 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from January 8, 1932 to Feb 9, 1932

I last saw h[illegible] alive on Feb 9, 1932 death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung (Metastatic)	12/1/31

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible] Bernstein, M. D.

(Address) Johns Hopkins Hospital

AACo. 5-31 250B

76558 HEALTH DEPARTMENT CITY OF BALTIMORE 76558

CERTIFICATE OF DEATH

Registered No. 82

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 734 E. North Ave. Ward 13-B)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Denbow

(a) Residence: No. 734 E. North Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or WIFE of) Sadie Denbow

6. DATE OF BIRTH (month, day, year) June 9th 1869

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	62	8	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

13. NAME Thomas Denbow

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

15. MAIDEN NAME Catherine Tidebell

16. BIRTHPLACE (city or town) (State or country) Harford Co Md

17. INFORMANT Mrs Mary A. Tidwell

(Address) 734 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL Harford Co Md Date Feb 11th 1932

19. UNDERTAKER Wm Cook

(Address) 217 St. Paul St.

20. FILED 19 , Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9th 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 1st 1932 to Feb 9th 1932

I last saw h in alive on Feb 9th 1932 death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Other contributory causes of importance: Apoplexy	

Name of operation None Date of

What test confirmed diagnosis? No Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur C Manninger M. D.

(Address) 606 E North Ave

AACo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76559

E 76559

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 East Clement St. 24 Ward) 24-23

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma J Bowman

(a) Residence: No. 616 East Clement St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If ~~married~~ widowed, ~~or woman~~ HUSBAND of (or) WIFE of Theodore Bowman

7. DATE OF BIRTH (month, day, year) Sept 12 1850

8. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	81	4	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (Month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME OF FATHER James Coleman

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME OF MOTHER Margaret Hartlove

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Jesse Floyd
(Address) 616 Clement St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 2/12 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 2/11 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7 1932 to Feb. 10 1932

I last saw her alive on Feb. 9 1932 death is said to have occurred on the date stated above, at 1.35 A m.

The principal cause of death and related causes of importance were as follows:

Senile Regurgitation — Date of onset

Other contributory causes of importance:

Name of operation: None Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edw. J. Seabury, M. D.
(Address) 636 East Ave

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

76560

CERTIFICATE OF DEATH

43-004

E 76560

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Pronounced Dead at Johns Hopkins Hospital (ST.) (WARD)

2-FULL NAME Nicholas Kuhn

(a) RESIDENCE NO 1809 Ellamont ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs mos da. How long in U. S., if of foreign birth? yrs mos da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Rose Mary Kuhn

6 DATE OF BIRTH (month, day, and year) Oct 4 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	64	4	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Balto City

9 BIRTHPLACE (city or town) New York
(State or country) N. Y.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Rose Mary Kuhn
(Address) 1809 Ellamont St

15 Filed Feb 11 1932 192 H. Hall Jones M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Myocardial Insufficiency

(duration) yrs. mos da.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. H. Jones M. D.
Coroner

2.10.32 (Address) 508 E. north Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery

DATE OF BURIAL: 2/11/1932

20 UNDERTAKER: H. M. Cook

ADDRESS: 1217 St Paul St

AACo. 5-31 2'08

HEALTH DEPARTMENT—CITY OF BALTIMORE

76561

CERTIFICATE OF DEATH

X 93 E 76561

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4 A 3 6 Ward)

Length of residence in city or town where death occurred, yrs. mos 6 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dora Tockstein

(a) Residence: No. Illinois Ave & Washington Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 24 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	4 3	21 20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Martin L. Tockstein

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dora Tockstein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. William Hamm
(Address) 838 E. Lee St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Feb. 13 1932

19. UNDERTAKER Mrs. E. Miller & Son
(Address) 2324 Gilmor St.

20. FILED FEB 13 1932 H. J. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/10 1932

22. I HEREBY CERTIFY, That I attended deceased from 2/4 1932 to 2/10 1932

I last saw her ALIVE on 2/10 1932 death is said to have occurred on the date stated above, at 5:45 A m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis.
Generalized Arteriosclerosis

Date of onset Unknown

Other contributory causes of importance:

Terminal Bronchial Pneumonia

2 Days

Name of operation None Date of —

What test confirmed diagnosis? Clinical Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19 .
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jacob S. Strauss M. D.
(Address) University Hospital

1-30—M & T—100 B—50L

E 76562

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76562

210-001

CERTIFICATE OF DEATH

REGISTERED NO. 76-37

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals ST. WARD

2-FULL NAME Idaila Howe.

(a) RESIDENCE NO 6542 Fait Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs ---- mos ---- ds. How long in U. S., if of foreign birth? 25 yrs. ---- mos ---- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed or divorced (or) WIFE of Walter Howe.

6 DATE OF BIRTH (month, day, and year) September 10, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	4	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) West India.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Walter Howe. (husband)

(Address) 6542 Fait Ave.

15 Filed FEB 11 1932 C. HARRISON JONES, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 8, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Internal hemorrhage due to laceration of liver, Struck & knocked down while crossing the street by an automobile driven in a criminally reckless manner

(duration) ---- yrs. ---- mos ---- ds.

CONTRIBUTORY (Secondary) Homicide

(duration) ---- yrs. ---- mos. ---- ds.

18 Where was disease contracted if not at place of death? Fait & Dundalk Aves. Feb. 8, 1932

Did an operation precede death? No. Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy & inquest.

(Signed) [illegible] Coroner, M. D.

2/10/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel

DATE OF BURIAL Febry 11 1932

ADDRESS

20 UNDERTAKER Leo G. Cook 1722 Pattapsco ave

A&Co. 5-31 2500

E 76563

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8-7 E 76563

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3111 O'Donnell St., 1-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carolyn (Carrie) S. Emmel

(a) Residence: No. 3111 O'Donnell St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Emmel

6. DATE OF BIRTH (month, day, year) Aug. 21-1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	5	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John Holzman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Barbara Weitzel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Emmel
(Address) 3111 O'Donnell St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oaklawn Cem. Date Feb 12 1932

19. UNDERTAKER George W. Zinkler
(Address) 1737 E. Eager St

20. FILED FEB 11 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from January 27th, 1932, to Feby 10, 1932, last saw h-er alive on Feby 9, 1932 death is said to have occurred on the date stated above, at 8.27 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/27/32

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David B. Jones, M. D.

(Address) 1011 N. Ellwood ave.

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76564

CERTIFICATE OF DEATH

53 E 76564

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital St. 19-28 Ward)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Clara Mitchell

(a) Residence: No. 1410 Ramsay St St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank Mitchell

6. DATE OF BIRTH (month, day, year) April 1879

7. AGE Years	Months	Days	If LESS than 1 day... hrs. or ... min.
54	10		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

13. NAME Joseph Levchek

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Frank Mitchell
(Address) 1410 W. Ramsay St

18. BURIAL, CREMATION, OR REMOVAL
Place Most Holy Redeemer Date Feb 13, 1932

19. UNDERTAKER George W. Zirkle
(Address) 1737 E Eager St

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/9/32, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/19, 1932, to 2/9, 1932

I last saw h[illegible] alive on 2/9, 1932 death is said to have occurred on the date stated above, at 1:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Tumor	1/19/32
Other contributory causes of importance:	

Name of operation Bone Flap Date of 2/8/32

What test confirmed diagnosis? Opt Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Carl E Jensen, M. D.

(Address) Md. Gen. Hosp.

Cor.—10-10-29—A Co.—100 Bks.

E 76565

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76565

82-001

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 551 Caton Avenue St. 20-70 (Ward)

2-FULL NAME FELIX A. LOGUE

(a) RESIDENCE NO. 551 Caton Avenue St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of :::

6 DATE OF BIRTH (month, day, and year) May, 15, 1864

7 AGE	Years	Months	Days	IF LESS than 1 day hrs or min.
	67	8	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER John J. Logue

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Ellison

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore, Md.

14 Informant Eleanore Finn.
(Address) 551 Caton Avenue

15 Filed Feb 11 1932 THEODORE JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

(duration) Suddenly yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Guy N. Cromwell M. D.

2/11 1932 (Address) 203 Patapsco Ave Brooklyn

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL Feb 13 1932

20 UNDERTAKER Chas P. Frawley Son

ADDRESS 118 W Mt Royal Ave

Spec.—1-10-21—M&T—1500 Blks.

E 76566

E 76566

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131V

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 941 (Street) Pierce St. 18-26 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Hicks Wilson

(a) RESIDENCE NO. 941 (Street) Pierce St. (Ward)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Wilson

6 DATE OF BIRTH (month, day, and year): May 31, 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	8	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: John W. Weeks

11 BIRTHPLACE OF FATHER (city or town) (State or country): Kent Island Md.

12 MAIDEN NAME OF MOTHER: Hazel Tine

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Lancaster Co Va

14 Informant: Hazel Weeks

(Address): 941 Pierce St

15 Filed FEB 11 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 8 1932

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1931, to Feb 8, 1932, that I last saw her alive on Feb 7, 1932, and that death occurred, on the date stated above, at 9 AM m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Interstitial nephritis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —.

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Bernard S. French, M. D.

2/9, 1932 (Address) 2329 Arunah Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: Feb. 11 1932

20 UNDERTAKER: M. Vernon R. Williams

ADDRESS 3224 Edmondson Ave

Spec.—1-10-21—M&T—1500 Blks.

E 76567

E 76567

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) NO. 802 Leadenhall ST. 27-31 WARD

2-FULL NAME James Lewis or Brown

(a) RESIDENCE NO. 802 Leadenhall ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: married

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: Years 44 Months Days If LESS than 1 day, hrs. or min. otherwise unknown

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labour

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Wash. DC.

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant (Address): Bertha Allen 807 Leadenhall St.

15 Filed FEB 11 1932 Registrar C. HAMPSON JONES

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 9 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb 7, 1932, to Feb 9, 1932, that I last saw him alive on Feb 9, 1932, and that death occurred, on the date stated above, at 2:30 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

about 3 wks (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Clinical Signs

(Signed) John D. Paine M.D.

, 19 (Address) 615 S. Paca St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: Feb. 12, 1932

20 UNDERTAKER: Mrs. Katie R. Williams

ADDRESS 322 S. Edmondson Av.

Spec.—1-30—M. & T.—250 Bks

E 76568 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76568

CERTIFICATE OF DEATH.

82-004

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (a) NO. 4213 Park Heights ave ST., 15-55 WARD

2-FULL NAME Ida Friedman

(a) RESIDENCE NO. 4213 Park Heights ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced HUSBAND of or) WIFE of Isaac

DATE OF BIRTH (month, day, and year) 1880

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Philip Rosenthal

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Jennie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant (Address) Isaac Friedman 4213 Park Heights ave

Filed 3-11 1932 C. H. PATTERSON JOHNS Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10/32

17 I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1931, to Feb. 10, 1932, that I last saw h[er] alive on Feb. 10, 1932, and that death occurred, on the date stated above, at 7[30] A. m.

The CAUSE OF DEATH* was as follows:

Hypertension
Hemiplegia (left)
Cardiac Hypertrophy & Dilatation
Auricular Fibrillation (duration) 4 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Cardiac failure (duration) 4 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis Physical Examination

(Signed) Milton Helfenstein M. D.

2/12 1932 (Address) 920 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Nat Cemetery

DATE OF BURIAL 2/[illegible] 1932

20 UNDERTAKER Hol Levinson & Bro

ADDRESS 1[illegible] E Balto st

E 76569

A4Co. 5-31 250B

76569 HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 18 N Castel St., 6-9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Hempel

(a) Residence: No. 18 N Castel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, year) Oct 1 1896

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or ... min.
	36		9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

13. NAME John Hempel

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Anna Yeagle.

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Anna Yeagle
(Address) 18 N Castel St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb. 13 1932

19. UNDERTAKER Martin W. E. Dibblee Inc.
(Address) 37 S. Carrollton Ave.

20. FILED FEB 11 1932 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept ..., 1931, to Feb. 10, 1932

I last saw h[illegible] alive on Feb 10, 1932, death is said to have occurred on the date stated above, at 10 43 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epilepsy	?
Terminal Bronchopneumonia	3 wks.
Other contributory causes of importance:	
Myocardial Insuff	1 wk.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

D. (Signed) Wall J. Fenton M. D.

(Address) 700 E. Pratt St.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

76570 V48 E 76570

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3807 Park Heights Ave. St. 15-58 Ward)

Length of residence in city or town where death occurred Lifetime ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miriam Sommerfeld Herstein

(a) Residence: No. 3807 Park Heights Ave. St., Ward.
(If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louis A. Herstein

7. DATE OF BIRTH (month, day, year) Dec. 9, 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	2	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Adolph Sommerfeld

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Cecelia Lisner

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mr. L. Herstein (Son)
(Address) 3807 Park Heights Ave.

18. BURIAL, CREMATION OR REMOVAL
Place Oheb Shalom Date Feb. 12, 1932

19. UNDERTAKER Harry Sondheimer & Son
(Address) 1902 Eutaw Place

FILED FEB 11 1932 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from June, 1931 to Feb 10, 1932
I last saw h alive on Feb 10 1932 death is said to have occurred on the date stated above, at 7.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	June 1931

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so specify

M. D. (Signed) Simon Lubtowe M. D.
(Address) 1810 Eutaw Place.

A&Co. 5-31 250B

E 76571 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. E 76571

CITY OF BALTIMORE, Co. St. Joseph Hosp. 15-21 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theresa Schaldag

(a) Residence: No. 624 N. Gilmor St. Ward. (Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Married

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of Frank Schaldag

DATE OF BIRTH (month day year) 1897

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	35			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Frank Schaldag

(Address) 1403 N. Gilmor St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date Feb 13, 1932

19. UNDERTAKER [illegible] Ellis

(Address) [illegible]

FILED Feb 13 1932, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day year) Feb 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 5 '32, 1932 to Feb 10, 1932

I last saw her alive on Feb 10, 1932 death is said to have occurred on the date stated above, at 9 25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Cardio-Vascular Renal disease	2 mos?
(Other contributory causes of importance) Anemia, Myocardial Failure	2 wks

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) St. Joseph Hosp.

A&Co. 5-31 250B

HEALTH DEPARTMENT CITY OF BALTIMORE

E 76572

CERTIFICATE OF DEATH

23 E 76572

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1835 Dover St. 19-28 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Caroline Buggles

(a) Residence: No. 1835 Dover St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
(or) WIFE of Joseph A. Buggles

7. DATE OF BIRTH (month, day, year) Sept 26 1905

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	4	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME OF FATHER Joshua McVey

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME OF MOTHER Catherine Leipsic

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT (Address) Jasper K. Buggles 1835 Dover St

18. BURIAL, CREMATION, OR REMOVAL Place London Park Cem. Date Feb. 12th 1932

19. UNDERTAKER (Address) Charles W. Dill. 3109 Frederick Ave.

20. FILED ... Registrar JONES, M. D. 2/10/32

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1932 to Feb. 9, 1932
I last saw her alive on Feb. 8, 1932 death is said to have occurred on the date stated above, at 1:30 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis Indefinite	
Other contributory causes of importance: Exhaustion	2/7/32

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos. Cameron M. D.
2/10/32 Address) 1644 Hanover St

AACo. 5-11 2508

76573 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 E 76573

Registered No. 18-39

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 27 S Arlington ave St., 18 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Carson

(a) Residence: No. 27 S Arlington Ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed or divorced: HUSBAND of (or) WIFE of: Mary Carson

7. DATE OF BIRTH (month, day, year): Jan 3 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	11	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: William Carson

14. BIRTHPLACE (city or town) (State or country): Virginia

15. MAIDEN NAME: Martha Snedden

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Mary Carson
(Address): 27 S Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Date: Feb 12 1932

19. UNDERTAKER: George J. Smith
(Address): 512 N. Howard St

20. FILED: FEB 13 1932. C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 10 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec, 19[illegible], to Feb 10 1932, 19

I last saw h[illegible] alive on Feb 10, 19[illegible], death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb 8.
Hypertension	
Chronic Interstitial Nephritis	

(Other contributory causes of importance)

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Mary Carson, M. D.

(Address) 1939 Edmondson Ave

AaCo. 5-H 2508

Souza.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76574

CERTIFICATE OF DEATH

X 172-002

Registered No. E 76574

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward) 12-5-1

Length of residence in city or town where death occurred yrs 7 mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Joseph Sousa ((Souza)

(a) Residence: No. 211 Preston St., East Boston, Mass, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Pauline Roden

DATE OF BIRTH (month, day, year) April 8, 1900

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	31	10		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief Steward

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 6-13-31

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York City, New York

13. NAME John Sousa

14. BIRTHPLACE (city or town) (State or country) Portugal

15. MAIDEN NAME Mary Barboza

16. BIRTHPLACE (city or town) (State or country) Portugal

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL Place Boston Mass. Date 2/11/32

19. UNDERTAKER Geo. H. Rich Co.
(Address) 1[illegible] Boston Mass

20. FILED [illegible] 19[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1931, 19..., to February 8, 1932

I last saw him alive on February 8 1932 death is said to have occurred on the date stated above, at 1.15P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	2-7-32
Other contributory causes of importance:	
Peritonitis, acute, general	2-7-32

Name of operation Enterostomy Date of 2-8-32

What test confirmed diagnosis? Oper Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Elm. Townsend, M. D.

(Address) U.S. Marine Hospital, Balto

AaCo. 5-31 250B

HEALTH DEPARTMENT CITY OF BALTIMORE

76575

CERTIFICATE OF DEATH

11 E 76575

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1736 N. Port St. 8-16 Ward)

Length of residence in city or town where death occurred 56 yrs. 11 mos. 26 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rosa L. Pritchett

(a) Residence: No. 1736 N. Port St St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Maurice Pritchett

DATE OF BIRTH (month, day, year) Feb 12 1875

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	11	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME John Waldeck

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Annie Sayle

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Maurice Pritchett
(Address) 1736 N. Port St

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cem Date Feb-12 1932

19. UNDERTAKER Philip Lewis
(Address) 2116 Pennsylvania Ave

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 13 1931 to Feb 8 1932

I last saw h alive on Feb 8 1932 death is said to have occurred on the date stated above, at 12:50 noon m.

The principal cause of death and related causes of importance are as follows:

Influenza
Endocarditis
Cerebral Apoplexy

Date of onset
Dec 1931
Feb 1
8 hours
Dec 9

Other contributory causes of importance:

a cystitis
Dilatation

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ... M.D.

Address 211 E. Fayette St or Mercy Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

576

CE OF DEATH University Hospital

Registered No. 107 E 76576

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

F BALTIMORE: (No. ..... St. 6-10 Ward)

residence in city or town where death occurred 2 yrs. 7 mos. 27 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

L NAME Thomas J. Geraghty

Residence: No. 219 N. Duncan St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Single

rried, widowed, or divorced
AND of —
WIFE of —

OF BIRTH (month, day, year) June 11 1929

Years	Months	Days	If LESS than 1 day hrs. or min.
2	7	29	

le, profession, or particular
d of work done, as spinner,
yer, bookkeeper, etc. none
stry or business in which
rk was done, as silk mill,
mill, bank, etc.
deceased last worked at
occupation (month and
r)

11. Total time (years) spent in this occupation

PLACE (city or town) or country) Baltimore

E Thomas P. Geraghty

HPLACE (city or town) te or country) Baltimore

DEN NAME Margaret E. Sadler

HPLACE (city or town) te or country) Baltimore

ANT Thomas P. Geraghty
ss) 219 N. Duncan St.

, CREMATION, OR REMOVAL
St. Peters Date 2/13/32 19..

AKER Philip Henry
ss) 216 Madison St.

... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1932, to Feb. 10, 1932

I last saw h.. alive on Feb. 10, 1932 death is said to have occurred on the date stated above, at 3:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	2-1-32
Other contributory causes of importance:	

Name of operation None Date of —

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harry Jones M. D.

(Address) Union Hosp.

AaCo. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

76577

76577

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. E. Lombard Ward)

Length of residence in city or town where death occurred 23 yrs. 9 mos. 18 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jesse Lee Roberts

(a) Residence: No. Fort Court Apt. Garrison Forest Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 22 1906

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	23	7	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Raw Piecer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton Mill
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Maryland

13. NAME Joseph Roberts

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Estella Nissen

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT Hospital Records.
(Address)

BURIAL, CREMATION, OR REMOVAL
Place W. L. Lomax Date 7/13/30 19

UNDERTAKER Philip Harris
(Address) 206 Fulton Ave.

FILED JUL 14 1930 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-10, 1930

22. I HEREBY CERTIFY, That I attended deceased from 11-11, 1929, to 7-10, 1930

I last saw him alive on 7-10, 1930, death is said to have occurred on the date stated above, at 2:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fecal Fistula Sigmoid Flexure	April 1930
Carcinoma	
Other contributory causes of importance:	
Malaria & Influenza	July 30

Name of operation Exploratory Laparotomy Date of 7-18-30
What test confirmed diagnosis? Clinical & Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ... 1930
Where did injury occur? Garrison Forest
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Industry
Manner of injury Fell on floor in Garrison Forest
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify Disease not caused by occupation

(Signed) ..... M. D.
(Address) Md. General Hosp.

E 76578

A4Co. 5-31 250B

76578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 79-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 1-9 Ward)

Length of residence in city or town where death occurred ... yrs, ... mos, 6 ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Mrs Wm Fletcher

(a) Residence: No. 1132 Arlington St. Pittsburgh Pa St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lottie Jones Fletcher

DATE OF BIRTH (month, day, year) Aug 31-1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	62	5	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Professor of
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. University
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Canada

13. NAME Wm Fletcher

14. BIRTHPLACE (city or town) (State or country) Canada

15. MAIDEN NAME Carrie Milligan

16. BIRTHPLACE (city or town) (State or country) Canada

INFORMANT Records

(Address) .....

BURIAL, CREMATION, OR REMOVAL

Place Toronto Canada Date 2-13 1932

UNDERTAKER John D. Mitchell & Sons

(Address) 1900 Eutaw Place

FEB 11 1932 THOMPSON JONES, M. D.

FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb-10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1932 to Feb 10, 1932

I last saw him alive on Feb 10, 1932 death is said to have occurred on the date stated above, at 8:32 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, Staphylococcus	2-7-32

Other contributory causes of importance:

operation for otitis 2
Myocardial Infarction

Name of operation Laminectomy Date of 2-5-32

What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. B. Wood Lace, M. D.

(Address) Johns Hopkins Hospital

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

76579

CERTIFICATE OF DEATH

+ 122-00 E 76579

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

Length of residence in city or town where death occurred yrs mos 9 ds How long in U. S. If of foreign birth? yrs mos ds

2. FULL NAME Dr Elizabeth C. Kane

(a) Residence: No. 1099 Memphis Ave; St., Ward. Memphis, Tenn.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 15, 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	3	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. physician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa. -

13. NAME Simon Kane

14. BIRTHPLACE (city or town) (State or country) Ireland -

15. MAIDEN NAME Margaret Kennedy

16. BIRTHPLACE (city or town) (State or country) Pa.

INFORMANT Mrs. T. C. Pickard
(Address) 21-800 Lenardon Rd Eng[illegible] Ohio

BURIAL, CREMATION, OR REMOVAL
Place Memphis Tenn. Date 2/11/32

UNDERTAKER Harry H. Hilgeke
(Address) 1161 Cornelison Ave

FILED 2 11 1932, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1932 to Feb. 10, 1932

I last saw her alive on Feb. 10, 1932 death is said to have occurred on the date stated above, at 8:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction - peritonitis -	

Other contributory causes of importance:

Auricular fibrillation & cardiac failure -

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) P. Blackford, M. D.

(Address) Union Memorial Hospital.

A&Co. 5-11 2508

76580

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76580

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 208 N. Payson St. St., 20-47 Ward)

Length of residence in city or town where death occurred yr. Life ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary McKenna

(a) Residence: No. 208 N. Payson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Arthur McKenna

DATE OF BIRTH (month, day, year) Oct. 1st. 1850

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	4	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME John Lynd

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Mary Devlin

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT (Address) Mrs. Ed. Dunn. 208 N. Payson St.

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Feb. 17- 1932

UNDERTAKER Margaret G. Flynn
(Address) 1422 Light St.

FILED 1932 C. HAMPSON JONES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 9th. 1932

22. I HEREBY CERTIFY, That I attended deceased from Jany 5 1932 to Feby 9 1932
I last saw her alive on Feby 8 3/12 death is said to have occurred on the date stated above, at 2.30 A. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage (Apoplexy) — Date of onset 1/5/32

Other contributory causes of importance:

Arteria Sclerosis Unknown

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. A. O'Neill M. D.
(Address) 108 N. Futhin Ave

1-30—M & T.—100 B—50L

E 76581

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76581

CERTIFICATE OF DEATH

183

REGISTERED NO. 2

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Foot of Broadway ST. 2-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Iverson

(a) RESIDENCE NO 817 S Bond ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	29	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Seaman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Norway
(State or country)

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Norway

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Norway

Informant .....

(Address) .....

Filed ..... 1932 ..... 192 ..... C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowned

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C. P. Herzog M.D. Coroner, M. D.

2/9, 1932 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY

DATE OF BURIAL 19

20 UNDERTAKER Commissioner of Health

ADDRESS FEB 11 1932

AACo. 5-31 250P

76582 HEALTH DEPARTMENT—CITY OF BALTIMORE

131 E 76582

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd Lineal Hospital Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1512 Gilmor St. 18-20 Ward

Length of residence in city or town where death occurred yrs 2 mos 11 ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Mary Jackson

(a) Residence: No. 1080 W. Fairmont Ave Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Samuel Jackson

7. DATE OF BIRTH (month, day, year)

8. AGE — Years: 47 yr | Months: — | Days: — | If LESS than 1 day, hrs. or min.: —

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): unknown death

11. Total time (years) spent in this occupation: 0 yr 7 mo

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Sarah Queen
(Address) rear 1053 W. Fairmont Ave

18. BURIAL, CREMATION, OR REMOVAL:
Place — Date — 19

19. UNDERTAKER: C. HARRISON JONES, M. D.
(Address)

20. FILED, 19 — By — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-9-, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 30-, 1932 to Feb 9-, 1932

I last saw her alive on 2-9-, 1932 death is said to have occurred on the date stated above, at 5:30 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1931

Other contributory causes of importance: Nephritis

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H R Boyle M. D.

(Address) 1512 Gilmor

JOHNS HOPKINS HOSPITAL FEB 11 1932 Commissioner Health

A&Co. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

76583 76583

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd General Hospital Registered No. 902
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1512 Gilmor St., 14-20 Ward)

Length of residence in city or town where death occurred yrs mos ds How long in U. S. If of foreign birth? yrs mos ds

2. FULL NAME Infant of Catherine Alexander

(a) Residence: No. 332 Presstman St., Ward.
(If not resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Infant

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 2-7-32

8. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	2 hours			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Harold Alexander

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Catherine Naylor

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Harold Alexander
(Address) 332 Presstman

18. BURIAL, CREMATION, OR REMOVAL
Place Date 19

19. UNDERTAKER
(Address)

20. FILED (Signature) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-7- 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-7-32 19 to 2/7/32 19
I last saw h[illegible] alive on 2/7/ 1932 death is said to have occurred on the date stated above, at 8 PM

The principal cause of death and related causes of importance were as follows:

Dystocia
Disproportion of head & Pelvis

Date of onset 2/7/32

Other contributory causes of importance:

Previous Operation 3 yrs ago
Ventral Fixation of Uterus

Name of operation Classical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. Boyd Kerr M. D.

(Address) 1512 Gilmor

JOHNS HOPKINS HOSPITAL FEB 7 1932

Commissioner Health

C. PEARSON JONES, M. D.

Spec.—9-30—A. & Co.—250 Blks.

76584 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159 E 76584

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 2452 Frederick St 70-69 WARD)

2 FULL NAME Baby Shaer

(a) RESIDENCE NO 2452 Frederick ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, ~~Married, Widowed,~~ or Divorced, (write the word): Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

7 DATE OF BIRTH (month, day, and year) 2/6/32

8 AGE: Years | Months | Days: 4 | If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

10 BIRTHPLACE (city or town) (State or country) Balto Md

11 NAME OF FATHER John Shaer

12 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

13 MAIDEN NAME OF MOTHER Ida Rehberg

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant
(Address)

Filed 2-11 1932 C. HAMPSON JONES, M. D. Registrar

6607

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/10/32

17 I HEREBY CERTIFY, That I attended deceased from 2/6, 19 32, to 2/10, 19 32

that I last saw him alive on 2/10, 19 32

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia 6 mos

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Atelectasis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas A Cullen M. D.

2/11, 19 32 (Address) 2145 W Balto

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. JOHNS HOPKINS HOSPITAL

DATE OF BURIAL. 19

20 UNDERTAKER

ADDRESS

Commissioner of Health. FEB 11 1932

1-30—M. & T.—100 B—50L

E 76585

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 76585
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) City Hospital ST. 8-17 (WARD)

2-FULL NAME Karl F. Schulze

(a) RESIDENCE NO 2019-E.Oliver Street ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs mos ds How long in U. S., if of foreign birth? 27 yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Maria Schulze

6 DATE OF BIRTH (month, day, and year) 5/11/1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or XXXXX
	66	8	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Piano Mfgr.
(c) Name of employer

9 BIRTHPLACE (city or town) Hanover
(State or country) Germany

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Fred. Schulze
(Address) 2019- E. Oliver Street

Filed ... A. 1932 C. Hampson Jones, M. D.
... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (inquest, autopsy or inquiry) thereon and from the evidence obtained by said Autopsy (inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of Sigmoid

(duration) yrs mos ds

CONTRIBUTORY (Secondary)
(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? 627 E Lanvale

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) P. F. Herzog M.D. M. D.
Coroner

2/11, 1932 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL 2/11/32

20 UNDERTAKER George J. Roth Inc

ADDRESS 1730 York

1-10—M & T—100 M—50L (Austin Fernandez) 1-001

HEALTH DEPARTMENT—CITY OF BALTIMORE

76586

CERTIFICATE OF DEATH

124 E 76536

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen Hosp ST. 11-24 WARD)

2-FULL NAME Manuel Fernandez

(a) RESIDENCE NO 180 Central Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Mar 22 1882

7 AGE: Years 49 | Months 10 | Days 20 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Portugal

10 NAME OF FATHER: Manuel Fernandez

11 BIRTHPLACE OF FATHER (city or town) (State or country): Portugal

12 MAIDEN NAME OF MOTHER: Maria

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Portugal

Informant: Md Gen Hosp Records

(Address)

Filed Feb 13 1932 192 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 11 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

(Duration) yrs. 20 Months

CONTRIBUTORY (Secondary) Ascites

(duration) yrs mos. ds

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular Hospital

(Signed) Harold Leech, M. D.

(Title) Coroner

(Address) Feb 11

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fort Lincoln Cemetery

DATE OF BURIAL: Feb 13 1932

20 UNDERTAKER: Harry H. Fritzke

ADDRESS: 4101 Edmondson Ave

1-30—M & T—100 B—50L

E 76587

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76587

CERTIFICATE OF DEATH

REGISTERED NO. 164-001

1-PLACE OF DEATH

CITY OF BALTIMORE—(No.) 902 W. Fulton St. 20-10 WARD

2-FULL NAME John W. Wagner

(a) RESIDENCE NO 3407 Edmondson WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 22 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	10	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Stock Steward

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. Y.

10 NAME OF FATHER John Wagner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Bertha Hackie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant

(Address) 3409 Edmondson

Filed . 192 H. C. H. Registrar

1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Suicide
Asphyxia
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Illuminating Gas
(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 902 W. Fulton

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) H. Leek, M. D. Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery DATE OF BURIAL Feb 13 1932

20 UNDERTAKER Henry H. Weitzel ADDRESS 4101 Edmondson Ave

AACo. 5-31 2508

76588

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76588

CERTIFICATE OF DEATH

Registered No. 50

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens Ave. & Caton St. St. Agnes Parish) 16-70

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Catherine McCall

(a) Residence: No. 3031 Harlem Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Edward F. McCall

DATE OF BIRTH (month, day, year): March 31, 599

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	10	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balt.

13. NAME: Martin L. Shanks

14. BIRTHPLACE (city or town) (State or country): Balto Md.

15. MAIDEN NAME: Margaret Cole

16. BIRTHPLACE (city or town) (State or country): Balto Md.

INFORMANT: Edward McCall

(Address): 3031 Harlem Ave.

BURIAL, CREMATION, OR REMOVAL

Place: Pine Cathedral Date: 2 13 1932

UNDERTAKER: Harry T. Fitzpatrick

(Address): 1 E. Edmondson Ave.

FILED: 1932 Registrar: A. P. H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1932 to Feb. 10, 1932

I last saw her alive on Feb. 10 1932 death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of breast

Date of onset 2 yrs

Other contributory causes of importance:

Metastasis to liver

6 mos

Name of operation: Radical breast Date of: 2-11-31

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Almer S. Anderson M. D.

(Address) St Agnes Hospital

AACo. 5-31 2500

76589 HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

111-001 E 76589

1. PLACE OF DEATH Womans Hospital

CITY OF BALTIMORE: (No.) St. 11-15 (Ward)

Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Ester Nystrom

(a) Residence: No. 805 St Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) Jan 1- 1895

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	36	1	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Employment Manager
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept Store
10. Date deceased last worked at this occupation (month and year) 1/32
11. Total time (years) spent in this occupation 2 yr

12. BIRTHPLACE (city or town) (State or country) Ekna Township Ill

13. NAME Ebn Nystrom

14. BIRTHPLACE (city or town) (State or country) Sweden

15. MAIDEN NAME Ida Nystrom

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Ida Nystrom
(Address) 707 Parkside - Rockford Ill

18. BURIAL, CREMATION, OR REMOVAL Rockford, Ill Date Feb 11 1932
Place
19. UNDERTAKER Swanson Funeral Home
(Address) 10th & Cherry Sts

20. FILED 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/11/1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1932 to Feb 11, 1932

I last saw her alive on Feb 11, 1932 death is said to have occurred on the date stated above, at 10 11 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism (1 day)	Feb 11

Other contributory causes of importance: Removal of Cartilage from Left Knee

Name of operation Excision Knee Cartilage Date of 2/11/32

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Marvin P. Johnson M. D.
(Address) Womans Hospital

1-30—M. & T.—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

76590

CERTIFICATE OF DEATH

97-001 ✓ E 76590

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto. City Hospitals ST. 8-16 WARD

2-FULL NAME John A. Georges

(a) RESIDENCE NO. 1741 N. Duncan ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7/12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If ~~married~~ widowed, ~~or divorced~~ HUSBAND of ~~(or) WIFE of~~ Lidia P. Georges

6 DATE OF BIRTH (month, day, and year) May 28th 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	8	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): Building
(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Balto Md.

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

PARENTS

14 Informant: Mrs Wm F. Liedlich

(Address) 1618 N. Washington St

15 Filed 1932 C. HAMPSON JONES, M. D., Registrar

By R. P. H.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1741 N Duncan

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Jos. F. Herzog Jr. M. D. Coroner

2/11, 1932 (Address) 1305 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cemetery

DATE OF BURIAL: 2/13/1932

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

AdCo. 5-31 250B

E 76591 HEALTH DEPARTMENT—CITY OF BALTIMORE 23 E 76591

257516

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL 10-14 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert McCallum

(a) Residence: No. 715 E Sterling St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	—

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb 15-1928

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	11	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Mary McCallum

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Margaret McCallum

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Feb 14 1932

19. UNDERTAKER Hurt & Williams
(Address) 1515 McElderry St

FILED FEB 12 1932 C. PAMPSON, JAMES E. ... Registrar.
R. & H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 5 1932 to Feb 10 1932
I last saw him alive on Feb 10 1932 death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Pulmonary	[illegible]

Other contributory causes of importance:

Tbc Meningitis	2-3-32

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
(Address) Johns Hopkins Hosp

A&Co. 5-11 250B

76592 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 76592

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1509 W Lexington St. 20-27 Ward) Registered No. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward V. Neese

(a) Residence: No. 509 Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Mar 28, 1931

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Albert T. Neese

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Anne Griffin

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs A T Neese

(Address) 509 Lexington St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cedar Hill Date July 12 1931

19. UNDERTAKER F A Krause Sons

(Address) 203 Hanover St

21 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/11, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2/10, 1932, to 2/11, 1932

I last saw h— alive on 2/11, 1932 death is said to have occurred on the date stated above, at 3 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	Mar 4 31
Other contributory causes of importance: Bronchopneumonia	1

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edward P. Long, M. D.

(Address) 910 W Lexington St.

ec.—1-30—M. & T.—250 Bks.

E 76593 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 E 76593

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 626 Jasper ST. 17-3 WARD

2-FULL NAME Wm H. Lee

(a) RESIDENCE NO. 626 Jasper ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (Write the word): Widowed

If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1852

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
80	79			

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) St Mary Co Md

9 NAME OF FATHER Frank Lee

10 BIRTHPLACE OF FATHER (city or town) (State or country) St Mary Co Md

11 MAIDEN NAME OF MOTHER Norlyn

12 BIRTHPLACE OF MOTHER (city or town) (State or country) St Mary Co Md

Informant (Address) Rosa Brown 626 Jasper

Filed FEB 12 1932 H. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9th 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 19 1932 to Feb 8th 1932

that I last saw h[illegible] alive on Feb 8th 1932

and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

a Chronic Myocarditis

b

c

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) F. A. Lewis M. D.

(Address) Feb 9th 1932

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL Feb 12 32

20 UNDERTAKER Samuel Hawsley

ADDRESS [illegible]

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 76594

Registered No. E 76594

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2501 N Calvert St. 12-50 (Ward)

Length of residence in city or town where death occurred 70 yrs — mos — da How long in U.S. If of foreign birth? yrs mos da

2. FULL NAME Maud A. Sadtler

(a) Residence: No. 2501 N Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of William J. Sadtler

DATE OF BIRTH (month, day, year) April 7 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	10	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 131

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Barnesville Ohio

13. NAME William Barlow

14. BIRTHPLACE (city or town) (State or country) Darlington England

15. MAIDEN NAME Smith

16. BIRTHPLACE (city or town) (State or country) Barnesville Ohio

INFORMANT Henry A Shepherd

(Address) 2419 N Calvert St

BURIAL, CREMATION, OR REMOVAL Place Greenmount Cemetery Date Feb 12 1932

UNDERTAKER Chas. G. Black

(Address) 142 W. North ave

FILED Feb 10 1932 HARRY C. JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7 1932 to Feb. 9 1932

I last saw her alive on Feb. 8 1932 death is said to have occurred on the date stated above, at 11 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthenia. Exhaustion	1925
Chronic Interstitial Nephritis	1929
Cerebral Hemorrhage.	Jan. 7-1932

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Herman Bruns M. D.

(Address) 212 S. Maryland ave.

Spec.—8-16-29—L. F. S.—100 Blks.

E 76595

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 ✓ E 76595

1—PLACE OF DEATH

REGISTERED NO. 28-66

CITY OF BALTIMORE: (No. 4402 Tidehill Road ST. 28 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Eleanor Hay King

(a) RESIDENCE NO. 4402 Tidehill Road ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 9 mos. 3 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas King

DATE OF BIRTH (month, day, and year) May 8 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	9	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) 131

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER John C. Hay

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Sarah Keyser

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant Barbara Turner

(Address) 4402 Tidehill Road

Filed FEB 1 1932 Flavius Jones M D Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10, 1932

17 I HEREBY CERTIFY, That I attended deceased from May, 1931, to Feb 10, 1932, that I last saw her alive on Feb 10 1932 and that death occurred, on the date stated above, at 11 45 A m.

The CAUSE OF DEATH* was as follows:

Nephritis — Parenchymatous.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? The usual —

(Signed) Wirt A. Darnall, M. D.

, 19 (Address) 3523 Liberty Hgts Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. DATE OF BURIAL: Feb. 13 1932

20 UNDERTAKER: Chas. E. Branch ADDRESS: 802 Madison ave

Spec.—9-30—A. & Co.—250 Bks.

76596 HEALTH DEPARTMENT—CITY OF BALTIMORE CE 76596

CERTIFICATE OF DEATH 46

1-PLACE OF DEATH Church Home and Infirmary ST 1-2 WARD

CITY OF BALTIMORE: (No.)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs. Albert Fennekohl.

(a) RESIDENCE NO. 204 S. East Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Sophia Fennekohl

DATE OF BIRTH (month, day, and year) Jan. 14. 1830

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	0	25	

OCCUPATION OF DECEASED 015

(a) Trade, profession or particular kind of work: Ship Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): Retired 6 years

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Hanover Germany

10 NAME OF FATHER Herman Fennekohl

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Anna Butt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant (Address): Mrs. Sophia Fennekohl (Wife) 204 S. East Avenue

Filed 2 1932, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 9, 1932

17 I HEREBY CERTIFY, That I attended deceased from 2-5- , 1932 , to 2-9 , 1932

that I last saw h im alive on 2-9 , 1932

and that death occurred, on the date stated above, at 8 45 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Esophagus with obstruction.

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Bronchial pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Allyn B. Choate M. D.

. 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery

DATE OF BURIAL: Feb. 12 1932

20 UNDERTAKER: Henry Sander & Sons. Inc.

ADDRESS: BALTIMORE ST. & BROADWAY

AACo. 5-31 250B

Joseph P. Sippel 3rd.

76597 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 76597

CERTIFICATE OF DEATH

79-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph Hosp. (Street) (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Sippel 3rd

(a) Residence: No. 1124 Montpelier St. Balto Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 21 1924

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7		7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto

13. NAME Joseph C Sippel Jr.

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Mary L. Corbus

16. BIRTHPLACE (city or town) (State or country) Balto

INFORMANT Joseph C Sippel
(Address) 1124 Montpelier St

BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Feb 15, 1932

UNDERTAKER J. Wm Cole
(Address) 12 W. Madison St.

FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1932 to Feb 12, 1932

I last saw him alive on Feb 12, 1932 death is said to have occurred on the date stated above, at 12 35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Abscess	Jan 29/32
Other contributory causes of importance:	
Septic Meningitis	3 days
Toxemia	

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) G. Baumgardner M. D.
(Address) St. Joseph Hosp.

M. D. B. 1268-9

E 76598

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76598

CERTIFICATE OF DEATH

93-083

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3914 Pinewood Ave. St., 27-42 Ward)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Elizabeth Fuhrman

(a) Residence: No. 3914 Pinewood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward F. Fuhrman

7. DATE OF BIRTH (month, day, year) July 6, 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	7	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. County Maryland

13. NAME Wesley Phillips

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

15. MAIDEN NAME Harriet F. Harper

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Edward F. Fuhrman
(Address) 3914 Pinewood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Feb. 15, 1932

19. UNDERTAKER Frederick Leuchtenberg
(Address) [illegible] Belair Road

20. Feb 12 1932 CHARLES JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1932 to Feb 10, 1932

I last saw h— alive on Feb 10, 1932 Death is said to have occurred on the date stated above, at 1.10 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure from Over exertion	Feb 10 1932
Chronic Nephritis	May 1931

Other **contributory causes** of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward Fuhrman M. D.

(Address) Dundalk Md.

ACo. 5-01 2508

E 76599

HEALTH DEPARTMENT CITY OF BALTIMORE

E 76599

CERTIFICATE OF DEATH

126

1. PLACE OF DEATH Union Memorial Hospital — Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 70-27 Ward

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Bohannon

(a) Residence: No. 521 W. Fulton St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	8	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME OF FATHER Geo. W. Bohannon

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME OF MOTHER Lucy A. Pole

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs. Lucy Bohannon (Address) 521 W. Fulton St.

18. BURIAL, CREMATION, OR REMOVAL Place Mathews Va. Date July 13 1932

19. UNDERTAKER John O. White (Address) 1900 Eutaw Place

FILED 8 12 1932 — [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1932, to Feb 11, 1932

I last saw her alive on Feb 11, 1932 death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholelithiasis	1928
Obstruction to common duct	1-20-32
Acute pancreatitis	2-10-32

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.

(Address) Union Memorial Hosp

20—M S T—100 B—50L

E 76600

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76600

CERTIFICATE OF DEATH

183

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2nd & Broadway ST. 3rd WARD)

2-FULL NAME Albert Jaworski

(a) RESIDENCE NO. 424 S. Bond ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Apr 7 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
57	56	10	3	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer self

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Michael Jaworski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Rosalie Gorski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Michalina Przbilska

(Address) 424 S Bond St

Filed 12 1932 C. HARRY JONES, Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) B Pokorny M.D., Coroner

12/11, 1932 (Address) 1303 Patterson Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary

UNDERTAKER Wm Fiaccowski

DATE OF BURIAL 12/17 1932

ADDRESS 148 Eastern

E 76601

E 76601

E 76601

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 57

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hopkins Hospital ST. 1-1 WARD)

2-FULL NAME Joseph Stryjenski

(a) RESIDENCE NO 2819 Fait Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) July 17/31

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	26 74	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto., Md.

10 NAME OF FATHER Joseph Stryjenski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Mary Jenkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

Informant Joseph Stryjenski

(Address) 2814 Fait Ave

Filed FEB 12 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11/32 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Septicemia-Pyoarthritis left knee.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes at Hopkins

What test confirmed diagnosis?

(Signed) [illegible], M. D. Coroner

2/12/32 (Address) 108 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ho Zy Rosary Fet 13 DATE OF BURIAL 1932

20 UNDERTAKER T Wozniewski 1930 Eastern Ave ADDRESS

-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

76602

CERTIFICATE OF DEATH

42-001 E 76602

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 530 S Bond St (ST.) 3-4 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ludwig Matuk

(a) RESIDENCE NO 530 S. Bond ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	59			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant: Alex Matuk

(Address) 518 S. Lancaster St

FEB 12 1932 WILSON JONES, M. Registrar

Filed Sec.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) B Pollenz MD, M. D. Coroner

2/11, 1932 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary

DATE OF BURIAL: Feb 13 1932

20 UNDERTAKER: F Wozozewski

ADDRESS: 1350 Eastern

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76603

6603

CERTIFICATE OF DEATH

V 46

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

. PLACE OF DEATH St. Agnes Hospital Dept 5-21

TY OF BALTIMORE: (No. Wilkens & Latrobe St. W Ward)

ngth of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

. FULL NAME Dr Ernest Manny

(a) Residence: No. 1814 N. Fulton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Brown

DATE OF BIRTH (month, day, year) Oct 14 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	4		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dr
10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Md.

12. NAME Dr Ernest Manny

13. BIRTHPLACE (city or town) Baltimore Md
(State or country)

15. MAIDEN NAME Mary E. Rieschick

16. BIRTHPLACE (city or town) Md.
(State or country)

INFORMANT Mrs Anna Manny
(Address) 1814 N. Fulton Ave.

BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 2/15/32

UNDERTAKER Walter S. Gentzen
(Address) 2238 W. North Ave

FILED 2nd ... 19... C. HAWKINS JONES, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/12 , 1932

22. I HEREBY CERTIFY, That I attended deceased from 2/10 , 1932 to 2/12 , 1932

I last saw h... alive on 2/12 , 1932 death is said to have occurred on the date stated above, at 5 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Chronic Nephritis	
Uremia	
Other contributory causes of importance:	
Cholecystitis & possible	
Malignancy of Stomach	

Name of operation None Date of ...

What test confirmed diagnosis? None. Was there an autopsy? None

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. Latrobe Carter, M. D.

(Address) St Agnes Hosp

-30—M. & T.—100 B—50L

E 76604

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 76604

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 720 Bevan St. ST. 22-31 WARD)

2-FULL NAME Elizabeth Robinson.(C)

(a) RESIDENCE NO 720 Bevan St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs ---- mos ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

DATE OF BIRTH (month, day, and year) September 1, 1910

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	3 5	9	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Wilmington, N.C.

10 NAME OF FATHER William Robinson.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina.

12 MAIDEN NAME OF MOTHER Mary Bowens.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina.

Informant Mary Bowens.(C) mother.

(Address) 720 Bevan St.

Filed ..... 192 C. PAYSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 10, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [signature] Coroner, M. D.

2/12/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL not given at

DATE OF BURIAL 2/13 1932

20 UNDERTAKER Isaiah R Brown Sons

ADDRESS 1018 E montgomery

ACo. 5-31 2500

76605 HEALTH DEPARTMENT—CITY OF BALTIMORE

2573 44

CERTIFICATE OF DEATH

53 E 76605

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

. PLACE OF DEATH

TY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 9-46 Ward)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

. FULL NAME Bernice Magrogan

(a) Residence: No. 1917 Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

ATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Md

2. NAME Edward Magrogan

4. BIRTHPLACE (city or town) (State or country) Md

5. MAIDEN NAME Theresa Schanker

6. BIRTHPLACE (city or town) (State or country) Md

NFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 2-15- 1932

NDERTAKER Frank Grachowski
(Address) 1906 Chrenden

ILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1932 to Feb 10, 1932

I last saw h[illegible] alive on Feb 10, 1932 death is said to have occurred on the date stated above, at 7:32 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor, malignant glioma	6 yr. ago
Other contributory causes of importance:	
Operation	2 1932

Name of operation Craniotomy Date of 2 1932
What test confirmed diagnosis? Path. Exam. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M B Wortham, M. D.
(Address) Johns Hopkins Hospital

-30—M. & T.—100 B—50L

E 76606

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

175 ✓ E 76606

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Providence Hosp ST. 22-31 WARD)

2. FULL NAME Samuel Howard.

(a) RESIDENCE NO. 711 Hanover ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | 4 COLOR OR RACE Col | 5 Single, Married, Widowed, or Divorced (write the word) Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, and year) 1893

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
37	38			

OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Georgia

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ~~Providence Hosp Reds~~

Informant .....

(Address) .....

Filed ..... 2 ..., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquest) thereon and from the evidence obtained by said (Inquest, autopsy or inquest) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Homicide Laceration Meningitis

Fall or

(duration) yrs. 2 mos. 16 ds.

C.O. (Primary) Shock and Exposure

(Secondary) (duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 506 Moore.

Did an operation precede death? No Date?

Was there an autopsy? Yes Autopsy

What test confirmed diagnosis? Autopsy

(Signed) F. C. Smith, M. D. Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

JOHNS HOPKINS HOSPITAL FEB 4 1932

FEB 4 1932 M. L. Jones M. D. 6812 Registrar

The Board

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 V

E 76607

76607

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2887 Pelham (St.) Ward.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Doud

(a) Residence: No. 2887 Pelham ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

7. DATE OF BIRTH (month, day, year) Aug 7 1876

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	6		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Martin Doud

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Margaret Craven

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Miss Margaret Doud

(Address) 2887 Pelham ave

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Feb. 13, 1932

UNDERTAKER John F. Mgan

(Address) 3000 E. Balto. St.

FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug-27- 1931 to Feb 9- 1932

I last saw her alive on Feb 9- 1932 Death is said to have occurred on the date stated above, at 11 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Aug 27 31
Other contributory causes of importance: Edema Lungs	Feb 7- 1932

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Gill Hall M. D.

(Address) 1631 E North ave

30—M & T—100 B—50L

E 76608

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76608

CERTIFICATE OF DEATH

163

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. 26-11 WARD)

2-FULL NAME Glenn W. LeRoy

(a) RESIDENCE NO. 3305 McElderry ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Florence E. LeRoy

DATE OF BIRTH (month, day, and year) Aug 21/1896

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	35	5	19	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ohio

10 NAME OF FATHER William C. Leroy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Ida Rogers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ill.

Informant Mrs. Florence E. LeRoy

(Address) 3305 McElderry St

Filed FEB 12 1932 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9/32 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bichloride Mercury Poisoning

Suicide

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) [signature] M. D. Coroner

Feb 11/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL CREMATION OR REMOVAL Oak Lawn Cemetery — DATE OF BURIAL 2/13 1932

20 UNDERTAKER J. A. Inoran — ADDRESS 900 E Baltimore

Spec.—9-30—A. & Co.—250 Blks.

76609 HEALTH DEPARTMENT—CITY OF BALTIMORE 76609

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 203 Flagley st. St. 26-37 WARD

2 FULL NAME Laurence. Semski (or Wawzyniec)

(a) RESIDENCE NO. 203, (Usual place of abode) S. Flagley street ST. WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Married

6 If married, widowed or divorced HUSBAND of (~~or wife of~~) Anna. Semski

DATE OF BIRTH (month, day, and year) about 1855

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 77.				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor. Odd

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Poland.

10 NAME OF FATHER John Semski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

Informant Mrs. Anna. Semski

(Address) 203 S. Flagley street

FILED 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/12/32

17

I HEREBY CERTIFY, That I attended deceased from Jan. 4 1929 to Feb. 12 1932

that I last saw him alive on Feb. 12 1932,

and that death occurred, on the date stated above, at 12-30 A.M.

The CAUSE OF DEATH* was as follows:

Uraemia,
Hypospadias
Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Adolph Kaufmann M. D.

19 (Address) 2624 Eutaw ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cemetery DATE OF BURIAL Feb 15-1932

20 UNDERTAKER George A. Weber ADDRESS 705 S. Ann st

-30—M & T—100 B—501.

E 76610

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001

E 76610

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 16 Albemarle ST. 3-5 WARD)

2-FULL NAME Edward Van Pelt

(a) RESIDENCE NO. 16 Albemarle ST., ... WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
62	62			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown Unknown

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Veterans Bureau Record.

(Address)

Filed ..... 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) O'Herzog M.D. M. D. Coroner

2/12, 1932 (Address) 1305 E Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery Feb. 13 1932

DATE OF BURIAL

20 UNDERTAKER Harry H. Kritzka ADDRESS 4101 Edmondson Ave

ACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

76611

CERTIFICATE OF DEATH

97 E 76611

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

. PLACE OF DEATH

TY OF BALTIMORE: (No. 16 S. Potomac St. 1-W Ward)

gth of residence in city or town where death occurred ... yrs. ... mos ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

. FULL NAME Pasquale Murci

(a) Residence: No. 16 S. Potomac St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
nale	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine Murci

ATE OF BIRTH (month day year) Oct 23 1860

AGE Years	Months	Days	If LESS than 1 day, hrs or min
71	3	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Italy

3. NAME Joseph Murci

4. BIRTHPLACE (city or town) (State or country)

5. MAIDEN NAME Catherine Galliano

6. BIRTHPLACE (city or town) (State or country) Italy

NFORMANT Joseph Murci
(Address) 16 S. Potomac

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb 13 1932

NDERTAKER Frank V. Pepitone
(Address) 1818 E Balto st

1932 C. EMERSON JONES, M. D.
10 A. P. H. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day year) Feb 11th 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 21st 1931 to Feb 10th 1932

I last saw h[illegible] alive on 2/10/32 1932 death is said to have occurred on the date stated above, at 3:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	Feb 4/32
arteriosclerosis	
Other contributory causes of importance: acute Cardiac Dilatation	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. J. Sanker, M. D.
(Address) 119 N. Miller

aCo. 5-31-2000

76612

HEALTH DEPARTMENT CITY OF BALTIMORE

76612

CERTIFICATE OF DEATH

Registered No. 1351

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3648 Falls Road St., 13 (Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Ruth A. Wilhelm

(a) Residence: No. 3648 Falls Road St., 13 Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. COLOR or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of Jacob M. Wilhelm

DATE OF BIRTH (month, day, year) Aug. 5- 1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	6	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 600

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Co. Md

3. NAME John Ingham

4. BIRTHPLACE (city or town) (State or country) England

5. MAIDEN NAME Sarah Price

6. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Mrs. E. E. Ekers

(Address) 3648 Falls Road

BURIAL, CREMATION, OR REMOVAL Mt. Carmel (Balto. Co.) Feb. 13 1932
Place Date

UNDERTAKER Horace F. Burgee

(Address) 3631 Falls Road

FILED 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1932; to Feb. 10, 1932

I last saw h[illegible] alive on Feb. 10, 1932 death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis.	Feb. 3-32
Other contributory causes of importance Myocarditis, Chronic	1926

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) James C. Clarke M. D.

(Address) Latrobe apts Charles & [illegible]

30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

76613

CERTIFICATE OF DEATH

16-68

2/16-001
E 76613

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore General Hospital. (WARD)

2-FULL NAME Nannie B. Powell.

(a) RESIDENCE NO 2410 Harlem Ave. ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. ---mos.---ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

6 If married, widowed, or divorced
(or) WIFE of Orlando F. Powell.

DATE OF BIRTH (month, day, and year) January 15, 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	0	26	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Warrenton N. C.

10 NAME OF FATHER George R. Sledge.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia.

12 MAIDEN NAME OF MOTHER Nancy B. Flemming.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina.

Informant Mrs. J. Procter Towson. (daughter)

(Address) 2410 Harlem Ave.

File 1932 C 192 HAMPSON JONES M. D. Registrar
U. S. N.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 10, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Multiple fractures of the legs, fractured pelvis, probable fracture of the skull, Shock. Struck and knocked down by an automobile while crossing the street

Duration: (a) yrs. mos. ds.
Contributory (Secondary)
(Condition)

Accidental Death
Grandson's Torlick Osco.

18 Where was disease contracted if not at place of death? February 9, 1932

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquest

(Signed) [illegible] Coroner, M. D.

2/11/32, 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loraine Park Cemetery — DATE OF BURIAL: Feb 13 1932

20 UNDERTAKER: Chas. S. Black 142 W North Ave — ADDRESS

ACo. 5-31 250M

HEALTH DEPARTMENT CITY OF BALTIMORE

76614 E 76614

CERTIFICATE OF DEATH

16-2-57

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1017 N. Monroe St., 7 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Beulah E. Sellman

(a) Residence: No. 1017 N. Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Wade H. Sellman

6. DATE OF BIRTH (month, day, year) February 17, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	11	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Isaac Tuttle

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Jane Forsythe

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs. Olive Leitch
(Address) 1907 N. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Feb. 13, 19 32

19. UNDERTAKER Geo. H. Cook
(Address) 1002 N. Baltimore St.

FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1931, to Feb 11, 1932

I last saw her alive on Feb 11, 1932 death is said to have occurred on the date stated above, at 3.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chron. Arthritis	1923
Other contributory causes of importance:	
Endocarditis	Not Known

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. C. Conser, M. D.

(Address) 1101 N. Fulton Ave.

ACo. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

76615

CERTIFICATE OF DEATH

131 E 76615

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. German Aged Home St. 20-27 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Sauer

(a) Residence: No. German Aged Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 16, 1845

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	86	5	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Waldeck Germany

13. NAME OF FATHER Conrad Grabing

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Catherine Keiz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT German Aged Home Records
(Address) Baltimore & Payson Sts.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date Feb. 13, 1932

19. UNDERTAKER Lot H Cook
(Address) 1005 W. Baltimore Street, Baltimore, Md.

20. FILED Feb 15, 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 10th, 1932, to Feb 10, 1932

I last saw her alive on Feb 10, 1932 death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1
Chronic Valvular Heart Disease Mitral Stenosis	1

Other contributory causes of importance:

Name of operation none Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. Bell Flemming, M. D.

(Address) 2000 Hollins St.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

76616

CERTIFICATE OF DEATH

10 8 E 76616

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 Evesham Ave. St. Govans 8 Ky 21-4 Ward)

Length of residence in city or town where death occurred 61 yrs. 3 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert E. L. Butler

(a) Residence: No. 704 Evesham Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie V. Butler

DATE OF BIRTH (month, day, year) Nov. 2, 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	3	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lederer Bros.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John Butler

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Davis

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mrs. Annie V. Butler
(Address) 704 Evesham Ave.

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb 3 1932

UNDERTAKER John F. Denny
(Address) 312 Light St.

FILED 2 1932 C. HAWSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1932 to Feb 11, 1932

I last saw him alive on Feb 9, 1932 Death is said to have occurred on the date stated above, at 4.50 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Emphysema & Pneumonia (Primary)	2-7-32
Other contributory causes of importance: Lobar Pneumonia	2-9-32

Name of operation Date of

What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) J. M. E. Butler, M. D.

(Address) 12 9 Light St.

ACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

76617

CERTIFICATE OF DEATH

76617

117-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St. 18-29 Ward

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME William Allen Turner

(a) Residence: No. 851 Lemmon St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

If married, widowed, or divorced
HUSBAND of (or WIFE of) Amelia Jackson Turner

6. DATE OF BIRTH (month, day, year) Feb. 2, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48		8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jamaica City Ty. Va

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Mary - Turner

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs A J Turner
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 2-13 1932

19. UNDERTAKER Lang Eastern
(Address) 216 E. Pratt St.

C. HAWSON JONES, M. D.

20. FILED 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 10 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1932 to Feb. 12, 1932

I last saw him alive on Feb 10 1932 death is said to have occurred on the date stated above, at 10 45 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated Gastric Ulcer	Feb. 10
Other contributory causes of importance: Generalized Peritonitis	Feb 10

Name of operation Gastrorrhaphy Date of Feb 10

What test confirmed diagnosis? Autopsy? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Emil J. S. Holmlund M. D.

(Address) University Hospital

aCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

76618

CERTIFICATE OF DEATH

131 E 76618

15-38

. PLACE OF DEATH

TY OF BALTIMORE: (No. 4306 Resterstown Rd St. Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred yrs. mos ds. How long in U.S. If of foreign birth? yrs. mos. ds.

. FULL NAME Lemuel F. Hagert

(a) Residence: No. 4306 Resterstown Rd St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Emma L. Hagert

ATE OF BIRTH (month, day, year) Dec. 7/1870

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	2	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Balto.
(State or country) Md.

. NAME Jacob F. Hagert

. BIRTHPLACE (city or town) Balto.
(State or country) Md.

. MAIDEN NAME Elizabeth Weidenhammer

. BIRTHPLACE (city or town) Balto.
(State or country) Md.

NFORMANT Emma L. Hagert
(Address) 4306 Resterstown Rd.

URIAL, CREMATION, OR REMOVAL
Place Balto. Town Date Feb. 15, 19 32

NDERTAKER
(Address)

ILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12/32. 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1932 to Feb 12, 1932

I last saw him alive on Feb 11, 1932 death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis from history	1930
Other contributory causes of importance: Hypertension Arteriosclerosis	1930

Name of operation none proposed Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Walter L. Hebb M. D.

(Address) 2220 Garrison Blvd

aCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-E 76619

6619

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1744 Orleans St., 6-9 Ward)

Length of residence in city or town where death occurred yrs. mos ds. How long in U.S. If of foreign birth? yrs. mos ds.

2. FULL NAME Ida E. Baker

(a) Residence: No. 1744 Orleans St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of William B Baker

7. DATE OF BIRTH (month, day, year) Nov. 18, 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	1 2	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Edward Knox

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Nettie Moore

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT William B. Baker

(Address) 1744 Orleans St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date Feb. 13 1932

19. UNDERTAKER Mrs. G. Miller & Son

(Address) 2534 Jefferson St.

20. FILED C. EMERSON JONES, M. D. Registrar.

EXPRESS No. R.C.H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 16 31 to Feb 11, 1932

I last saw h alive on Feb 11, 1932 death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis Disease	10 yrs ago

Other contributory causes of importance:

Senile Dementia	10 yrs ago

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A. Rice M. D.

(Address) 9365 Monument St

ACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

6620

E 76620

CERTIFICATE OF DEATH

56

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 3701 Gough St., 26 Ward) 26-37

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Stephen Fritz (Stephan Fritz)

(a) Residence: No. 3101 Gough St., 26 Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel Fritz

7. DATE OF BIRTH (month, day, year) Nov 12 1907

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	2	30	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grain Operator

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Elev

11. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME OF FATHER Michael Fritz

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME OF MOTHER Matilda Verdule

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mrs. Ethel Fritz

(Address) 3101 Gough St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodland Park Date Feb 15 1932

19. UNDERTAKER Lilly & Sons Inc

(Address) 402 E Lanvale St

19. FILED 1932 C. HUDSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1932, to Feb. 11, 1932

I last saw him alive on Feb. 11, 1932, death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Infarct	2-6-32
Other contributory causes of importance:	
Rheumatic Fever	Aug. 1930
Subacute Endocarditis	Jan. 1931

Name of operation None Date of —

What test confirmed diagnosis? X-Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Maurice Fox Abrams M. D.

(Address) .....

Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

76621 E 76621

CERTIFICATE OF DEATH

23

Registered No. 13552

PLACE OF DEATH Baltimore City Hospitals (Tbc.) St., Ward.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No.) How long in U.S. If of foreign birth? yrs. mos. ds.

gth of residence in city or town where death occurred yrs. mos. ds.

FULL NAME Vernon Fisher

(a) Residence: No. 700 W. 34th st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Dorothy Fisher

ATE OF BIRTH (month, day, year) June 4, 1904

GE	Years	Months	Days	If LESS than 1 day hrs. or min.
	27	8	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

IRTHPLACE (city or town) Baltimore
(State or country) Maryland

2. NAME Charles Fisher
3. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland
4. MAIDEN NAME Lena Roswick
5. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

NFORMANT Hospital Records
(Address)

URIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Feb. 15, 1932.

NDERTAKER Baltimore
(Address) 2[illegible] Pulaski Park

ILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 21, 1932, to Feb. 11, 1932

I last saw h ill alive on Feb. 11, 1932 death is said to have occurred on the date stated above, at 7.05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Jan. 1931
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Lawrence H. Sens, M. D.
(Address) Baltimore City Hospitals

76622 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76622

CERTIFICATE OF DEATH.

108

REGISTERED NO. 15-21

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 708 Hoed ST.) (WARD)

2-FULL NAME Daniel Webster Scott

(a) RESIDENCE. NO. 708 Hoed ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Scott

7 DATE OF BIRTH (month, day, and year) June 30 - 1890

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	0	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shredder

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert Co Md

10 NAME OF FATHER James W Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Gross

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Carrie Scott

Address 708 Hoed St

Filed Feb 12 1932 W. HAMPSON JONES, M. D. Registrar

Pat Rbd

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb 7, 1932, to Feb 9, 1932, that I last saw him alive on Feb 9, 1932, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) None (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical - Sputum

(Signed) Wm H Wright, M. D.

2/10, 1932 (Address) 1209 Preston and St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hallscreek Calvert Co Md — DATE OF BURIAL: Feb 12 1932

20 UNDERTAKER: Thomas E. Kelson. — ADDRESS: 1303 Preston St

ACo. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. L 76623

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-9 Ward) 157

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos 11 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Nancy Fish

(a) Residence: No. Hollinsfield Pa St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 31-1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa -

13. NAME OF FATHER Harold Fish

14. BIRTHPLACE (city or town) (State or country) Pa -

15. MAIDEN NAME OF MOTHER Nell Clemens

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records -

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Hollinsfield Pa Date 2/15 1932

19. UNDERTAKER Joseph Clemens

(Address) 221 Bunker

20. FILED 1932, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1932 to Feb 12, 1932

I last saw her alive on Feb 12, 1932 death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus	Dec

Other contributory causes of importance:

operation	3 11 32
third ventriculostomy	

Name of operation third ventriculostomy Date of 3 11 32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. Lovelace, M. D.

(Address) Johns Hopkins Hospital

ACo. 5-31 250R

HEALTH DEPARTMENT CITY OF BALTIMORE

6624 E 76624

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1407 Bank St 3-1 St., 1 Ward)

Length of residence in city or town where death occurred 92 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Liebra Sprenzella

(a) Residence: No. 1407 Bank St. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Michael Sprenzella

6. DATE OF BIRTH (month, day, year) Mar. 15. 1845

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87. 66	2-	25 28.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME OF FATHER Cosmo Zamorla

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME OF MOTHER Christiana Romano

16. BIRTHPLACE (city or town) (State or country) Italy.

17. INFORMANT Michael Sprenzella

(Address) 1407 Bank St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb. 13. 1932

19. UNDERTAKER Kendall F. Hipsley

(Address) 3005 E OLIVER St.

FILED 19 Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10. 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1932 to Feb. 10, 1932

I last saw her alive on Feb. 9, 1932 death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (Chronic)	Jan. 1

Other contributory causes of importance:

Bronchial asthma and Acute Bronchitis

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Eugene L. Pessagno, M. D.

(Address) 514 Drury Lane

30—M & T—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

76625 E 76625

76625

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Prudence & Elmtree Sts. ST. 76-37 WARD

2-FULL NAME Enrico Grosso.

(a) RESIDENCE NO 3707 E.Pratt St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs --- mos --- ds How long in U. S., if of foreign birth? 11 yrs --- mos --- ds

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of .--------

DATE OF BIRTH (month, day, and year) September 26,1903

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	28	4	15 14	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Bricklayer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Italy.

10 NAME OF FATHER Peter Grosso.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy.

12 MAIDEN NAME OF MOTHER Anna Dotta.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy.

Informant Silvo Grosso. (brother)

(Address) 3707 E.Pratt St.

Filed 1932, 192 Per R. P. M. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) February 10, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull.

Accidental fall from a water tank.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) C. H. Mitchell Coroner, M. D.

2/12/32 19 (Address) 1017 S.Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer DATE OF BURIAL Feb. 13 1932

20 UNDERTAKER Kendall & Keppel ADDRESS 3005 Eastern

C. HARRISON JONES, M. D.

76626 HEALTH DEPARTMENT—CITY OF BALTIMORE L 76626

CERTIFICATE OF DEATH

93-003

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Church Home and Infirmary 6-9
CITY OF BALTIMORE (No N. Broadway ST. WARD)

2 FULL NAME Miss Bitsy Ross

(a) RESIDENCE NO Church Home & Infirmary ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 6/3/64

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	67		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work — none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Accomac County
(State or country) Virginia

10 NAME OF FATHER James Ross

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Accomac Co. Virginia

12 MAIDEN NAME OF MOTHER Virginia Baketer

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Accomac Co. Virginia

Informant Church Home & Infirmary
(Address) N. Broadway

Filed FEB 20 1932 19 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 17 1932

17
I HEREBY CERTIFY, That I attended deceased from
1-1, 1931, to 2-12, 1932
that I last saw h alive on 2-12, 19 32
and that death occurred, on the date stated above, at 1.15 a.m.
The CAUSE OF DEATH* was as follows:
Myocardial degeneration
(duration) 4 yrs. mos. ds.
CONTRIBUTORY (Secondary) Pleurisy with effusion
(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical & Laboratory
(Signed) Allen B. Wrenn M. D.
19 (Address) Church Home & Infirmary, Balto

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Onley, Accomac Co Va	Feb 19 32

20 UNDERTAKER Hughes & Jones Accomac Va ADDRESS

Co. S-01 250M

76627 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76627

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 15-58 Ward

gth of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... da

FULL NAME Margaret Cunningham

(a) Residence: No. 1639 Eutaw Ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward

DATE OF BIRTH (month, day, year) Feb 5 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	63	5	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

12. NAME Edward Hewlett

13. BIRTHPLACE (city or town) (State or country) England

14. MAIDEN NAME Agnes McWhirter

15. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Hickory, Md. Date Feb. 13. 1932

UNDERTAKER E. Norman Lemmon
(Address) 4611 Park Heights Ave. M. D.

FILED 1932 Feb 19 RPH Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-10-1932

22. I HEREBY CERTIFY, That I attended deceased from 1-28-1932 to 2-10-1932

I last saw h-- alive on 2-10-1932 death is said to have occurred on the date stated above, at 5:45 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized peritonitis	
Carcinoma of the rectum	
Diabetes Mellitus	

Other contributory causes of importance:
Diabetes Mellitus

Name of operation Colostomy Exploratory Laparotomy Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Beverley C. Compton, M. D.
(Address) Johns Hopkins Hosp.

20—M & T—100 B—601.

76628

HEALTH DEPARTMENT—CITY OF BALTIMORE

76628

CERTIFICATE OF DEATH

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 109 W. Lexington ST. 18-29 WARD

2-FULL NAME Mike Chrmanchas or Michael

(a) RESIDENCE NO 113 Parkin ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single (?)

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	56			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

Tailor

BIRTHPLACE (city or town) (State or country) Lithuania

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

Informant E. Chrmanchas

(Address) 1700 Irving Ave. Chicago Ill.

Filed 1932 . 192 H. LLOYSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/11 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Poisoned by illuminating gas. Suicide.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Zeltel, M. D. Coroner

2-11, 1932 (Address) 1229 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chicago Ill.

DATE OF BURIAL Feb. 13 1932

20 UNDERTAKER John Grekiancas

ADDRESS 423 S. Rac 97

ACo. 5-31 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

76629

CERTIFICATE OF DEATH

59 E 76629

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Union Memorial Hospital St. 6-13 Ward)

TY OF BALTIMORE: (No. ..... St. ..... Ward)

gth of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

FULL NAME Mrs Wm D. Mahoney Matilda Mahoney

(a) Residence: No. 1111 Rutland Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Mrs Wm D. Mahoney

ATE OF BIRTH (month, day, year) Nov. 12. 1862

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69 yrs.	3 mo.	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

2. NAME Silas Cook

4. BIRTHPLACE (city or town) (State or country) Maine

5. MAIDEN NAME Catherine Sutton

6. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Hospital records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Feb. 15, 1932

UNDERTAKER Emery V. Cashin
(Address) 924 E Eager St

Filed ..... 1932 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1932 to Feb. 12, 1932

I last saw her alive on Feb. 12, 1932 death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemochromotosis "Bronzed diabetes"	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R Franz M. D.

(Address) Union Memorial Hospital

30—M & T—100 B—501.

76630

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76630.

CERTIFICATE OF DEATH

12/17-23

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. ..... WARD .....

2-FULL NAME Nettie Tolson (Snead)

(a) RESIDENCE NO. 711 W. Lanvale ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	col	divorced

If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Snead

DATE OF BIRTH (month, day, and year) May 2/1892

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	9	8	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Northumberland Co., Va

10 NAME OF FATHER Zachariah Tolson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Mary Pryor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Mary E. Davis (sister)
(Address) 1215 Myrtle Ave

Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2.50 P.M. Feb 10/32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
General Peritonitis-
Ruptured Appendix

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? yes Date of Feb 9/32

Was there an autopsy? yes at Hopkins Hospital

What test confirmed diagnosis?

(Signed) ..... M. D.
Coroner

2/11/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lower Wharf, Northumberland Co, Va

DATE OF BURIAL Feb 13, 1932

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 322 N Schroeder St

Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

76631 E 76631

CERTIFICATE OF DEATH

Registered No. 46

PLACE OF DEATH Baltimore City Hospitals

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... St. 713 Ward)

gth of residence in city or town where death occurred 28 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME William Green

(a) Residence: No. 1005 N. Dallas St. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Eva

ATE OF BIRTH (month, day, year) ?

GE	Years	Months	Days	If LESS than 1 day hrs. or min.
	53 ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

IRTHPLACE (city or town) Newman
(State or country) N.C.

3. NAME Bob

4. BIRTHPLACE (city or town) ?
(State or country) N.C.

5. MAIDEN NAME Teresa ?

6. BIRTHPLACE (city or town) ?
(State or country) N.C.

NFORMANT Records of
(Address) Balto. City Hosp.

RIAL, CREMATION, OR REMOVAL
Place Johnson County Date Feb 14 1932

NDERTAKER Edward Bryan
(Address) 1631 Edmondson Ave

1932 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11, 32

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 32, 19, to Feb. 11, 32

I last saw him alive on Feb. 11, 19 32 death is said to have occurred on the date stated above, at A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas	June 1931

Other contributory causes of importance:

Anemia Pernicious

Name of operation ..... Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Balto. City Hosp.

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

76632

CERTIFICATE OF DEATH

46 E 76632

Registered No. 43-59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2350 Eutaw Pl. 4th Ward)

Length of residence in city or town where death occurred 72 yrs. 4 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Jane Lipton

(a) Residence: No. 2350 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Charles F. Lipton

DATE OF BIRTH (month, day, year) Sept. 17 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	4	26	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore Md

10. NAME Joseph Lamb

12. BIRTHPLACE (city or town) (State or country) Ireland

13. MAIDEN NAME Charlotte M. Cormack

14. BIRTHPLACE (city or town) (State or country) England

INFORMANT Mrs. C. F. Lipton

(Address) 2350 Eutaw Place

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Feb 15, 1932

UNDERTAKER J. J. Lankford & Sons

(Address) Harwood & Gay

FILED Feb 15 1932, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from December 1931, to February 12, 1932

I last saw her alive on Feb 10, 1932 Death is said to have occurred on the date stated above, at 8:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon	2yr 7mo

Other contributory causes of importance:

Pneumonia Adenoma	Feb 10-32

Name of operation Colostomy for Relief of Obstruction Date of ?

What test confirmed diagnosis? Age & clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Winfield A Abrams, M. D.

(Address) 2360 Eutaw Place

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

76633 E 76633

CERTIFICATE OF DEATH

Registered No. 53

. PLACE OF DEATH

TY OF BALTIMORE: (No. 5704½ Bellona Ave Ward) 27-48

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred 72 yrs. 5 mos. 17 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

FULL NAME Mary Emma Hopkins

(a) Residence: No. 5704½ Bellona Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married.

(If married, widowed, or divorced) HUSBAND of (or) WIFE of Wm B Hopkins.

ATE OF BIRTH (month, day, year) Aug. 31, 1859

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	5	17	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Baltimore Md.

NAME James Caulfield

BIRTHPLACE (city or town) (State or country) Ireland.

MAIDEN NAME Margaret Starf

BIRTHPLACE (city or town) (State or country) Manchester England.

FORMANT Mrs A. W. Zimmerman

Address) 5704½ Bellona Ave

RIAL, CREMATION, OR REMOVAL.

Place Baltimore Cem. Date Feb 15, 1932

DERTAKER Wm. Rickert & Sons

Address) Yorke & Bellona Ave

ED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932 to Feb 12, 1932

I last saw her alive on Feb 11, 1932 Death is said to have occurred on the date stated above, at 2.45a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gen Carcinomata.	1930
Other contributory causes of importance: Carcinoma Urinary Bladder	2 mo

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H E Kaves M. D.

(Address) 5600 York Rd

C. HAMPSON JONES, M.D.

Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

76634 E 76634

76634

CERTIFICATE OF DEATH

Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3803 Lewin St. 26-17 Ward)

(a) Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Ida Virginia Poole

(a) Residence: No. 3803 Lewin St., Ward.
(If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	white	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm H. Poole

DATE OF BIRTH (month, day, year) Jan 9 1861

AGE Years	Months	Days	If LESS than 1 day, hrs or min.
71		22	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
9. Date deceased last worked at this occupation (month and year)
10. Total time (years) spent in this occupation

House wife (37)

BIRTHPLACE (city or town) (State or country) Balto. Md.

NAME John Vernon

BIRTHPLACE (city or town) (State or country) Balto. Md.

MAIDEN NAME Sarah Doorington

BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Mrs. Frank Poole

(Address) 2133 Forest Park ave

BURIAL, CREMATION, OR REMOVAL Interment Date 2/15 1932

UNDERTAKER Frederick L. Ecker

(Address) 1208 W. Lombard

FILED , 19 Registrar.

RPA

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1932, to Feb 11, 1932

I last saw h alive on Feb 11 1932 death is said to have occurred on the date stated above, at 7:35 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	?
Pneumonia bronchopneumonia	2 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Frank M Thomas, M. D.

(Address) Catonsville, Md

Co. 5-31 250M

Time of burial extended to 2/15/32. J. Frederick Stanford, M.D. Acting Health Officer

6635

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 76635

Registered No.

PLACE OF DEATH Baltimore City Hospitals 26-46 Ward 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. St.

gth of residence in city or town where death occurred 74 yrs. mos. ds. How long in U.S. If of foreign birth? 64 yrs. mos. ds.

FULL NAME William Irvine

(a) Residence: No. 3434 Belair Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, year) July 2, 1857

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	74	7	7	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookeeper

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

8. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country) Canada

FATHER'S NAME William

BIRTHPLACE (city or town) (State or country) ? Scotland

MAIDEN NAME ?

BIRTHPLACE (city or town) (State or country) ? Scotland

INFORMANT Records of

(Address) Balto. City Hosp.

BURIAL, CREMATION, OR REMOVAL

Place Greenlawn Date 2/15 1932

UNDERTAKER Frederick C. Talbot

(Address) 1510 W. Lombard

FILED 1932 C. HAWSON JONES M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-12-32, 19, to 2-9-32, 19

I last saw him alive on 2-9-32, 19 death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of head of pancreas with metastases	3 months
Other contributory causes of importance: Myocarditis, chronic	Unknown

Name of operation Date of

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Thos Flemer Jr M. D.

(Address) Balto. City Hosp.

Spec.—9-30—A. & Co.—250 Bks.

6636 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 76636

CERTIFICATE OF DEATH 131 v

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5522 Summerfield St. 26-42 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Whearm (Worm)

(a) RESIDENCE NO. 5522 Summerfield ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 4, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	11	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Retired 6 yr

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER Thomas Whearm

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER Mary Hackett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Catherine Livingston 5522 Summerfield

Ded ..... 19 ..... Registrar

2-16-1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 12. 1937

17

I HEREBY CERTIFY, That I attended deceased from Jan 31, 19 37 to Feb. 12, 19 37

that I last saw h[illegible] alive on Feb 11, 19 37

and that death occurred, on the date stated above, at 1.75 P. m.

The CAUSE OF DEATH* was as follows: 13 v

Mitral Regurgitation Decompensated
Pneumonia 4 Day

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Chr Interstitial Nephritis

(duration) ... yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Chas. J. A Stevens M. D.

2/12/19 37 (Address) 2818 Harford Av

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: 2-15 19 37

20 UNDERTAKER: Leonard J. Rush — ADDRESS: 5305 Harford Av

—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76637

76637

13/2

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 911 Fell St ST. 2-4 WARD)

2-FULL NAME Andrew Wrzesinski

(a) RESIDENCE NO. 911 Fell St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
rale	White	Married

married, widowed for divorced HUSBAND) of or) WIFE of Josephine Wrzesinski

TE OF BIRTH (month, day, and year) Nov 30 1868

E	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	2	12 11	

CUPATION OF DECEASED

) Trade, profession or rticular kind of work Labor 40

) General nature of Industry, siness, or establishment in hich employed (or employer) —

) Name of employer

THPLACE (city or town) tate or country) Poland

NAME OF FATHER Michael Wrzesinski

BIRTHPLACE OF FATHER (city or town) Poland

(State or country)

MAIDEN NAME OF MOTHER Catherine Stojny

BIRTHPLACE OF MOTHER (city or town) Poland

(State or country)

nformant Mrs Josephine Wrzesinski

Address) 911 Fell St

led, 2 1932 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/11/32

17 I HEREBY CERTIFY, That I attended deceased from

1/2, 1931, to 2/11, 1932,

that I last saw h[illegible] alive on 2/10, 32,

and that death occurred, on the date stated above, at 1 15 A m.

The CAUSE OF DEATH* was as follows:

Cardiac Hypertrophy

Arteriosclerosis

Chronic Interstitial Nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of

Was there an autopsy? Separate Tests

What test confirmed diagnosis? Usual Signs

(Signed) Edmund Strake, M. D.

, 19 32 (Address) 316 S Patterson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem

DATE OF BURIAL Feb 15 1932

20 UNDERTAKER John M Wolsey 401

ADDRESS Chester St

ACo. 3-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

76638

CERTIFICATE OF DEATH

V/31E 76638

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1625 N Gay St St. 8-16 Ward)

Length of residence in city or town where death occurred 76 yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

FULL NAME Elizabeth Stamm

(a) Residence: No. 1625 N Gay st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Robert Stamm

DATE OF BIRTH (month, day, year) April 15 th 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	9	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

NAME ? Klein

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME dont know

BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Robert Stamm
Address 1625 N Gay st

BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date Feby 5 1932

UNDERTAKER John Merrick
Address 2008 Greene St

FILED 1932, 19 Apr 11 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/II/1932, 19

22. I HEREBY CERTIFY, That I attended deceased from October 15, 1931 to Feb 11, 1932

I last saw her alive on Feb 11, 1932 death is said to have occurred on the date stated above, at 5.30p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cortic insufficiency	Feb 1930
Renal Arteriosclerosis	Feb 1930
Chronic interstitial nephritis	Feb 1930

Other contributory causes of importance:

Cardiac Dilatation	Feb 7 1932

Name of operation None Date of

What test confirmed diagnosis? Physical exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Oscar Diggs, M. D.
(Address) 2075 E Mtts Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

76639 E 76639

CERTIFICATE OF DEATH.

8-16 '97-001

1-PLACE OF DEATH

Registered No.

City of BALTIMORE: (No.) 1753 N Gay St., (Ward) 8

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Bolte

(a) Residence No. 1753 N Gay St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (Write the word.): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year): Dec 10, 1855

7-AGE: 76 yrs. 1 mos. 28 ds.

If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Md

10-NAME OF FATHER: Conrad Bolte

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Md

12-MAIDEN NAME OF MOTHER: Don't know

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Md

(Informant) Mrs Archie Hildebrand

(Address) 1753 N Gay St

192 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 2/12/32

17-I HEREBY CERTIFY, That I attended deceased from Jan 23 1932 to Feb 12 1932

that I last saw h alive on Feb 11 1932

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arterial Sclerosis, Chronic Endocarditis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John D Leckie M. D.

, 19 (Address) 936 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Arcadia Cemetery

DATE OF BURIAL: Feby 17 1932

20-UNDERTAKER: John Ulrich

ADDRESS: 2008 Eutaw

ACo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

6640

CERTIFICATE OF DEATH

L 76640

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat St. 10-14 Ward)

Length of residence in city or town where death occurred yrs. mos ds. How long in U.S. If of foreign birth? yrs. mos ds.

2. FULL NAME Margaret Connor

(a) Residence: No. 606 E. Biddle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	Unknown		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Milton Ireland

13. NAME OF FATHER John Connor

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME OF MOTHER Margaret Flaherty

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Hope Reeves

(Address) Mt Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Feb 15, 1932

19. UNDERTAKER Lula V. Archbold

(Address) 1914 Eutaw Pl

20. FILED Feb 13, 1932 HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1931 to Feb 11, 1932

I last saw her alive on Feb 11, 1932 death is said to have occurred on the date stated above, at 11.30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis Arterio-Sclerosis	Unknown
Senile Psychosis	2 years

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Milton P. Hall, M. D.

(Address) Mt Hope Retreat

Spec.—6-9-19—H. P. Co.—1000 lbs.

E 76641

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76641

CERTIFICATE OF DEATH.

59

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: NO. 5402 Knell Ave ST. 76-42 WARD

2-FULL NAME Sarah Louisa Incmingstar

(a) RESIDENCE NO. 5402 Knell Ave ST.. WARD

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Samuel S. Incmingstar

6 DATE OF BIRTH (month, day, and year) June 5. 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	8	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Lynder last name unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Payne

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Arthur Incmingstar

Address 5402 Knell Ave

Filed FEB 3 1932 19 Registrar W. H. HAYDEN JOHNSON, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 21, 1932, to Feb 11, 1932,

that I last saw h.. alive on Feb 11, 1932,

and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

1 Myocarditis.

(duration) yrs. mos. 1½ ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. S. Harding, M. D.

, 19 (Address) 5810 Belair Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rosedale Hill Cem

DATE OF BURIAL Feb 14 1932

20 UNDERTAKER D. Foley Burns Sons

ADDRESS Towson

—9 30—A. & Co.—250 Blks.

76642 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76642

CERTIFICATE OF DEATH.

1 PLACE OF DEATH West Baltimore General Hospital ST. 7-4 WARD)

REGISTERED NO (If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No

2 FULL NAME Mrs. Minnie Schaefer.

(a) RESIDENCE NO. 240 S. Chester St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
emale	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Adolph Schaefer

ATE OF BIRTH (month, day, and year) March 15-1868

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	10	28	

CUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) Germany

0 NAME OF FATHER don't know

1 BIRTHPLACE OF FATHER (city or town) (State or country) don't know.

2 MAIDEN NAME OF MOTHER don't know

3 BIRTHPLACE OF MOTHER (city or town) (State or country) don't know

nformant Mrs. Ida A. Bernhardt

Address) 561 Windsor Mill Road

filed 1932. 19 H. HUDSON JONES, M. D. Registrar

Rt 13

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/12/32

17

I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1932 to Feb. 12, 1932

that I last saw her alive on Feb 12, 1932

and that death occurred, on the date stated above, at 3 10/0 M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No,

What test confirmed diagnosis? Clinical

(Signed) John I. Clozum M. D.

. 19 (Address) West Balto. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cemetery

DATE OF BURIAL Feb. 15 1932

20 UNDERTAKER George W. Zirkler

ADDRESS 1737 E. Eager St

...c.—9-30—A. & Co.—250 Blks

76643 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76643

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 328 E 26th St. (St.) 9-46 (Ward)

REGISTERED NO. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary E. Shaffer.

(a) RESIDENCE NO. 328 E. 26th St. (Usual place of abode) ST. ____ WARD ____ (If non resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female
4 COLOR OR RACE: white
5 Single, Married, Widowed, or Divorced, (write the word): married.

If married, widowed, or divorced
HUSBAND of (or) WIFE of: William Shaffer.

6 DATE OF BIRTH (month, day, and year): Sept 17, 1880

7 AGE	Years	Months	Days	If Less than 1 day, hrs. or min.
	51	4	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pa.

10 NAME OF FATHER: George Bashore

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

Informant: William Shaffer.
Address: 328 E. 26th St.

Filed ____ 19 ____ A. ____ Registrar
R. 8-14

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 12/1932

17
I HEREBY CERTIFY, That I attended deceased from
Aug 1st 1931 to Feb 12th 1932
that I last saw h[illegible] alive on Feb 11th 1932
and that death occurred, on the date stated above, at 8:15 a. m.

The CAUSE OF DEATH* was as follows:
Cancer of Gall Bladder.

(duration) 1 yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) ____ (duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? Yes Date of Oct 1931

Was there an autopsy? No.

What test confirmed diagnosis? Laboratory.

(Signed) A. K. Cordy M. D.

2-12 1932 (Address) Harford Rd & Cleveland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pine Grove, Balto Co.
DATE OF BURIAL: Feb 15 1932

20 UNDERTAKER: Brunow & Son
ADDRESS: 36 S Amity [illegible]

Co. 5-11 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

76644 CERTIFICATE OF DEATH 76644

PLACE OF DEATH Md. Gen. Hosp. Registered No. 16-69

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... St. ..... Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Miss Elizabeth Gardner

(a) Residence: No. 1916 McSherry St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
White	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 18, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	3	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co Md

13. NAME OF FATHER Geo W Gardner

14. BIRTHPLACE (city or town) (State or country) Penn

15. MAIDEN NAME OF MOTHER Estell Blakely

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT (Address) Hospital Record

18. BURIAL, CREMATION, OR REMOVAL Place Loud Ridge Date 2/15/ 1932

19. UNDERTAKER (Address) Dan Fiber & Son 2503 Edmondson Ave

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-11 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-3 1932 to 2-11 1932

I last saw h er alive on 2-11 1932 death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Mitral Stenosis & Regurgitation	2 yrs
Other contributory causes of importance:	
acute dilatation	36 hrs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Chas C Hudson Jones, M. D.

(Address) 1 W Franklin St

Co. S-11 2508

76645 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76645

257322

CERTIFICATE OF DEATH

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 9-9 Ward)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

FULL NAME Elmer Gentz

(a) Residence: No. Hanover Pa St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Pearl

DATE OF BIRTH (month, day, year): Nov 12 - 1890

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	3	1	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant
Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) State or country): N.Y.

NAME: August Gentz

BIRTHPLACE (city or town) (State or country): N.Y.

MAIDEN NAME: Margaret Hallar

BIRTHPLACE (city or town) (State or country): N.Y.

INFORMANT: Records
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL
Place: Hanover Pa Date: Feb 15, 1932

UNDERTAKER: W. G. Fesser
(Address) Hanover Pa.

FILED 1932 C. THOMPSON JONES, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb - 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1932 to Feb 13, 1932

I last saw him alive on Feb 13, 1932 death is said to have occurred on the date stated above, 12:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, staphylococcus following pneumococcal and streptococcal endocarditis and pericarditis. Grooves. Left frontal sinus opened during operation. Recovered	2-1-32
Other contributory causes of importance: None	

Name of operation: Right Craniotomy Date of: 2-2-32

What test confirmed diagnosis? Op Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Fred W Gent, M. D.
(Address) Johns Hopkins Hospital

E 76646

HEALTH DEPARTMENT—CITY OF BALTIMORE E 76646

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 9-4-b Ward)

th of residence in city or town where death occurred yrs. 5 mos 17 ds How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Betty Ann Arbuckle

(a) Residence: No. 2628 E. 31st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug. 27 1931

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	17	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
Date deceased last worked at this occupation (month and year) — | 11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) State or country) Md

NAME Emanuel Arbuckle

BIRTHPLACE (city or town) (State or country) Va.

MAIDEN NAME Gladys Whitehead

BIRTHPLACE (city or town) (State or country) Md.

FORMANT Woods

Address)

RIAL, CREMATION, OR REMOVAL Place Conaverte, Virg. Feb 13 1932

DERTAKER Jno. L. Tucker & Sons

Address) 1708 E. Baltimore St.

FEB 13 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1932 to Feb. 13, 1932

I last saw h. alive on Feb. 13, 1932 death is said to have occurred on the date stated above, at 7 5 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial hemorrhage	2/11/32
Other contributory causes of importance: Bronchopneumonia	2/6/32
Pertussis	1/1/32

Name of operation Spinal tap Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. W. Jones, M. D.

(Address) Johns Hopkins Hospital

0—M & T—100 B—50L

E 76647

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76647

CERTIFICATE OF DEATH

93-004

93-31

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. 311 Chamber of Commerce Building ST., WARD

2-FULL NAME Robert Giles.(C)

(a) RESIDENCE NO. 17 N. Hughes St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ---mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Married

If married (HUSBAND) of Mamie Giles.(C)

ATE OF BIRTH (month, day, and year) Do not know.

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	-------		

CCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Stevedore.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

074

IRTHPLACE (city or town) (State or country): Virginia.

0 NAME OF FATHER: David Giles.(C)

1 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia.

2 MAIDEN NAME OF MOTH Elizabeth Woodson.(C) 2/10/32

3 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia.

formant: William Giles.(C) brother.

(Address): 906 N. Franklin St.

Filed ..... 192 ..... Registrar

3 1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 8, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry.

(Signed) [illegible], M. D. Coroner

, 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johnson Cemetery

DATE OF BURIAL: Feb 18 1932

20 UNDERTAKER: Ernest Pree 135 W Henrietta

ADDRESS

ACo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76648

E 76648

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. 18

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sydenham Hospital St. 16-26 Ward)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U.S. If of foreign birth? yrs mos. ds.

2. FULL NAME Garland Oliver

(a) Residence: No. 1134 W. Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/18/11

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	11	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Burkeville,
(State or country) Va.

13. NAME Columbus Oliver

14. BIRTHPLACE (city or town)
(State or country) Va.

15. MAIDEN NAME Lottie Knight

16. BIRTHPLACE (city or town)
(State or country) Va.

17. INFORMANT John Oliver
(Address) 1134 W. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL Mount Lebanon Sept 13, 1932

19. UNDERTAKER Bernard Foster
(Address) 916 Pennsylvania Ave

20. FILED 19 HAMPSON JONES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/17/32, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/17/32, 19, to 2/17/32, 19

I last saw him alive on 2/17/32, 19 death is said to have occurred on the date stated above, at 5:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcic Meningitis	1/17/32

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Spinal puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. V. Jackson, M. D.
(Address) Sydenham Hospital

Spec.—7-17-26—A Co.—200 Blks.

76649

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76649

CERTIFICATE OF DEATH

11-001

REGISTERED NO. 7-13

1-PLACE OF DEATH

City of BALTIMORE: (No. 830 N Bond St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Johanna Keene

(a) RESIDENCE NO. 830 N. Bond St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	married

If married, widowed, or divorced HUSBAND of (or) WIFE of George L. Keene

DATE OF BIRTH (month, day, and year) Feb 2 / 1871

AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	61 yrs.	—	10 dy	

OCCUPATION OF DECEASED

(a) Trade, profession or particolar kind of work House work 031

(b) General natore of indostry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Dorchester Co

(State or country) Maryland

10 NAME OF FATHER Jno H. Hughes

11 BIRTHPLACE OF FATHER (City or town) Dorchester Co

(State or country) Md

12 MAIDEN NAME OF MOTHER Maria Slater

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

Informant George L Keene

(Address) 830 N. Bond St.

Filed ... 19 ... Registrar ...

JAN 13 1932 HAVEN JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12 / 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 4, 1932 to Jan 12, 1932, that I last saw h.e alive on Jan 11, 1932, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) ... yrs. ... mos. 6 ds.

CONTRIBUTORY (Secondary)

Influenza (duration) ... yrs. ... mos. 4 ds.

18 Where was disease contracted

If not at place of death? Not known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Richard Smallwood, M. D.

, 19 (Address) 1514 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary

Date of Burial Feb. 15, 1932

20 UNDERTAKER Mrs Adam Snyders

ADDRESS 320 E Madi

Co. 5-31 2508

57517 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 76650

76650

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-9 Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Betty Lee Sheetz

(a) Residence: No. Woodstock Va St., ... Ward. Va.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Child

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Child

ATE OF BIRTH (month, day, year) Dec 13 1929

GE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	2	2	29	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Virginia
(State or country)

9. NAME Edgar D Sheetz

10. BIRTHPLACE (city or town) Virginia
(State or country)

11. MAIDEN NAME Mabel Ruddy

12. BIRTHPLACE (city or town) Virginia
(State or country)

NFORMANT Records
(Address)

RIAL, CREMATION, OR REMOVAL
Place Woodstock Va Feb 13 1932

NDERTAKER Stevenson
(Address) 15 E Baltimore

1932 C. HUDSON JONES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1932 to Feb. 12, 1932

I last saw her alive on Feb. 12, 1932 death is said to have occurred on the date stated above, at 4 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus	birth
Brain Tumor	1
Left cerebral glioma	
metastasis	

Other contributory causes of importance:

none	

Name of operation Left Craniotomy Date of 2-11-32

What test confirmed diagnosis? Op. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Loyal Gale, M. D.

(Address) Johns Hopkins Hospital

Cor.—12-9-25—A Co.—200 Pkg.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76651

E 76651

CERTIFICATE OF DEATH.

REGISTERED NO. 167

1-PLACE OF DEATH

City of BALTIMORE: (No. Chadwick Apts St. 27-53 Ward)

2-FULL NAME Walter Washington Alexander

(a) RESIDENCE NO. Chadwick Apts St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. 6 mos. 0 ds. How long in U. S., if of foreign birth 44 yrs. 7 mos. 10 ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia Mason Alexander

DATE OF BIRTH (month, day, and year) July-2-1887

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	44	7	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance Co

(b) General nature of industry, business, or establishment in which employed (or employer) Insurance

(c) Name of employer Self

BIRTHPLACE (city or town) Charlestown

(State or country) West Virginia

10 NAME OF FATHER Richard A. Alexander

11 BIRTHPLACE OF FATHER (city or town) Jefferson Co.

(State or country) W. Va.

12 MAIDEN NAME OF MOTHER Julia Griffin

13 BIRTHPLACE OF MOTHER (city or town) Jefferson Co.

(State or country) W. Va.

Informant Mrs. W. W. Alexander wife

(Address) Chadwick Apts.

Filed 1932 C. H. JOHNSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-12 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (autopsy or inquiry) thereon and from the evidence obtained by said Inquest (autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows: Gunshot wound through head Suicide

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Joseph Norman M. D.

(Coroner)

3-13 1932 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the state ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Charlestown W. Va. Date of Burial 3-16 1932

20 UNDERTAKER Edward Brown & Sons ADDRESS Eutaw & Fayette

ACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

76652

CERTIFICATE OF DEATH

3/ E 76652

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3046 Stafford St. 22-10 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha Morris

(a) Residence: No. 3046 Stafford St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Albert L. Morris

6. DATE OF BIRTH (month, day, year) Jan 25th 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	0	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

13. NAME Franklin Robinson

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Mrs. Robinson

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Walter Hamilton

(Address) 3046 Stafford St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Dec 13 1932

19. UNDERTAKER F. B. Wehrheim

(Address) 1501 E. Baltimore St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1932, to Dec 10, 1932

I last saw her alive on Dec 9, 1932 death is said to have occurred on the date stated above, at 5:25 P m.

The principal cause of death and related causes of importance were as follows:

	Duration
Arterio Sclerosis	4 yrs
Nephritis Chronic Interstitial	1930
Myocardial decompensation	Oct 1 1930

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

*Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elliot W. Johnson M. D.

(Address) 3432 Frederick Ave

Co. 5-31 250R

76653 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76653

CERTIFICATE OF DEATH

PLACE OF DEATH Baltimore City Hospitals

Registered No. 107-00
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. ..... St. ..... Ward)

th of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Joseph Vogel

a) Residence: No. 4225 Potter Ave. St. ..... Ward
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

married, widowed, or divorced
HUSBAND of
or) WIFE of

TE OF BIRTH (month, day, year) April 27, 1897

E Years	Months	Days	If LESS than 1 day hrs or min.
34	9	16 17	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Balto.
State or country) Md.

NAME John Vogel

BIRTHPLACE (city or town) Balto.
(State or country) Md.

MAIDEN NAME Margaret ?

BIRTHPLACE (city or town) Md.
(State or country)

FORMANT Records of
Address) Balto. City Hosp.

RIAL, CREMATION, OR REMOVAL
[illegible] Date 2/16, 1932

DERTAKER [illegible]
Address) [illegible]

LED ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1927 to Feb. 13, 1932

I last saw h[illegible] alive on Feb. 13, 1932 death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4 days
Other contributory causes of importance:	
Frederick Uterine	1927

Name of operation ..... Date of .....

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jas. E. Hendrickson M.D.

(Address) Catonsville

Co. 5-11 2500

76654 **HEALTH DEPARTMENT CITY OF BALTIMORE** 23 E 76654

CERTIFICATE OF DEATH

PLACE OF DEATH Baltimore City Hospitals (Tbc.) St. 15 Ward 23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. ..... St. ..... Ward)

th of residence in city or town where death occurred ... yrs ... mos ... ds How long in U.S. If of foreign birth? ... yrs ... mos ... ds

FULL NAME Mamie Clayton

(a) Residence: No. 1368 Fremont ave. St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) Nov. 5, 1914

K	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 19
Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

RTHPLACE (city or town) State or country) Maryland

NAME Harrison Clayton

BIRTHPLACE (city or town) (State or country) Virginia

MAIDEN NAME Virginia Clayton

BIRTHPLACE (city or town) (State or country) Virginia

FORMANT Hospital Records
Address)

RIAL, CREMATION, OR REMOVAL
ace Mt. Auburn Date 2/13/1932

DERTAKER Mrs. Mrs. H. Holland Gilliam
Address) 1631 Edmondson Ave

RED. 19 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1931 to Feb. 9, 1932

I last saw her alive on Feb. 9, 1932 death is said to have occurred on the date stated above, at 10.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unknown
(Other contributory causes of importance)	

Name of operation ..... Date of .....
What test confirmed diagnosis Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Lawrence H. Sena, M. D.
(Address) Baltimore City Hospitals

Co. S-H 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

76655 E 76655

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Union Memorial Hospital St. 7-46 Ward

Y OF BALTIMORE: (No. ..... St. ..... Ward)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Mrs Frances Barker Gibson

(a) Residence: No. West Joppa Rd. St., Towson, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	W	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) ?

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
28				

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
Industry or business in which work was done, as silk mill, saw mill, bank, etc.
Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) State or country) Towson, Md.

NAME ? (d)

BIRTHPLACE (city or town) (State or country) ?

MAIDEN NAME Ann Acworth ?

BIRTHPLACE (city or town) (State or country) England

FORMANT Hospital records
Address)

RIAL, CREMATION, OR REMOVAL
ace Govans Presb. Date Feb. 16th 1932

DERTAKER J. Wm Burns Sons
Address)

LED ... 19 32 B.P.H. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1932 to Feb 13, 1932

I last saw her alive on Feb. 13, 1932 death is said to have occurred on the date stated above, at 11:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (d)	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) R. E. Travell, M. D.

(Address) Union Memorial Hosp

6656

HEALTH DEPARTMENT—CITY OF BALTIMORE

257488

CERTIFICATE OF DEATH

108 E 76656

PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 3-4 Ward)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Frances Green

(a) Residence: No. 14 S Bethel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Married

married, widowed, or divorced HUSBAND of (or) WIFE of: William Unknown

TE OF BIRTH (month, day, year)

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H W

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town State or country): Md

NAME: Henry Johnson

BIRTHPLACE (city or town) (State or country): Md

MAIDEN NAME: Unknown

BIRTHPLACE (city or town) (State or country): Md

FORMANT: Records

Address)

RIAL, CREMATION, OR REMOVAL

ace ... Date ... 19

DERTAKER

Address)

LED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1932 to Feb 8, 1932

I last saw her alive on Feb 8, 1932 death is said to have occurred on the date stated above, at 10 40 p m.

The principal cause of death and related causes of importance were as follows:

LOBAR PNEUMONIA, (Pneumococcus Type III)

Date of onset: JAN 15

Other contributory causes of importance: Catarrhal Stomatitis

Name of operation — Date of ...

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. H. Lawrence M. D.

(Address) Johns Hopkins Hospital

1932 C. HUDSON JONES, M. D.

Form No. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

76657 345 E 76657

CERTIFICATE OF DEATH

Registered No. 34

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 704 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Baby Bartell

(a) Residence: No. 606 N. Bethel St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	16	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) State or country) Md.

NAME Ralph Watson Bailey

BIRTHPLACE (city or town) (State or country)

MAIDEN NAME Virginia Dorsey

BIRTHPLACE (city or town) (State or country) Virginia

INTERMENT Reported

(Address)

BURIAL, CREMATION, OR REMOVAL

Place ... Date ... 19...

UNDERTAKER

(Address)

FILED ... 12 ... Registrar.

C. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1932 to Feb 10, 1932

I last saw h alive on Feb 10, 1932 death is said to have occurred on the date stated above, at 12 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Syphilis	
Prematurity	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) John P. Washington, M. D.

(Address) Johns Hopkins Hospital

JOHNS HOPKINS HOSPITAL FEB 1 1932

Spec.—7-17-26—A Co.—200 Bks.

76658

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76658

CERTIFICATE OF DEATH

REGISTERED NO. _____

1-PLACE OF DEATH Provident Hospital

City of BALTIMORE: (No. 15-22 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Lewis

(a) RESIDENCE NO. 3447 Calhoun St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred, 0 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
M	Col	Married

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) May 9 — 1897

AGE	Years	Months	Days	IF LESS than 1 day ___ hrs. or ___ min..
34	35	9	28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) _____

(State or country) Virginia

10 NAME OF FATHER James Lewis

11 BIRTHPLACE OF FATHER (City or town) _____

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Eleanora Bundy

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Va.

Informant Ada E Lewis

(Address) 1347 N. Calhoun st.

Filed _____ 19 _____ Registrar

1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 11 — 1932

17 I HEREBY CERTIFY, That I attended deceased from Feby. 7, 1932 to Feby 11, 1932

that I last saw him alive on February 11, 1932

and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Generalized Tuberculosis

(duration) ___ yrs. ___ mos. 11 da.

CONTRIBUTORY (Secondary) Ruptured Ectopic Preg

(duration) ___ yrs. ___ mos. 1 da.

18 Where was disease contracted _____

If not at place of death? _____

Did an operation precede death? Yes Date of 2-8-32

Was there an autopsy? No

What test confirmed diagnosis? Operative & Clinical

(Signed) Dan'l Laws Higgins M. D.

2-11, 1932 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery — Date of Burial 2/15 1932

20 UNDERTAKER Thos E Kelson — ADDRESS 1303 Eastern Ave.

1-30 M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

76659 E 76659

CERTIFICATE OF DEATH.

108

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
(a) OF BALTIMORE: (No.) 224 Arlington ave ST. 18-26 (WARD)
2. FULL NAME William A. Dennis
(b) RESIDENCE NO. 224 Arlington ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)
(c) Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Colored	Married

6 If married, widowed, or divorced (HUSBAND of (or) WIFE of) Florence Dennis

7 DATE OF BIRTH (month, day, and year) Jan. 30, 1892

Years	Months	Days	If LESS than 1 day, hrs. or min.
40		11/2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Porter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Edward J. Dennis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Florence Dennis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant (Address) Florence Dennis 224 Arlington ave.

Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11, 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1932, to Feb 11, 1932, that I last saw h[illegible]ive on Feb 11, 1932, and that death occurred, on the date stated above, at 4.45 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Pul. Edema

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Maceo Williams, M. D.

2-14, 19 32 (Address) 1430 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL 2/14 1932

20 UNDERTAKER Thos E. Kelson

ADDRESS 1303 Pennsylvania

c—9-30—A. & Co.—250 Blks.

E 76660

6660 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 172-001

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

TY OF BALTIMORE: (No.) Church Home and Infirmary (WARD) 17

2 FULL NAME Parlett, Mrs Lydia May

(a) RESIDENCE No. 1608 East Preston ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ude	White	Widow

(If married, widowed, or divorced) HUSBAND of (or) WIFE of Wm J. B. Parlett

ATE OF BIRTH (month, day, and year) Apr. 26, 1877

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	10	17	

CUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress 69

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Church Home & Inf. Balto Co Md

THPLACE (city or town) (State or country)

NAME OF FATHER Thos. W. Burton

BIRTHPLACE OF FATHER (city or town) Balto Co Md.
(State or country)

MAIDEN NAME OF MOTHER Emily V. Bull

BIRTHPLACE OF MOTHER (city or town) Balto Co Md.
(State or country)

formant Wm A. Parlett
ddress) 1608 E. Preston St.

1932 . 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 12, 1932

17

I HEREBY CERTIFY, That I attended deceased from February 11, 1932, to February 12, 1932

that I last saw her alive on February 12, 1932

and that death occurred, on the date stated above, at 11:40 P. M.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Hernia, post-operative

Ventral (duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of February 12, 32

Was there an autopsy? No.

What test confirmed diagnosis? Operation

(Signed) Richard C. Cumming M. D.

26.12.1931 (Address) The Church Home and Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Waugh M.E. Cem. DATE OF BURIAL Feb. 15 1932

20 UNDERTAKER Wm J. Fleckner Sons ADDRESS Norfolk Va

Co. 5-It 250B

76661 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12-00 E 76661

PLACE OF DEATH Union Memorial Hosp. 24-14

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 33rd & Calvert St. Ward)

th of residence in city or town where death occurred yrs. mos ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME John P. Simon

(a) Residence: No. 3102 Milford Lane St., Ward.
(Usual place of abode) (If non resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

N	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

married, widowed or divorced
HUSBAND of (or) WIFE of Mrs. John P. Simon.

TE OF BIRTH (month, day, year) Aug. 17, 1895

E Years	Months	Days	If LESS than 1 day, hrs. or min.
36	6	1	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chiropodist
Industry or business in which work was done, as silk mill, saw mill, bank, etc.
Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

RTHPLACE (city or town) Chicago, Ill.
State or country)

NAME Ernest Simon

BIRTHPLACE (city or town) Germany
(State or country)

MAIDEN NAME Elizabeth Hahn

BIRTHPLACE (city or town) Chicago, Ill.
(State or country)

FORMANT Edward N. Simon.
Address) 626 Fairview Ave Cheyenne Wyo

RIAL, CREMATION, OR REMOVAL
Chicago Ill Date 2/14, 1932

DERTAKER Chas. P. Evans & Son Inc.
Address) 112 W. Mt. Royal Ave

EB 14 1932 19 - Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1931, to Feb. 13, 1932

I last saw him alive on Feb. 13, 1932 death is said to have occurred on the date stated above, at 8:25 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myeloid Leukemia	Oct. 1931

Other contributory causes of importance:

Diabetes Mellitus.

Name of operation ..... Date of .....

What test confirmed diagnosis? Blood smears Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) R. France, M. D.

(Address) Union Mem. Hosp.

Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108E 76662

Registered No. 76662

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

6662

PLACE OF DEATH

Y OF BALTIMORE: (No. 1502 Patapsco St., 23-34 Ward)

th of residence in city or town where death occurred 46 yrs. mos ds How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Emma L. Keithley

a) Residence: No. 1502 Patapsco St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

married, widowed, or divorced HUSBAND of or) WIFE of Webster C Keithley

TE OF BIRTH (month, day, year) June 10 1885

E Years	Months	Days	If LESS than 1 day... hrs. or... min.
46	8	1	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) State or country) Baltimore Md

NAME Charles H. Mudrey.

BIRTHPLACE (city or town) (State or country) Germany.

MAIDEN NAME Henrietta Jaskal

BIRTHPLACE (city or town) (State or country) Germany.

FORMANT Webster C Keithley

Address 1502 Patapsco St

RIAL, CREMATION, OR REMOVAL

Place Balto Cem. Date 2-15th 1932

DERTAKER Mrs Chas A J Rohde

Address 2322 Edmondson Ave

FEB 14 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11th 1932

22. I HEREBY CERTIFY, That I attended deceased from January 25 1932 to Feb 11th 1932

I last saw h alive on Feb 11 1932 death is said to have occurred on the date stated above, at 8.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Feb 9th
Other contributory causes of importance: Acute Endocarditis	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. Mitchell M. D.

(Address) 1059 Williams St

Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

6663 — B 76663

CERTIFICATE OF DEATH

82-001

PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 1125 William St. 24-39 Ward)

th of residence in city or town where death occurred 71 yrs. 1 mos. 12 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Emma Schwarz.

a) Residence: No. 1125 Williams St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

married, widowed, or divorced
HUSBAND of (or) WIFE of Ferdinand Schwarz

TE OF BIRTH (month, day, year) Jan 2nd 1855

E	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
73	71	1	11 12	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

IRTHPLACE (city or town) State or country) Baltimore Md.

NAME Adam Kraft

BIRTHPLACE (city or town) (State or country) Germany.

MAIDEN NAME Anna Hermanstein

BIRTHPLACE (city or town) (State or country) Germany.

FORMANT Ferdinand Schwarz

Address) 1125 William St

RIAL, CREMATION, OR REMOVAL
ace Holy Cross Cem Date 2-16 1932

DERTAKER E & B Hafer

Address) 115 E West St

LED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13th 1932

22. I HEREBY CERTIFY, That I attended deceased from January 15, 1932 to February 13, 1932

last saw h alive on February 13 1932 death is said to have occurred on the date stated above, at 9.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	

Other contributory causes of importance:

Cerebral Apoplexy.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John A. Schwenck, M. D.

(Address) 1337 S Charles St.

Co. S-H 2508

76664 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 76664

CERTIFICATE OF DEATH

97-00

Registered No. 27-41
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No.) 3908 Woodlea Ave Ward

th of residence in city or town where death occurred 31 yrs. mos. da. How long in U.S. if of foreign birth? yrs. mos. da.

FULL NAME Jessa. Gobrecht.

a) Residence: No. 3908 Woodlea Ave Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) Dec 23 1900

E. Years	Months	Days	If LESS than 1 day, hrs. or min.
31	1	19	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
Industry or business in which work was done, as silk mill, saw mill, bank, etc Sugar Refinery
Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

RTHPLACE (city or town) Balto Md.
State or country)

NAME Richard N. Gobrecht

BIRTHPLACE (city or town) Balto Md.
(State or country)

MAIDEN NAME Mollie Naylor.

BIRTHPLACE (city or town) Balto Md.
(State or country)

FORMANT Mollie Naylor. Gobrecht
Address) 3908 Woodlea Ave

RIAL, CREMATION, OR REMOVAL
ace Parkwood Date 2/15 19 32

DERTAKER Bernard Hart
Address) 1000 E Pleasant St

LED 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11. 1932

22. I HEREBY CERTIFY, That I attended deceased from
Jan 10 1932 to Feb 10 1932
that saw him alive on Feb 10 1932 death is said
to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Valvular Heart disease

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so specify

(Signed) Jacob Fisher M. D.

(Address) 1823 N. Wash. Ave.

c.—9 30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

76665 E 76665

CERTIFICATE OF DEATH.

131

REGISTERED NO. 25-64

1. PLACE OF DEATH

(a) CITY OF BALTIMORE: (No.) 5513 Norwood Ave. Howard Park WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Fredericka Budesheim

(b) RESIDENCE NO. 5513 Norwood Ave. Howard Park WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6 If married, widowed, or divorced
(a) HUSBAND of
(or) WIFE of Late George F. Budesheim

7 DATE OF BIRTH (month, day, and year) Jan. 23, 1857.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75		19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Roeming

BIRTHPLACE OF FATHER (city or town) (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

11 Informant Miss Catherine Volke
Address 5513 Norwood Ave.

Filed [illegible] 1932 Registrar [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/12/32

17 I HEREBY CERTIFY, That I attended deceased from 10/1/31, to 2/12/32

That I last saw h[illegible] alive on 2/12/32

and that death occurred, on the date stated above, at 5 to 4 p. m.

The CAUSE OF DEATH* was as follows:

Myocarditis
Ch Inter Nephritis

(duration) [illegible] yrs. mos. ds.

CONTRIBUTORY (Secondary) ....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

2/13/32 (Address) 9 W. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Zion Evangelical Lutheran — DATE OF BURIAL: 2/15/32

20 UNDERTAKER [illegible] ADDRESS 4101 Edmondson Ave.

10—M & T—100 B—50L

6666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

67-001 E 76666

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST., 4-30 WARD

2-FULL NAME Wilhelmina Miller

(a) RESIDENCE NO. 63 SW Loudon ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Unknown

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

Informant: U.S. Vet. Bureau

(Address): Ft. Williams, Md

Filed 1932 H. J. JONES M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/12 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry), find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs mos ds

CONTRIBUTORY (Secondary)

(duration) yrs mos ds

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D. Coroner

2/13 1932 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cemetery

DATE OF BURIAL: Feb 15 1932

20 UNDERTAKER: Harry H Weitzke

ADDRESS: 710 16 Edmondson Ave

—M & T—100 B—50L.

76667

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-081 E 76667

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore General Hospital (St.) 15-60 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gustav Bartz.

(a) RESIDENCE NO 2122 N. Pulaski St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

DATE OF BIRTH (month, day, and year) December 22°1915

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	16	1	20	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Philadelphia, Pa.

NAME OF FATHER Rudolph Bartz.

BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

MAIDEN NAME OF MOTHER Augusta Draeger.

BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

Informant Rudolph Bartz. (father)

(Address) 2122 N. Pulaski St.

Filed ---- 192 ---- Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 11, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull, Struck and knocked off a toy wagon by an automobile while operating said toy wagon on street

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Accidental Death

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Owens Falls Parkway & Sioga Dr. February 11, 1932

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquest

(Signed) [signature] M. D. Coroner

2/13/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Feb 15 1932

20 UNDERTAKER: Harry H. Fritzke — ADDRESS: 3101 Edmondson Ave

c.—1-12-23—M&T—500 Blks.

76668

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13

E 76668

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

ITY OF BALTIMORE: (No.) 3425 E. Pratt ST., (or WARD) 26-37

2-FULL NAME Anna Ley.

(a) RESIDENCE NO. 3420 E. Pratt ST., WARD 26

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced (HUSBAND of or) WIFE of: Theodore J. Ley.

6 DATE OF BIRTH (month, day, and year): 1855

7 AGE: 77

Years	Months	Days	If LESS than 1 day, hrs. or min.
76	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Keeper

(b) General nature of industry, business, or establishment in which employed (or employer): at Home 03

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

10 NAME OF FATHER: Michael Bohm

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Sophie Volz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Theodore Ley

(Address): 3425 E. Pratt St.

Filed ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 12 1932

17 I HEREBY CERTIFY, That I attended deceased from June 17, 1929, to February 12, 1932, that I last saw her alive on February 12, 1932, and that death occurred, on the date stated above, at 430 P m.

The CAUSE OF DEATH* was as follows:

Hypertension Cardio Vascular Renal Disease

(duration) 2 yrs. 7 mos 24 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Chas Wm Edmonds, M. D.

, 19 (Address) 2716 Alameda Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross. Town & Co.

DATE OF BURIAL: Feb. 16 1932

20 UNDERTAKER: Lilly & Zeiler Inc.

ADDRESS: 4005 Wyl St

MCo. 5-31 250B

76669 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-02 76669

1. PLACE OF DEATH Sinai Hospital, Balto. Md — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Monument St., 2400 Ward)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U. S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Martin Schilling

(a) Residence: No. 1924 East Lombard St., 2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs Rose Schilling (wife)

6. DATE OF BIRTH (month, day, year) Dec, 6, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	2	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Metal Package Co

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME OF FATHER Thomas Schilling

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME OF MOTHER Margaret Lindermann

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Rose Schilling (wife)
(Address) 123 E. Lombard St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb, 16, 1932

19. UNDERTAKER Lilly & Zeiler Inc
(Address) 403 S. Wolfe St

20. FILED ... 1932 C. HERBERT JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-13-32

22. I HEREBY CERTIFY, That I attended deceased from 2-7-32, 19..., to 2-13-32, 19...
I last saw him alive on 2-13-32, 19... death is said to have occurred on the date stated above, at 9:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Other contributory causes of importance: Ruptured Peptic ulcer	

Name of operation: Suture of Ruptured Peptic ulcer with drainage. Date of: 2-7-32
What test confirmed diagnosis? Pathological Report. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) J. E. Zuckerman, M. D.
(Address) Sinai Hospital.

0—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

76670

CERTIFICATE OF DEATH

87-001

8-45

E 76670

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1619 Normal Ave ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John G. Donhauser

(a) RESIDENCE NO 1619 Normal Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Helena Hoffman

6 DATE OF BIRTH (month, day, and year) Nov 4/ 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	3	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Grocer (retired)
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

10 NAME OF FATHER John G. Donhauser

BIRTHPLACE OF FATHER (city or town) (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant Michael Donhauser
(Address) 1619 Normal Ave

Filed 1932 192 H. [illegible] JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12/32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature] Coroner, M. D.

2/13/32 (Address) 508 E. [illegible]orth Ave

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Feb 15 1932

20 UNDERTAKER Chas. L. Storms — ADDRESS 1297 E. Fort Ave

...c.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

6671

CERTIFICATE OF DEATH

54 E 76671

REGISTERED NO.

1 PLACE OF DEATH

(a) CITY OF BALTIMORE (No. 316 E Lanvale ST.) (12-19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary Eliza Smith

(a) RESIDENCE NO. 316 E Lanvale ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

If married, widowed, or divorced, HUSBAND of (or) WIFE of: Widow of James H. Smith

6 DATE OF BIRTH (month, day, and year): June 17 1851

7 AGE: 80 Years 7 Months 28 Days. If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of Industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: Christian Lenpt Leuthold

11 BIRTHPLACE OF FATHER (city or town) (State or country): Dont Know

12 MAIDEN NAME OF MOTHER: Caroline Roberts

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Dont Know

14 Informant (Address): Mrs Eliza Bruse 316 E Lanvale

15 Filed 1932 C. HAUBERT JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 12/32

17

I HEREBY CERTIFY, That I attended deceased from Jan 18, 1932, to Feb 12, 1932.

that I last saw h alive on Feb 12, 1932.

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac dilatation.

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (See Back of Form): Diabetis, Cardiac Hypertrophy (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical - urinary

(Signed) C H Meyer Jr. M. D.

2/13 1932 (Address) 1522 E. 33rd St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: Feb 16th 1932

20 UNDERTAKER: Geo W Schilling — ADDRESS: 1124 E Fayette St

Co. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

72

CERTIFICATE OF DEATH

162 E 76672

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Little Sisters of the Poor St., 10-[illegible] Ward)

gth of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Henry Murphy

(a) Residence: No. Preston & Valley St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year)

E	Years	Months	Days	If LESS than 1 day hrs. or min.
	80			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
Industry or business in which work was done, as silk mill, saw mill, bank, etc.
Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

RTHPLACE (city or town) State or country) England

NAME Peter Murphy

BIRTHPLACE (city or town) (State or country) Ireland

MAIDEN NAME Hatfield Gallagher

BIRTHPLACE (city or town) (State or country) Ireland

FORMANT Little Sisters of the Poor
Address) Preston & Valley Sts

RIAL, CREMATION, OR REMOVAL
lace Cathedral Date Feb. 15, 1932

DERTAKER
Address)

LED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 12th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 21st, 1931, to Feb 12th, 1932
I last saw h[illegible] alive on Feb 12th, 1932 death is said to have occurred on the date stated above, at 11.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edward J. C. Parkin, M. D.
(Address) 111 Hartford Ave

Co. S-11 2508

76673 HEALTH DEPARTMENT—CITY OF BALTIMORE L 76673

CERTIFICATE OF DEATH

146

PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 1603 E. Balto St., ... Ward)

th of residence in city or town where death occurred 24 yrs ... mos ... ds How long in U.S. If of foreign birth? 2 yrs ... mos ... ds

FULL NAME Bessie Lena Feinman

(a) Residence: No. 1603 E Balto St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	Wh	Widow

married, widowed, or divorced
HUSBAND of
(er) WIFE of Nathan Feinman

TE OF BIRTH (month, day, year)

Years	Months	Days	If LESS than 1 day, hrs. or min.
63			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lunch Wkr
Industry or business in which work was done, as silk mill, saw mill, bank, etc.
Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

KTHPLACE (city or town) (State or country) Russia

NAME David Stark Bronstein

BIRTHPLACE (city or town) (State or country) Russia

MAIDEN NAME Seldo

BIRTHPLACE (city or town) (State or country) Russia

FORMANT Abbott - Feinman Co
(Address) 1603 E. Balto St

RIAL, CREMATION, OR REMOVAL
ace Lorraine Date 2-14-32

DERTAKER Jos. Louis Sons
(Address) 1499 E Balto St

ER ..... 19.. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-13-, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1931 to Feb. 13, 1932

I last saw her alive on Feb. 13 1932 death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of gall Bladder	12-1-31

Other contributory causes of importance:
Generalized metastases

Name of operation Exploration Date of

What test confirmed diagnosis? Lab Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. E. Thos Linda M. D.

(Address) 102 Med Arts Bldg

Co. S-II 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE E 76674

25757 E 76674

CERTIFICATE OF DEATH

54-004

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

JOHNS HOPKINS HOSPITAL St. 27-26 Ward)

Y OF BALTIMORE: (No. ..... St. ..... Ward)

th of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth 30 yrs. ..... mos. ..... ds.

FULL NAME Jacob Frank

a) Residence: No. 5031 Queensbury ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

married, widowed, or divorced HUSBAND of or) WIFE of unknown

TE OF BIRTH (month, day, year) 1864

Years	Months	Days	If LESS than 1 day, hrs. or min.
18 67			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

RTHPLACE (city or town) State or country Russia

NAME Leon Frank

BIRTHPLACE (city or town) (State or country) Russia

MAIDEN NAME unknown

BIRTHPLACE (city or town) (State or country) Russia

FORMANT Records
ddress)

RIAL, CREMATION, OR REMOVAL
ace Woodlawn Date 2-14 1932

DERTAKER Jack Levin & Co
ddress) 1439 E Baltimore St

KD 2-13 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb-8 1932 to Feb-14 1932

I last saw him alive on Feb 14 1932 death is said to have occurred on the date stated above, at 2.25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor	
Hypophyseal adenoma	
Secondary malignant	July 1930

Other contributory causes of importance:

Pneumonia Bronchial	2-12 32

Name of operation Ventriculotomy Date of 2-8-32

What test confirmed diagnosis? C.P. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Ingalls Wilson M. D.

(Address) Johns Hopkins Hospital

c.—9 30—A. & Co.—250 Bks.

76675 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76675

CERTIFICATE OF DEATH

REGISTERED NO. 97

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Sinai Hospital ST. 13-54 WARD

2. FULL NAME Esther Rosenberg

(a) RESIDENCE NO. 2433 Eutaw Place ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W.	Widow

(If married, widowed, or divorced) (6) HUSBAND of (or) WIFE of Daniel Rosenberg

7 DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Wife

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Don't Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Sons Father (Address) 2433 Eutaw Place

15 Filed 2-13-32 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-12-32

17 I HEREBY CERTIFY, That I attended deceased from 1-24 1932 to 2-12 1932

that I last saw h& alive on 2-12 1932

and that death occurred, on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:

Generalized + Cerebral Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) M. B. Kirsh M. D.

2-13 1932 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rosedale Cemetery DATE OF BURIAL 2-14 1932

20 UNDERTAKER Stuck Funeral Home ADDRESS 1437 E Baltimore St

Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

76676

CERTIFICATE OF DEATH

159 E 76676

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Union Memorial Hospital 19-37 Ward)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Geraldine marie Bednar

a) Residence: No. 523 N. Glover St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

N	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of —

TE OF BIRTH (month, day, year) Feb. 1, 1932

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	13	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0
Industry or business in which work was done, as silk mill, saw mill, bank, etc.
Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) Balto
State or country)

NAME Chas. Carl Bednar

BIRTHPLACE (city or town) austria
(State or country)

MAIDEN NAME Marie Mekal

BIRTHPLACE (city or town) Balto.
(State or country)

FORMANT Chas. Bednar
Address) 523 N. Glover St

RIAL, CREMATION, OR REMOVAL

lace Holy Redeemer Date Feb 15 1932

DERTAKER Frank Strachan Son
Address) 1166 Cokeland Ave

LED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1932 to Feb. 13, 1932

I last saw her alive on Feb 13, 1932 death is said to have occurred on the date stated above, at 1:05 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
prematurity (inanition)	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) N. Blackford M. D.

(Address) Union Memorial Hospital

No. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

76677

CERTIFICATE OF DEATH

108 E 76677

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Baltimore City Hospitals St., 5-8 Ward)

th of residence in city or town where death occurred 58 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? 58 yrs. ... mos. ... ds.

FULL NAME Ella Finnick Ella Finnicks

a) Residence: No. 214 Augusta St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

married, widowed, or divorced
USBAND of
or) WIFE of William

TE OF BIRTH (month, day, year) April 2, 1873

Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
58?	10	11	

rade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 07

Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

RTHPLACE (city or town) Baltimore
State or country)

NAME ?

BIRTHPLACE (city or town) Balto
(State or country)

MAIDEN NAME ?

BIRTHPLACE (city or town) Balto
(State or country)

TORMANT Records of Balto City Hosp.
ddress)

RIAL, CREMATION, OR REMOVAL
ace St Pauls Date Feb 15 1932

DERTAKER M W E Dugdale Jr
ddress) 32 E Lafayette St

ED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1932, to Feb 13, 1932

I last saw h[illegible] alive on Feb 13 1932 death is said to have occurred on the date stated above, at 9:45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	One week
Myocarditis, chronic	Unknown
Hypertension -	

Other contributory causes of importance:

Chronic bronchitis	Unknown

Name of operation — Date of —

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Jos Gernold Jr M. D.

(Address) Balto City Hosp.

Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

6678

CERTIFICATE OF DEATH

13 E 76678
Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Mercy Hospital 16-22 St. Ward)

th of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary Coates

(a) Residence: No. 1303 Winchester St., Balto Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	B	Widow

f married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) Unknown

L	Years	Months	Days	If LESS than 1 day, hrs. or min.
1				

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

RTHPLACE (city or town) Calvert Co. Md.
State or country)

NAME Maggie Brown

BIRTHPLACE (city or town) Calvert Co. Md.
(State or country)

MAIDEN NAME Mary Green

BIRTHPLACE (city or town) Calvert Co. Md.
(State or country)

FORMANT Mary Green
Address) 1303 Winchester St.

RIAL, CREMATION, OR REMOVAL
lace Harmony Bap. Date 2/14 1932

DERTAKER Walter B. Pugh
Address) 739 Withamby St

LED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/11 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 27 1932 to Feb 11 1932
I last saw her alive on Feb 11 1932 death is said to have occurred on the date stated above, at 8-31 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension - Cardio-vascular Renal disease	1 and 2 Nov 27
Other contributory causes of importance: Uremia, Myocardial failure (Coma)	2 wks

Name of operation Date of
What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Gleason Gardner M. D.
(Address) Mercy Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

76679 — CERTIFICATE OF DEATH — E 76679

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

(a) CITY OF BALTIMORE (No.) 717 Berry St (St.) 21-29

2. FULL NAME Cora M. Samsel.

(a) RESIDENCE NO. 717 Berry St. (If usual place of abode) ST. WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6 If married, widowed, or divorced (a) HUSBAND of (or) WIFE of Owen J. Samsel

7 DATE OF BIRTH (month, day, and year) Unknown

8 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55			

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Pa

11 NAME OF FATHER Charles J. Miller

BIRTHPLACE OF FATHER (city or town) Pa (State or country)

MAIDEN NAME OF MOTHER Susan Strickland

BIRTHPLACE OF MOTHER (city or town) Pa (State or country)

Informant Owen J. Samsel. Address 717 Berry St

Filed Feb 15 1932 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13, 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 21, 1932 to Feb 13, 1932

That I last saw h[er] alive on Feb 12, 1932

and that death occurred, on the date stated above, at 7:30 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency 3 weeks

CONTRIBUTORY (Secondary) Mitral Stenosis 15 yrs (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at her home

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Clinical symptoms

(Signed) Charles E. Leath M. D.

1932 (Address) 3814 Edmondson

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet, Hanover Pa.

DATE OF BURIAL Feb 16 1932

20 UNDERTAKER Shunowalt Son

ADDRESS 3615 Edmondson Ave

Co. C-11 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

76680

CERTIFICATE OF DEATH

92-80 E 76680

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1529-N. Bond Street St., 8 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary A. Stromer

(a) Residence: No. 1529-N. Bond Street St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Stromer

DATE OF BIRTH (month, day, year) 5/31/1854

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	77	8	12	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

NAME John Franz

BIRTHPLACE (city or town) Germany
(State or country)

MAIDEN NAME Elizabeth Wittmer

BIRTHPLACE (city or town) Germany
(State or country)

INFORMANT Henry Stromer

(Address) 1529-N. Bond Street

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 2/15/32 19

UNDERTAKER George J. Pfeltz Inc.

(Address) 1736-Harford Ave.

FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 7/32, 19 to Feb 17, 1932, 19

I last saw him alive on Feb 17, 1932 death is said to have occurred on the date stated above, at 7 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular disease of Heart	2 yrs
Other contributory causes of importance: Chronic Nephritis	2 yrs

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury W. J. Franz

Nature of injury Gun Shot Wound

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. D.

(Address)

—9 20—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

76681

CERTIFICATE OF DEATH

131 E 76681

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 2870 Harford Rd. (ST.) (WARD) Gorh

2 FULL NAME James E. Donaldson

(a) RESIDENCE NO. 2870 Harford Rd ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. 7 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Alice V. Donaldson

DATE OF BIRTH (month, day, and year) July 1 - 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	7	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk. 009

(b) General nature of industry, business, or establishment in which employed (or employer): B & O R-R.

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Md

NAME OF FATHER David Donaldson

BIRTHPLACE OF FATHER (city or town) (State or country): Balto Co Md.

MAIDEN NAME OF MOTHER Alice V. Kidd

BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co Md

Informant (address): Walter Donaldson 2030 N Washington St

Filed 1932 Feb

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13. 32

17

I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1932, to Feb. 13, 1932

that I last saw h[illegible] alive on Feb. 12, 1932

and that death occurred, on the date stated above, at 7-20 a. m.

The CAUSE OF DEATH* was as follows:

Uraemia 3 days.

Atrio Sclerosis, Hypertention

Myocarditis Decompensatio Cordis

(duration) yrs. mos. 19 ds.

CONTRIBUTORY (Secondary) Chr. Interstitial Nephritis

(duration) yrs. mos. 19 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Uremia Blood Chemistry

(Signed) Thos. La Storms M. D.

2/13, 1932 (Address) 2878 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem — DATE OF BURIAL: Feb 15 1932

20 UNDERTAKER: Mrs Mrs John M Templ & Son — ADDRESS: 801 W Fayette St

Co. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

76682 — 97 — 76682

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 135 N. Milton ave St., 6-1 Ward)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Caroline F. Kuehn

(a) Residence: No. 135 N. Milton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
(HUSBAND of
(or) WIFE of Chas H. Kuehn

DATE OF BIRTH (month, day year) Aug 30/1860

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	71	5	12/11	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) State or country) Baltimore

NAME Frederick Kluckman

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Anna Kuehs

BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Anna Kuehn
Address) 135 N. Milton Ave

BURIAL, CREMATION, OR REMOVAL
Place London Pk Date 3/15/ 1932

UNDERTAKER Philip Herlong
Address) 216 Edgar St.

FILED 3 14 1932 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day year) Feb 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1927, to Feb. 12, 1932

I last saw her alive on Feb 12 1932 death is said to have occurred on the date stated above, at 8 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1927
Endocarditis	1927

Other contributory causes of importance:

Hypostatic Pneumonia	Feb 11 1932

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Gustav H. Wolpert M. D.

(Address) 1120 St. Paul St.

Co. 5-31 250M

HEALTH DEPARTMENT CITY OF BALTIMORE

E 76683

CERTIFICATE OF DEATH

46 E 76683

E 76683
PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 625 Bartlett Ave St., 24 Ward)

th of residence in city or town where death occurred 77 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME J. Frank Pennington

(a) Residence: No. 625 Bartlett Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Married

married, widowed, or divorced
HUSBAND of
(or) WIFE of Maggie Pennington

TE OF BIRTH (month, day, year) June 2 1854

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	8	10	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer
Industry or business in which work was done, as silk mill, saw mill, bank, etc.
Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

RTHPLACE (city or town) State or country) Baltimore

NAME James Pennington

BIRTHPLACE (city or town) (State or country) Baltimore

MAIDEN NAME Emaline Swann

BIRTHPLACE (city or town) (State or country) Balto Md

FORMANT Maggie Pennington
Address) 625 Bartlett Ave

RIAL, CREMATION, OR REMOVAL
lace Balto Lew Date 2/15/32 19

DERTAKER Philip Sturg
Address) 2610 Eutaw St.

LED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-2-, 1932 to 2-12, 1932

I last saw him alive on 2-11, 1932 death is said to have occurred on the date stated above, at 1.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1/2/32
Cachexia.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George A. Bowden, M. D.

(Address) 1517 E. North Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003 V 4684 E 76684

76684

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3138 Abell Ave. St. 12-50 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Ella V. Kennerly

(a) RESIDENCE NO. 3138 Abell Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: B. Frank Kennerly

6 DATE OF BIRTH (month, day, and year): Sept. 2, 1869.

7 AGE: Years 62; Months 5; Days 12; IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Wicomico Co.

10 NAME OF FATHER: Jas. Ware Eversman

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Eliza Ann Lloyd

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Maryland

Informant (Address): Mrs. Kendall B. Tilghman 3138 Abell Ave.

Filed 1932 C. HAWKINS JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Feb. 14, 1932.

17 I HEREBY CERTIFY, That I attended deceased from May 6, 1931, to Feb. 14, 1932, that I last saw her alive on Feb. 14, 1932, and that death occurred, on the date stated above, at 10:45 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 11 mos. ds.

CONTRIBUTORY (Secondary): Myocardial Insufficienc

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings.

(Signed) J. H. Wilson, M. D.

, 19 (Address) 848 W. 36th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Salisbury, Md. Date of Burial 1/17/32 19

20 UNDERTAKER: T. Hill Johnson Co. ADDRESS: Salisbury Md

No. S-41 2-30-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

76685 E 76685

CERTIFICATE OF DEATH

93-003

19-27

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1602 W. Baltimore St., 7 Ward)

h of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

FULL NAME Joseph Reuben Boyd

(a) Residence: No. 1602 W. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 Sex	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced
(a) HUSBAND of
(or) WIFE of Parthenia G. Boyd

6. DATE OF BIRTH (month, day, year) January 31, 1843

7. Years	Months	Days	If LESS than 1 day, hrs. or min.
89	-	13	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Letter Carrier

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) 1918

11. Total time (years) spent in this occupation 35 years

12. BIRTHPLACE (city or town) Washington
(State or country) D. C.

NAME OF FATHER Thomas S. W. Boyd

13. BIRTHPLACE (city or town) Montgomery Co.
(State or country) Md.

MAIDEN NAME OF MOTHER Charlotte Frazier

14. BIRTHPLACE (city or town) Montgomery County, Md.
(State or country)

INFORMANT Miss F. Edna Boyd

(Address) 1532 Park Ave.

15. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Feb. 15 1932

16. UNDERTAKER Joseph J. Cook

(Address) 1003 W. Baltimore St.

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 13. 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 1932 to Febo 13. 1932

I last saw him alive on Feb 13 1932 death is said to have occurred on the date stated above, at 3.10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchitis (Cold not pneumonia)	Feb 10 1932

Other contributory causes of Importance:

Senile myocarditis	Gradual

Name of operation None Date of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank M. Settle, M. D.

(Address) 2435 Maryland Ave.

Co. 5-31 250B

HEALTH DEPARTMENT CITY OF BALTIMORE E 76686

6686

CERTIFICATE OF DEATH

108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 826 Herman's court 10-14 Ward)

th of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Horace Matthews

a) Residence: No. 826 Herman's court St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C	married

married, widowed, or divorced
HUSBAND of (or) WIFE of Caroline Matthews

TE OF BIRTH (month, day, year) 1888

Years	Months	Days	If LESS than 1 day, hrs. or min.
44			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
Industry or business in which work was done, as silk mill, saw mill, bank, etc. O'pd
Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Towson
(State or country) Md

NAME Robt. Matthews

BIRTHPLACE (city or town) Md
(State or country)

MAIDEN NAME Margaret Gassaway

BIRTHPLACE (city or town) Md
(State or country)

FORMANT (address) Towson Md

RIAL, CREMATION, OR REMOVAL
ace Mt. Carmel Towson Md Date Feb. 16th 1932

DERTAKER Ryan & Wright
ddress 120 E. Lexington St

FILED ... 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13. 1932

I HEREBY CERTIFY, That I attended deceased from Feb 7 1932 to Feb 13 1932

I last saw h ive on Feb 1932 death is said to have occurred on the date stated above, at 24 m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset Feb 5-32

Other contributory causes of importance:

Name of operation None Date of

What test confirmed d Pneumonia Was there an au no?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Geo. S. Fellows M. D.

(Address) 826 Hermans ct

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

76687

CERTIFICATE OF DEATH

50 E 76687

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1731 Moreland Ave St. 15-68 (Ward)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S. If of foreign birth 20 yrs. — mos. — ds.

FULL NAME Lora F. Rockel

(a) Residence: No. 1731 Moreland Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Edd H. Rockel

DATE OF BIRTH (month, day, year) May 16-1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	10	26	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0?

8. BIRTHPLACE (city or town) (State or country) Maryland

9. NAME Gustav Bergquist

10. BIRTHPLACE (city or town) (State or country) Sweden

MAIDEN NAME Emma Strangren

12. BIRTHPLACE (city or town) (State or country) Sweden

13. INFORMANT Earl H. Rockel

(Address) 1731 Moreland Ave

14. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Feb. 15th 1932

15. UNDERTAKER W. J. Ramsey

(Address) 2336 N. Fulton Ave

16. FILED ..... By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12th 1932

22. I HEREBY CERTIFY, That I attended deceased from December 15. 1931. to February 12 1932.

I last saw her alive on Feb. 11 1932. Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of lungs — Date of onset 1931

Computed 12 yrs. age for carcinoma of breast with apparent cure. Symptoms in lungs 12/31)

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Maurice L. Shamer, M. D.

(Address) 3300 N. North Ave.

No. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

76688 E 76688

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Baltimore City Hospitals St. 16-23 Ward

Y OF BALTIMORE: (No. ..... St. ..... Ward)

th of residence in city or town where death occurred 54 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Joseph Whittaker

a) Residence: No. 1113 Carrollton Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Maggie

TE OF BIRTH (month, day, year) Oct. 23, ?

Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
50+60	3	17	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cook

Industry or business in which work was done, as silk mill, saw mill, bank, etc.: out of work

Date deceased last worked at this occupation (month and year): 1

11. Total time (years) spent in this occupation: ?

RTHPLACE (city or town) (State or country): Montgomery Co. Pa.

NAME: Alex Whittaker

BIRTHPLACE (city or town) (State or country): ? Pa.

MAIDEN NAME: Annie Harris

BIRTHPLACE (city or town) (State or country): ? Del.

ORMANT (address): Records of Balto. City Hospitals

RIAL, CREMATION, OR REMOVAL: Mt Lebanon Date 2/15 19 32

DERTAKER (address): Geo. A. Nicholson 2[illegible] E. Biddle St.

ED. ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3, 31 to Feb. 10, 1932

I last saw him alive on Feb. 10, 1932 death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chr	Oct 1931
Other contributory causes of importance: Bronchopneumonia	8 days

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. Hamilton Jones M. D.

(Address) Balto. City Hosp.

1932 HAMILTON JONES M. D.

No. 5-81 2508

76689 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181 E 76689

PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. University Hospital St. 22-24 Ward)

th of residence in city or town where death occurred 59 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

ULL NAME Mary Johnson

a) Residence: No. 934 S Sharp St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	Colored	Divorced

married, widowed, or divorced
USBAND of
or) WIFE of Samuel Johnson

TE OF BIRTH (month, day, year)

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
8			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Md
State or country)

NAME Shadrick Dobson

BIRTHPLACE (city or town) Md
(State or country)

MAIDEN NAME Jackson

BIRTHPLACE (city or town) Md
(State or country)

ORMANT Blanche Fischer
ddress) 934 S Sharp St

RIAL, CREMATION, OR REMOVAL
ce Laurel Ct Date 2/15/ 1932

DERTAKER Isaac E Bowston
ddress) 1058 Montgomery St

ED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1932, to Feb 11, 1932

I last saw her alive on Feb 11, 1932 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Second & third degree burns involving about ½ of body surface	1/27/32
Accidental death.	

Other contributory causes of importance:

Senility
Chronic nephritis
Tuberculosis

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Emil J. C. Hildenbrand, M. D.

(Address) University Hospital

E 76690

9-30—A & Co.—250 Blks.

E 76690 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 2-001

1 PLACE OF DEATH

(a) CITY OF BALTIMORE: (No.) University Pky. & Guilford Av. (St.) (WARD) 12-49

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Sarah Daiger Ray

(a) RESIDENCE NO. Temple Court Apts. (St.) (WARD)
(Usual place of abode) (If non-resident give city or town and State)

(b) Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
	W	married

6 If married, widowed, or divorced (a) HUSBAND of (or) (b) WIFE of Edward H. Ray

7 DATE OF BIRTH (month, day, and year) Aug. 20, 1865

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	5	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Wm. H. Daiger

BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.

11 MAIDEN NAME OF MOTHER Mary Robinson

BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md.

12 Informant (Address) Mrs. Sadie Ray Thomas 601 Somerset Road

Filed FEB 1 1932, 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/13/32

17 I HEREBY CERTIFY, That I attended deceased from Oct. 19 22, to Feb. 13, 19 32

that I last saw h alive on Feb. 13, 19 32

and that death occurred, on the date stated above, at 4.20 P. m.

The CAUSE OF DEATH* was as follows:

Arterio - Sclerosis
Hypertension

(duration) 20 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage (duration) 4 hours yrs. mos. ds.

18 Where was disease contracted if not at place of death? no Date of

Did an operation precede death? no

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Irwin C. Ridgely M. D.

2/16 1932 (Address) 201 N. Madison Av.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemy. DATE OF BURIAL 2/16/32

20 UNDERTAKER John O. Mitchell & Bros. ADDRESS 1920 Eutaw Place

c.—9 30—A. & Co.—250 Bks.

76691 E 76691

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

Y OF BALTIMORE: (No 1406 Mt. Royal Ave. s 14-20 WARD)

2 FULL NAME Rev. Dr. Romilly F. Humphries

(a) RESIDENCE NO 1406 Mt. Royal Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
X	White	Married

married, widowed, or divorced
HUSBAND of
or) WIFE of Elizabeth Thurston

TE OF BIRTH (month, day, and year) Nov. 28, 1869

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	2	14	

CUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clergyman

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

THPLACE (city or town) New York N.Y.
(State or country)

NAME OF FATHER Richard H. Humphries

BIRTHPLACE OF FATHER (city or town)
(State or country) England

MAIDEN NAME OF MOTHER Mary Keene

BIRTHPLACE OF MOTHER (city or town)
(State or country) England

Informant Mrs. Elizabeth T. Humphries
Address 1406 Mt. Royal Ave.

Filed 1/3 1932 HARRISON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/12/32

17

I HEREBY CERTIFY, That I attended deceased from 2/10/32, 19 , to 2/12/32, 19 , that I last saw h alive on 2/12/32, 19 , and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis.
Coronary Thrombosis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) Fisher M.D.

19 (Address) 140 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL North Bloomfield, Conn.

DATE OF BURIAL 2/15/32

UNDERTAKER Elwood Mitchell & Sons

ADDRESS 1921 Eutaw Place

c.—9-30—A. & Co.—250 Bks

76692 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76692

CERTIFICATE OF DEATH

94-002

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2200 Roslyn Ave. 15-61 (WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Neal Chappell

(a) RESIDENCE NO. 2200 Roslyn Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Married

(If married, widowed, or divorced) (b) HUSBAND of (or) WIFE of Mabel E. Miller

6 DATE OF BIRTH (month, day, and year) May 24, 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	8	19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Balto. Md.

9 NAME OF FATHER Cornelius Chappell

10 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

11 MAIDEN NAME OF MOTHER Mary J. Daily

12 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

13 Informant (Address) Mrs. Mabel M. Chappell 2200 Roslyn Ave.

Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/13/32

17 I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1932, to Feb 13, 1932

That I last saw him alive on Feb 13, 1932

and that death occurred, on the date stated above, at 11 45 A.M.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis
Acute Myocardial
Failure -
24 hours
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis (unknown)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & clinical

(Signed) Carroll Lovland M. D.

(Address) 4 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Westminster Cem. Administered DATE OF BURIAL: Feby 16 1932

UNDERTAKER: John O. Mitchell Sons ADDRESS: 1912 Eutaw P.

C. HAMPSON JONES, M.D.
Registrar

FEB 15 1932

No. S-41 250B

76693 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76693

CERTIFICATE OF DEATH

548

Registered No. 20-69

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2301 Edmondson Ave. St. (Ward)

Length of residence in city or town where death occurred 60 yrs mos ds. How long in U.S. If of foreign birth 60 yrs mos ds.

FULL NAME Augusta Benisch,

(a) Residence: No. 2301 Edmondson Ave. St., Ward
(If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

6. If married, widowed, or divorced
(a) HUSBAND of
(b) WIFE of Gustav A. Benisch,

7. DATE OF BIRTH (month, day, year) August 27 1859

8. Years	Months	Days	If LESS than 1 day, hrs. or min.
72	5	18	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
Industry or business in which work was done, as silk mill, saw mill, bank, etc.
Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

None

11. BIRTHPLACE (city or town) (State or country) Germany

12. NAME Albert Hoffman,

13. BIRTHPLACE (city or town) (State or country) Germany

14. MAIDEN NAME Louise Rankle,

15. BIRTHPLACE (city or town) (State or country) Germany

16. INFORMANT Mrs Lena C Kuch
(Address) 2301 Edmondson Ave.

17. BURIAL, CREMATION, OR REMOVAL Place Western Date FEB 17 1932 19

18. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave.

19. FILED FEB 15 1932 19 10 A.M. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 15 1932

22. I HEREBY CERTIFY, That I attended deceased from August 1 1931 to February 15, 1932

I last saw h— alive on February 14 1932 death is said to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	
Other contributory causes of importance:	
Dysentery	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chester Roland, M. D.

(Address) 2312 Edmondson Ave

M & T 100 B—50L.

76694

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76694

CERTIFICATE OF DEATH

168

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No.) Old Men's Home 1400 W. Lexington ST. 19-27 (WARD)

2-FULL NAME Fred A. Roussell

(a) RESIDENCE NO 1400 W. Lexington ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 5yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, and year) Sept. 4, 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	6	21	

CUPATION OF DECEASED
) Trade, profession or particular kind of work: None
) General nature of industry, business, or establishment in which employed (or employer)
) Name of employer

THPLACE (city or town) Baltimore
ate or country) Maryland

NAME OF FATHER Anton Roussell

BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

MAIDEN NAME OF MOTHER Augusta Brun

BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

tment Edria M. Burlington
Address) 1400 W. Lexington ST.

ed. 1 5 1932, 192 HARPSON JONES Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 13th, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by Cutting Throat with Razor

(duration) immediately yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Guy Nelson Roswell, M. D. Coroner

2/13 1932 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem

20 UNDERTAKER: George G. Smith

DATE OF BURIAL: Feb 15 1932

ADDRESS: 153 Hollins

No. S-11 2-30

76695 HEALTH DEPARTMENT CITY OF BALTIMORE 76695

CERTIFICATE OF DEATH

91-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 4211 Glenmore Ave St., 26 Ward 2

th of residence in city or town where death occurred yrs. mos ds. How long in U.S. If of foreign birth? yrs. mos ds.

FULL NAME (Mary) Marie E. Henderson

a) Residence: No. 4211 Glenmore Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

married, widowed, or divorced
USBAND of
r) WIFE of — —

TE OF BIRTH (month, day, year) June 24/1910

Years	Months	Days	If LESS than 1 day, hrs or min.
21	7	20	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Branch Manager

Industry or business in which work was done, as silk mill, saw mill, bank, etc Harvard Laundry Co

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Baltimore
State or country)

NAME Geo E. Henderson

BIRTHPLACE (city or town) Baltimore
(State or country)

MAIDEN NAME Mary E. Mason

BIRTHPLACE (city or town) Baltimore
(State or country)

FORMANT Geo E. Henderson
ddress) 4211 Glenmore Ave

RIAL, CREMATION, OR REMOVAL
ce Oak Lawn Date 2/17/32 19

DERTAKER Philip Young Jr.
ddress) 2616 Pulaski Hwy

ED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 7 1931, to Feb 14 1932

I last saw her alive on Feb. 13 1932 death is said to have occurred on the date stated above, at 3.04 m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	2/13
Other contributory causes of importance:	
Pub. acute Bacterial Endocarditis	12/7/31

Name of operation None Date of —

What test confirmed diagnosis Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Elias Meer, M. D.

(Address) 407 S. Patterson Park Ave

—M. & T.—100 B—50L.

E 76696

13 Potter

194-001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 76696

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No. Johns Hopkins Hospital WARD) 3

2-FULL NAME Betty Lee Bayne

(a) RESIDENCE NO 623 S. Patterson Park Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	White	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, and year) June 8th 1931

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	8	1	

CUPATION OF DECEASED
) Trade, profession or particular kind of work
) General nature of industry, siness, or establishment in hich employed (or employer)
) Name of employer

THPLACE (city or town) Balto Md.
tate or country)

NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

MAIDEN NAME OF MOTHER Mary Bayne

BIRTHPLACE OF MOTHER (city or town) Hanover Pa
(State or country)

rmant Miss Mary Bayne

ddress) 623 Patterson Park Ave

FEB 15 1932

ed ..., 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: (Duration) 15 M

Strangulation - Nipple from nursing bottle lodged in throat - Accidental

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. J. Hall, M. D.
Coroner

2/15/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery

DATE OF BURIAL 2/15/1932

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

HALVERSON JONES

Dr Zgorecki 1802 Eastern Ave Hol 2125

No. 5-31 2908

697 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76697

CERTIFICATE OF DEATH

131

PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 1042 Granby St. 3-5 Ward)

th of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

FULL NAME Charles Fink

a) Residence: No. 1042 Granby St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Feb about 1870

8. Years	Months	Days	If LESS than 1 day, hrs. or min.
61	2.	2.	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME James Fink

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Annie Kintzler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Rachel Rackman
Address 130 S. Exeter St

18. BURIAL, CREMATION, OR REMOVAL Holy Cross 2/16 1932

19. UNDERTAKER Fulton R. Fox
Address 1217 E. Fayette St

FEB 15 1932 19 WATSON JONES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/12/ 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10 1932 to Feb. 13 1932
I last saw h— alive on Feb. 13 1932 death is said to have occurred on the date stated above, at 10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation.	1-12-32
(Other contributory causes of importance:) Cardiac asthma	
Chronic nephritis	6 mos.

Name of operation none Date of
What test confirmed diagnosis? P.S.S. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) John J. Zgorecki M. D.
(Address) 1802 Eastern Ave

No. 511 250R

76698 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76698

CERTIFICATE OF DEATH

PLACE OF DEATH St Agnes Hospital

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Edon & Wilkens Ave St. 15-68 Ward)

h of residence in city or town where death occurred 11 yrs. mos ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME William Felles

a) Residence: No. 1809 Warwick Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	white	Single

married, widowed, or divorced
USBAND of
r) WIFE of

TE OF BIRTH (month, day, year) Dec 18, 1911

Years	Months	Days	If LESS than 1 day, hrs. or min.
20	1	27	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk
Industry or business in which work was done, as silk mill, saw mill, bank, etc.
Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

RTHPLACE (city or town) N. Y.
State or country)

NAME William M Felles

BIRTHPLACE (city or town) South Carolina
(State or country)

MAIDEN NAME Anastasia Kelly

BIRTHPLACE (city or town) Conn
(State or country)

FORMANT Mrs. Cora Felles
ddress) 1809 Warwick Avenue

RIAL, CREMATION, OR REMOVAL
ce New Cathedral Date Feb 17, 1932

DERTAKER Wm Cook
ddress) 1217 E Baltimore St.

FILED FEB 15 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from February 10th, 1932, to Feb. 14th, 1932
I last saw h. alive on 2-14, 1932 death is said to have occurred on the date stated above, at 7.45 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	2 4 32
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Geo S Cavalier, M. D.
(Address) My Own Profession

39

46 E 76699

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 27 of 3

1 PLACE OF DEATH

County

City BALTIMORE, (No. 6207 Harford Road St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Phillip Parr

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: August 8 (Month) (Day) 1871 (Year)

7 AGE: 60 yrs. 6 mos. 5 ds. If LESS than 1 day hrs. or min.?

8 OCCUPATION (a) Trade, profession or particular kind of work: meter inspector

(b) General nature of industry, business, or establishment in which employed or (employer): Gas + Electric Co

9 BIRTHPLACE (State or country): Germany

10 NAME OF FATHER: Charles Parr

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Staub

13 BIRTHPLACE OF MOTHER (State or country): Germany

I HEREBY CERTIFY, THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

14 (Informant) Mrs. Bertha Parr

(Address) 6207 Harford Rd, Balto

FEB 15 1932

C. HAMPSON JONES, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: February (Month) 13 (Day) 1932 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from June 22 1931 to February 13, 1932, that I last saw him alive on February 13, 1932, and that death occured on the date stated above, at 10 12 p. m.

The CAUSE OF DEATH * was as follows:

Carcinoma g-i tract

(Duration) yrs 9 mos ds.

Contributory Secondary: asthenia, obstruction

(Duration) yrs mos 12 ds.

(Signed) A. M. Burgess M.D.

2/13 1932 (Address) Dundalk, Md

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs mos ds In the State yrs mos ds

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Parkwood Cemetery

DATE OF BURIAL: 2/16/1932

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

—M. & T.—100 B—50L.

E 76700. HEALTH DEPARTMENT—CITY OF BALTIMORE E 76700.

CERTIFICATE OF DEATH 210-002

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore General Hospital. (WARD) 14-28

2-FULL NAME John A. Ruth.

(a) RESIDENCE NO. 341 S. Woodyear St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. 5 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

married, widowed or divorced) HUSBAND of Mary E. Ruth.

TE OF BIRTH (month, day and year) September 7, 1868

F	Years	Months	Days	If LESS than 1 day, hrs or min.
	63	5	6	

CUPATION OF DECEASED
) Trade, profession or particular kind of work: Real Estate.
) General nature of industry, business, or establishment in which employed (or employer)
) Name of employer

THPLACE (city or town) Baltimore, Md.
tate or country)

NAME OF FATHER John A. Ruth.

BIRTHPLACE OF FATHER (city or town) Baltimore, Md.
(State or country)

MAIDEN NAME OF MOTHER Mary Strodtman.

BIRTHPLACE OF MOTHER (city or town) Baltimore, Md.
(State or country)

rmant John A. Ruth Jr. (son)
Address) 107 S. Craey St.

ed ..... 1932 C. Hyde Coroner M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 13, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) and inquest find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pachy Meningitis Hemorrhagica
Collision of automobile which he was operating with another
(duration) yrs. mos ds.
CONTRIBUTORY (Secondary) Accidental Death
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Camp Mead rd. Jany. 10, 1932

Did an operation precede death? Yes. Date of Feb. 2, 1932

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy & inquest.

(Signed) [signature] Coroner, M. D.

2/15/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Feb 15th 19 32

20 UNDERTAKER A. Jones

ADDRESS [illegible]

No. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

6701 — CERTIFICATE OF DEATH — 186 E 76701

PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Mercy Hospital St., 10-13 Ward)

th of residence in city or town where death occurred 65 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Miss Sophie Hal Zurr

(a) Residence: No. 919 N. Edw St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Single

married, widowed, or divorced
HUSBAND of —
(or) WIFE of

TE OF BIRTH (month, day, year) May 28-1856

Years	Months	Days	If LESS than 1 day, hrs. or min.
75	8	15 16	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

RTHPLACE (city or town) Maryland
State or country) Penna

NAME Charles Hetzer

IRTHPLACE (city or town) Irvaney
(State or country)

MAIDEN NAME Magdalena Krans

IRTHPLACE (city or town) Germany
(State or country)

FORMANT Hospital Records
ddress)

RIAL, CREMATION, OR REMOVAL
Loudon Park. Date Feb. 17 1932.

DERTAKER Geo M Zirkles
ddress) 1737 E. Edges St.

ED . 19 . Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14" 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 21" 1932 to Feb. 14" 1932
I last saw her alive on Feb. 14" 1932 death is said to have occurred on the date stated above, at 9.20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture, rt. tibia & fibula	Jan 21 24 d.
Pulmonary Infarct	Feb 7 7 d.
anterior thrombosis	? ?
Bronchial pneumonia lft + post	? ?
Name of operation None	Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Jan 21 1932
Where did injury occur? Baltimore
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In one's home downstairs hall
Manner of injury Fell going down stairs
Nature of injury fracture

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. L. Bauernfeind, M. D.
(Address) Mercy Hospital.

—M & T —100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76702

6702

CERTIFICATE OF DEATH

REGISTERED NO. 108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1136 N. Monroe ST. 16-22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henrietta Simms

(a) RESIDENCE NO. 1135 N. Monroe ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE: Col

5 Single, Married, Widowed or Divorced (write the word): Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, and year): March 16 1880

AGE: 51 Years 02 Months 11 Days 27 If LESS than 1 day, ... hrs. or ..... min.

CUPATION OF DECEASED
) Trade, profession or particular kind of work: Domestic
) General nature of industry, business, or establishment in which employed (or employer)
) Name of employer

THPLACE (city or town) (State or country): Baltimore Md

NAME OF FATHER: Robt Lucas

BIRTHPLACE OF FATHER (city or town) (State or country): Md

MAIDEN NAME OF MOTHER: Henny Moore

BIRTHPLACE OF MOTHER (city or town) (State or country): Md

mant: Chas Hastings

ddress): 622 Lanvale

ed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Feb 12 "

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) ..... Coroner, M. D.

Feb 12 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: Feb 15 1932

20 UNDERTAKER: Thomas E. Kelly

ADDRESS 1303 Pennsylvania Ave.

S-H 250B

76703 HEALTH DEPARTMENT—CITY OF BALTIMORE L 76703

CERTIFICATE OF DEATH

Registered No. 131

PLACE OF DEATH Baltimore City Hospitals St. 16 Ward 23 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. ..... St. ..... Ward .....)

h of residence in city or town where death occurred 20 yrs. — mos — ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Bertha Bailey

) Residence: No. 710 Woodyear St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	Colored	Single

married, widowed, or divorced
USBAND of
or) WIFE of

TE OF BIRTH (month, day, year) ? Unknown

Years	Months	Days	If LESS than 1 day, hrs. or min.
45	?	?	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
Date deceased last worked at this occupation (mouth and year) ?
11. Total time (years) spent in this occupation

RTHPLACE (city or town State or country) Virginia

NAME Henry Bailey

BIRTHPLACE (city or town) (State or country) Virginia

MAIDEN NAME Sophina Rich

BIRTHPLACE (city or town) (State or country) Va

ORMANT Patient
(Address)

RIAL, CREMATION, OR REMOVAL ..... Date 19 32

DERTAKER Samuel E. Boyle
(Address) 1001 N. Carrollton Ave

ED ..... (Signed) ..... M. D.
..... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-14 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-7 1931, to 2-14 1932

I last saw her alive on 2-14 1932 death is said to have occurred on the date stated above, at 10:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular-Renal disease with Arteriosclerosis and Hypertension	9-1-31 (?)
Other contributory causes of importance: Cerebral Hemorrhage	2-13-32

Name of operation No Date of

What test confirmed diagnosis Clinical findings Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Luther E. Leech M. D.

(Address) Baltimore City Hospitals

Co. 5-31 250M

6704

HEALTH DEPARTMENT—CITY OF BALTIMORE

6704

CERTIFICATE OF DEATH

133

PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Sinai Hospital St. 13-54 Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Bertha Epstein (Epstein)

(a) Residence: No. Riviera Apts F' St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph Epstein

ATE OF BIRTH (month, day, year) Dec. 12, 1875

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
6		2	2	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

IRTHPLACE (city or town) State or country) Va.

NAME Sam'l Mother

BIRTHPLACE (city or town) (State or country) Brooklyn, N.Y.

MAIDEN NAME Augustus Jacobs

BIRTHPLACE (city or town) (State or country) Germany

FORMANT Mrs. J. Epstein
Address) Riviera Apts.

RIAL, CREMATION, OR REMOVAL
(ac Balto. Mem. Date 2/17/ 1932

DERTAKER Baird Sorghum & Son
Address) 1902 Eutaw Place

LED ... 19 2/17/32 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1932, to Feb 14, 1932

I last saw h alive on Feb 14, 1932 death is said to have occurred on the date stated above, at 3:15 a m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Septicemia (Staphylococcus
Septic myocarditis
Septic nephritis

Other contributory causes of importance:
Carbuncle of back

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Archie Robert Asher, M. D.

(Address) Sinai Hospital

No. S-It 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

94-802 E 76705

CERTIFICATE OF DEATH

E 76705

Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1724 Eutaw Pl St., 14-20 Ward)

h of residence in city or town where death occurred ___ yrs ___ mos ___ ds. How long in U.S. If of foreign birth? ___ yrs ___ mos ___ ds.

FULL NAME Jacob Eichhorn

a) Residence: No. 1724 Eutaw Pl St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Widower

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Julia A. Eichhorn

6. DATE OF BIRTH (month, day, year) July 1836

7. Years	Months	Days	If LESS than 1 day, hrs. or min.
95	1		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant
Industry or business in which work was done, as silk mill, saw mill, bank, etc. 088
Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Germany

10. NAME ?

11. BIRTHPLACE (city or town) (State or country) Germany

12. MAIDEN NAME ?

13. BIRTHPLACE (city or town) (State or country) Germany

14. INTERMENT Lot & Grave
(Address)

15. BURIAL, CREMATION, OR REMOVAL
Balto. Mt. Date 2/16/ 1932

16. UNDERTAKER Laird Loudenslager Son
(Address) 1202 Eutaw Place

17. FILED ___, 19___ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1931, to Feb 14, 1932

I last saw h___ alive on ___, 19___ death is said to have occurred on the date stated above, at ___ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma of Pharynx	
Edema of Lungs	

Other contributory causes of importance

Name of operation ___ Date of ___

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ___, 19___

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) ___, M. D.

(Address)

No. S-31 2508

E 76706 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76706

CERTIFICATE OF DEATH

59

Registered No. 13-59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 2430 Lakeview Ave. St. 13-59 Ward

th of residence in city or town where death occurred? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Moses J. Summerfield

a) Residence: No. 2430 Lakeview Ave. St., Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
White	Single

(married, widowed, or divorced)
USBAND of
r) WIFE of

TE OF BIRTH (month, day, year) June 18, 1874

Years	Months	Days	If LESS than 1 day, hrs. or min.
57 56	7	25	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Promotor

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Palto.
(State or country) Md.

NAME Aaron Summerfield

IRTHPLACE (city or town) Germany
(State or country)

MAIDEN NAME Rebecca Hymes

IRTHPLACE (city or town) Germany
(State or country)

FORMANT Mr. A. Summerfield
(Address) 2430 Lakeview Ave.

IAL, [redacted] REMOVAL.

Heb. Friendship Date Feb. 15, 19 32

DERTAKER Heyd Sondheimer Son
Address 1902 Eutaw Place

ER 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1932 to Feb 13, 1932

I last saw h[illegible] alive on Feb 13, 1932 death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Date of onset

Other contributory causes of importance:

Aortic Insufficiency
Arterio Sclerosis Mellitus

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Isidor Frey, M.D.

(Address) 2324 Eutaw Place

No. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

93 E 76707

CERTIFICATE OF DEATH

76707

Registered No. 93 E 76707

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH St Agnes Hospital

OF BALTIMORE: (No. Caton & Wilkens Ave) 25-72 (Ward)

How long in U.S. If of foreign birth? yrs mos ds

th of residence in city or town where death occurred yrs 25 mos ds

FULL NAME Brother Victor (Thomas M Curry)

(a) Residence: No. St Mary Industrial School St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

married, widowed, or divorced
HUSBAND of
or) WIFE of

TE OF BIRTH (month, day, year)

Years	Months	Days	If LESS than 1 day, hrs or min.
88			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Xvarian Brother

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 65

BIRTHPLACE (city or town) (state or country) Ireland

NAME Luckcomm

BIRTHPLACE (city or town) (State or country) Rockcomm Limerick

MAIDEN NAME

BIRTHPLACE (city or town) (State or country) Ireland

NORMANT Brother John Bridge
(Address) St Mary Industrial School

RIAL, CREMATION, OR REMOVAL Date Apr 16 1932

Catholic Cemetery

DERTAKER Chas Sykes & Son
(Address) 112 N Howard Street

ED 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-14, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-8, 1932 to 2-14, 1932

I last saw h[illegible] alive on 2-14, 1932 death is said to have occurred on the date stated above, at 5:17 A m.

The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia — Date of onset 2/8/32

Toxic. Degt Decomp.

Other contributory causes of importance: Generalized Tuberculosis 1928

Name of operation — Date of

What test confirmed diagnosis Physical & Clinical — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible], M. D.

(Address) St Agnes Hospital

No. 5-31 2508

76708 HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

115 - E 76708

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Lyndenbaum Hospital St., 9-18 Ward)

th of residence in city or town where death occurred yrs. mos 21 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Leland McGowan

(a) Residence: No. 932 E. Preston St. St., Ward. Balto, Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 Sex	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Living

7. DATE OF BIRTH (month, day, year) 8/17/29

Years	Months	Days	If LESS than 1 day hrs or min.
2	5	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

Industry or business in which work was done, as silk mill, saw mill, bank, etc

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Berlin Md.

10. NAME Leland McGowan

11. BIRTHPLACE (city or town) (State or country) Md.

12. MAIDEN NAME Caroline Houston

13. BIRTHPLACE (city or town) (State or country) Md.

14. INFORMANT Mrs. Leland McGowan

Address 932 E. Preston St.

15. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Feb. 16, 1932

16. UNDERTAKER M. Garbin

Address 924 Eager St.

FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/14/32, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/29/32, 19, to 2/14/32, 19

I last saw him alive on 2/14/32, 19 death is said to have occurred on the date stated above, at 6:55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcic Sore Throat	1/27/32
Other contributory causes of importance:	
Septicemia	2/12/32
Collapse of Heart and Lungs	2/12/32
Pneumonia, Confluent	2/14/32

Name of operation Incision of Cellulitis of Neck on 2/14/32

What test confirmed diagnosis? 0 Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. V. Garbin, M. D.

(Address) Lyndenbaum Hospital

—M & T—100 B—50L

709

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-09

E 76709

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No. Baltimore City Hospitals St. 10-14 WARD)

2-FULL NAME Frederick J.Ruppel Jr.

(a) RESIDENCE NO 1105 E.Eager St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 28 yrs 6 mos 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of ———

TE OF BIRTH (month, day, and year) July 29,1903

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	6	15	

CUPATION OF DECEASED
) Trade, profession or particular kind of work Labofer, Tin Deco. Co.
) General nature of industry, business, or establishment in which employed (or employer)
) Name of employer

THPLACE (city or town) Baltimore, Md.
ate or country)

NAME OF FATHER Frederick J.Ruppel.

BIRTHPLACE OF FATHER (city or town) Baltimore, Md.
(State or country)

MAIDEN NAME OF MOTHER Louisa Schandelle.

BIRTHPLACE OF MOTHER (city or town) Baltimore, Md.
State or country)

ment Frederick J.Ruppel Sr.
ddress) 1105 E.Eager St.

C. HAWSON JONES, M.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) February 13,1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull, Struck and knocked down by an Automobile while walking in Patterson Park

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Accidental Death

(duration) yrs. mos. ds

18 Where was disease contracted if not at place of death? Patterson Park. February 12,1932

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquest.

(Signed) [illegible] X Coroner, M. D.

2/16/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and 12) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL Feb. 16 1932

20 UNDERTAKER Henry Hecht Sons, Inc

ADDRESS 1301 E Eager

M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

178-001

E 76710

76710

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No.) 1006 Greenmount Ave. ST. 10-15 WARD)

2-FULL NAME Mary E. Hubbard.

(a) RESIDENCE NO 1006 Greenmount Ave. ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

gth of residence in city or town where death occurred 61 yrs. ---mos.---ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
emale	White	Widow.

[illegible] widowed, of [illegible]

(or) WIFE of Jerry Hubbard.

TE OF BIRTH (month, day, and year) Do not know.

E	Years	Months	Days	If LESS than 1 day, hrs or min.
	61	---	---	

CUPATION OF DECEASED
) Trade, profession or articular kind of work: None. 031
) General nature of industry, siness, or establishment in hich employed (or employer)
) Name of employer

THPLACE (city or town) Baltimore, MD
ate or country)

NAME OF FATHER Joseph Blank.

BIRTHPLACE OF FATHER (city or town) Pennsylvania.
(State or country)

MAIDEN NAME OF MOTHER Mary Fick.

BIRTHPLACE OF MOTHER (city or town) Pennsylvania.
(State or country)

rmant Peter Blank. (brother)

address) 1006 Greenmount Ave.

ed ..... G. HAMPDEN JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) February 13, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Illuminating gas Asphyxia.
Found dead in bed with gas flowing from a faulty stop.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt, M. D. Coroner

2/15/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL Feb 17 1932

20 UNDERTAKER Veney Stock Undertaking Co.

ADDRESS 130 E Eager St

c. 6-9-19 H. P. Co.—1000 Bks.

76711

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76711

CERTIFICATE OF DEATH.

11-00

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) No 229 Parrish ST. 19-27 WARD)

2-FULL NAME Sadie Brown

(a) RESIDENCE. NO. 229 Parrish ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Widowed

If married, widowed, or divorced — HUSBAND of (or) WIFE of: Henry Brown

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

BIRTHPLACE (city or town) (State or country): Va

NAME OF FATHER: Noah Jackson

BIRTHPLACE OF FATHER (city or town) (State or country): Va

MAIDEN NAME OF MOTHER: Ellen Jones

BIRTHPLACE OF MOTHER (city or town) (State or country): Va

Informant: Edward Brown

Address: 1613 Edmondson Ave

Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 14 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb 11 1932 to Feb 14 1932

that I last saw h[illegible] alive on Feb 14 1932

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) W. T. Coleman, M. D.

19 (Address) 1239 McCulloh

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Zion	Feb. 18 1932

20 UNDERTAKER — ADDRESS

Joseph A. Lucky 1098 N. Mount St

Spec. 7-17-26 A Co. 200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001 V

76712

CERTIFICATE OF DEATH

E 76712

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital St. 3-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Melvin Gladay

(a) RESIDENCE NO. 2258 Bethel St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1891

AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	41			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (City or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Informant

(Address)

Filed 1932, 19 Registrar

6612

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 32

2 - 11

17 I HEREBY CERTIFY, That I attended deceased from 2 - 5, 1932, to 2 - 11, 1932,

that I last saw h alive on 2 - 11, 1932,

and that death occurred, on the date stated above, at 6 24 P. M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 6 da.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No.

What test confirmed diagnosis? C.S. Pathology

(Signed) Eugene M Ewald M. D.

2/14 1932 (Address) Prov. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Date of Burial 19

20 UNDERTAKER

ADDRESS

JOHNS HOPKINS HOSPITAL FEB 1 1932

E. HAWOOD JONES M

No. S-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-E 76713

6713

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Baltimore City Hospitals St. 4-7 (Ward)

Y OF BALTIMORE: (No. ..... life mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

th of residence in city or town where death occurred

FULL NAME Charles Morris Mercer

(a) Residence: No. 145 N. Gay St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widowed

(If married, widowed, or divorced) HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Dec. 25, 1852

Years	Months	Days	If LESS than 1 day, hrs. or min.
79	1	18	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

9. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

10. BIRTHPLACE (city or town) (State or country) Balto. Md.

12. NAME James

13. BIRTHPLACE (city or town) (State or country) N.Y. City

14. MAIDEN NAME Anna Lanvale

15. BIRTHPLACE (city or town) (State or country) New York City

16. INFORMANT Records of Balto. City Hosp.
(Address)

17. BURIAL, CREMATION, OR REMOVAL Date 19

Place

18. UNDERTAKER

(Address)

19. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1932 to Feb. 13, 1932

I last saw h alive on 19 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	21 days
Arteriosclerosis Myocarditis	unknown

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. D.

(Address) Balto. City Hosp.

c. 6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

76714

CERTIFICATE OF DEATH.

59 E 76714

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: No. 728 N. Carey ST. 16-23 WARD)

2-FULL NAME Maria Macklin

(a) RESIDENCE. NO. 728 N. Carey ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

t married, widowed, or divorced HUSBAND of (or) WIFE of Oliver Macklin

ATE OF BIRTH (month, day, and year) 1874

GE. Years	Months	Days	If LESS than 1 day, hrs. or min.
58			

CUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

RTHPLACE (city or town) (State or country) James City Co. Va.

NAME OF FATHER James Cole

BIRTHPLACE OF FATHER (city or town) (State or country) Va

MAIDEN NAME OF MOTHER Eliza ?

BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

formant Matilda V. Macklin
ddress) 728 N. Carey

1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 14 1932

17

I HEREBY CERTIFY, That I attended deceased from Jan 16, 1932, to Feb 14, 1932, that I last saw h[illegible] alive on Feb 13, 1932, and that death occurred, on the date stated above, at 11:30 A m.

The CAUSE OF DEATH* was as follows: Diabetes Mellitus

Contributory (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Febling

(Signed) W. T. Coleman, M. D.

Feb 14 1932 (Address) 723 N. Carey St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Williamsburg Va.	Feb 17 1932
20 UNDERTAKER	ADDRESS
Saml. W. Chase & Son	638 Pine St. Feb 17 32

M & T —100 B—50L

76715

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76715

CERTIFICATE OF DEATH

168

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No. Pronounced dead at Hopkins Hospital ST. 3-4 WARD)

2-FULL NAME Hattie Cooper

(a) RESIDENCE NO. 427 S. Bond ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, and year) July 5/1889

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	7	8	

CUPATION OF DECEASED
) Trade, profession or particular kind of work Domestic
) General nature of industry, siness, or establishment in hich employed (or employer)
) Name of employer

THPLACE (city or town) tate or country) Easton, Md,

NAME OF FATHER Robert Cooper

BIRTHPLACE OF FATHER (city or town) (State or country) Easton, Md.

MAIDEN NAME OF MOTHER Mary E. Gibson

BIRTHPLACE OF MOTHER (city or town) (State or country) Easton, Md

rmant Audris Seth

Address) 1426 McElderry St

ed ..... 192 C. HAMPSON JONES, M. D. Registrar

1932 Feb U. C. H.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6 A.M. Feb 13/32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage-incised wound of throat with paring knife-suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of .....

Was there an autopsy? Inspection by Dr Waldeis

What test confirmed diagnosis?

(Signed) John H. Pate M. D.
Coroner

Feb 13/32 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Easton Md Riverview Cemetery

DATE OF BURIAL Feb 17 1932

20 UNDERTAKER James L. Stewart Salisbury Md 402 E. Church St

ADDRESS

—M. & T.—100 B—50L

76716

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

E 76716

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Jail. ST. 16-69 WARD)

2-FULL NAME Harry Edward Marrow.

(a) RESIDENCE NO 602 Dukeland St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. 8 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

6 IF MARRIED, WIDOWED, OR DIVORCED HUSBAND of Annie L. Marrow.

7 DATE OF BIRTH (month, day, and year) May 13, 1860

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	8	29	

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

11 NAME OF FATHER Clay Marrow.

12 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

13 MAIDEN NAME OF MOTHER Elizabeth -------

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

15 Informant Carrie Bopp. (daughter)
(Address) 602 Dukeland St.

Filed ..... 1932 C. HAWSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 11/1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Myocardial Insufficiency.
Acute dilatation of the heart.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto Reinhardt, Coroner, M. D.

2/15/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem, Md

DATE OF BURIAL Feb 16 1932

20 UNDERTAKER J. F. Tucker, Towson

ADDRESS Towson

—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76717

76717

CERTIFICATE OF DEATH

210-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 225 E.Lafayette Ave. ST. 12-19 (WARD)

2-FULL NAME Thomas A.Hays.

(a) RESIDENCE NO. 225 E.Lafayette Ave. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6 If married, widowed, or divorced HUSBAND of Mary Wilson Hays.

7 DATE OF BIRTH (month, day, and year) December 13,1849

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	2	1	

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Harford-Co.Md.
(b) General nature of industry, business, or establishment in which employed (or employer) Insurance Salesman.
(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Harford Co.Md.

11 NAME OF FATHER Thomas A.Hays 2nd

12 BIRTHPLACE OF FATHER (city or town) (State or country) Harford Co.Md.

13 MAIDEN NAME OF MOTHER Sarah A.Fulfold.

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Harford Co.Md.

Informant Thomas A.Hayes Jr.

(Address) Elkridge,Md.

Filed ..... 192 ..... Registrar .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 14,1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to His death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis, with mitral Stenosis, Struck and knocked down by an automobile while crossing the street not at the crossing

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Accidental Death

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? in front of 225 E.Lafayette

January 17, 1982

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquest

(Signed) Otto W. Reinhardt, M. D. Coroner

2/15/82 19 (Address) 1017 E.Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Rock Spring Harford Co Md	Feby 16 1932
UNDERTAKER	ADDRESS
John O Mitchell & Son	1900 Eutaw Place

No. S-31 2408

HEALTH DEPARTMENT CITY OF BALTIMORE F 76718

6718

CERTIFICATE OF DEATH

Registered No. 82-05

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 4424 Wickford Road 27-49 (Ward)

th of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

ULL NAME Walter Scott Hamburger.

) Residence: No. 4424 Wickford Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
white.	married.

married, widowed, or divorced
USBAND of Hamburger.
R WIFE of Ida Fredrikson

TE OF BIRTH (month, day, year) Nov. 13, 1875

Years	Months	Days	If LESS than 1 day, hrs. or min.
56	3	2	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Advertising manager.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) January 1932

11. Total time (years) spent in this occupation 28

THPLACE (city or town) Philadelphia.
(State or country) Penna.

NAME Simon Hamburger.

BIRTHPLACE (city or town) Pennsylvania.
(State or country)

AIDEN NAME Frances Lott.

BIRTHPLACE (city or town) Pennsylvania.
(State or country)

RMAN Ida Fredrika Hamburger
ddress) 4424 Wickford Rd.

IAL, CREMATION OR REMOVAL Mount Cemetery Date 2/17 1932

ERTAKER Wm Cook
ddress) 1217 St Paul St

ED 1932 C. PAWSON JONES, M. D. Registrar

H. C. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from January, 1930, to February 15, 1932

I last saw h alive on Feb 15, 1932 death is said to have occurred on the date stated above, at 1.05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	Feb 15, 1932
Other contributory causes of importance: Arterial Sclerosis.	unknown.

Name of operation none. Date of A

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury no. 19

Where did injury occur? none.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury none.

Nature of injury none.

24. Was disease or injury in any way related to occupation of deceased? no If so, specify none

(Signature) James G. Manton, M. D.

(Address) 214 Medical Arts Bldg.

2-15-1932

No. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE E 76719

2573 E 76719

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 9-9 Ward)

h of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Bart ~~Carlan~~ CarTAN

(a) Residence: No. 86 Main St St., Ward. Matawan N J.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

married, widowed, or divorced
USBAND of Edna
r) WIFE of

TE OF BIRTH (month, day, year) June 7 1879

Years	Months	Days	If LESS than 1 day, hrs. or min.
52	8		

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bank Cashier

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 009

Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) N J.

NAME John Carlon

BIRTHPLACE (city or town) (State or country) Ireland

MAIDEN NAME Helen Carton

BIRTHPLACE (city or town) (State or country) N J.

INTERMENT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Matawan, N J. Date Feb 18 1932

UNDERTAKER Stewart & Howard Co

(Address) 103 W North Avenue

FILED ... 19... C. PHILIP JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1932 to Feb 15, 1932

I last saw h im alive on Feb 15, 1932 death is said to have occurred on the date stated above, at 9 55 p m.

The **principal cause of death** and related causes of importance were as follows:

Chronic nephritis
Myocardial insufficiency
& hypertension

Date of onset .....

Other contributory causes of importance:

Hypertension & Chronic nephritis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) Traill Green, M. D.

(Address) Johns Hopkins Hospital

D. R. 1269-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

76720 E 76720

CERTIFICATE OF DEATH

15-63 108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3412 Copley Road St. Ward)

(Length of residence in city or town where death occurred 77 yrs. 8 mos. 0 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

FULL NAME Mary Louise Smith

(a) Residence: No. 3412 Copley Road St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry M. Smith

7. DATE OF BIRTH (month, day, year) June 13, 1854

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	8	0	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

12. NAME Lawrence O'Connor

13. BIRTHPLACE (city or town) (State or country) Not obtainable "

14. MAIDEN NAME Emily Louise Jones

15. BIRTHPLACE (city or town) (State or country) Not obtainable "

16. INFORMANT Harry M. Smith
(Address) 3412 Copley Road

17. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 2/17 1932

18. UNDERTAKER Henry U. Meeks & Son
(Address) 802 N. Calvert St.

19. FILED Feb 15 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 1931 to Feb 13 1932

I last saw h alive on Feb 13 1932 Death is said to have occurred on the date stated above, at 5:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Years
Arteriosclerosis	Months
	Days

Other contributory causes of importance:

Chronic Nephritis	1917
Prostatic Hypertrophy	1917
Chronic Cystitis	1917
Senility	1922

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. Morrow M. D.

(Address) 1502 N. Rosedale

No. C 11 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

76721 E 76721

CERTIFICATE OF DEATH

Registered No. 82-0

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No.) 1310 Harlem a St. 16-23 Ward

th of residence in City or town where death occurred 70 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary J Hunt

a) Residence: No. 1310 Harlem St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	married

6. If married, widowed, or divorced WIFE of HUSBAND of Jay Hunt

7. DATE OF BIRTH (month, day, year) Aug 14, 1870

8. Years	Months	Days	If LESS than 1 day hrs. or min.
61	5	29	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Northampton Co. Va

NAME Joseph P. Winder

BIRTHPLACE (city or town) (State or country) Va

MAIDEN NAME Alice Winder

BIRTHPLACE (city or town) (State or country) Va

INFORMANT (Address) Jay Hunt 1310 Harlem Ave

BURIAL, CREMATION, OR REMOVAL Place Mt Zion Cemetery Date Feb. 16, 1932

UNDERTAKER Mrs Katie L Williams (Address) 322 N. Schroeder st.

FILED 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/13, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1/3, 1932, to 2/13, 1932

I last saw him alive on 2/13, 1932, death is said to have occurred on the date stated above, at 6 20 A M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Paralysis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) B. M. Keith, M. D.

(Address) 1139 N. Mt St.

No. S-11 250R

76722

HEALTH DEPARTMENT CITY OF BALTIMORE

76722

CERTIFICATE OF DEATH

117-002

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Maryland Gen Hospital St. 9-17 Ward)

th of residence in city or town where death occurred 50 yrs. mos ds How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Henry D Konig

1922

(a) Residence: No. 1721 N Carolina St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Widowed

(If married, widowed, or divorced) HUSBAND of (or) WIFE of Mary Konig

DATE OF BIRTH (month, day, year) 2/11/1853

Years	Months	Days	If LESS than 1 day hrs. or min.
79		2	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) 1921 | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

NAME Dont Know

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Dont Know

BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Hospital Record.
(Address)

BURIAL, CREMATION OR REMOVAL

Loudon Park Date Feby 16 1932

UNDERTAKER John Ellis & Co
(Address) 2608 Elleans St

Feb 16 1932 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1932 to Feb 13, 1932

I last saw h alive on Feb 13, 1932 death is said to have occurred on the date stated above, at 2.33 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated Duodenal Ulcer with Peritonitis	
Other contributory causes of importance: Chronic Myocarditis	

Name of operation Closure of perforated ulcer Date of

What test confirmed diagnosis? & autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) , M. D.

(Address) U. [illegible] Hospital

No. S-II 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

6723

CERTIFICATE OF DEATH

97 E 76723

Registered No.

PLACE OF DEATH Baltimore City Hospitals 23-31 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No.) St.

h of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

FULL NAME Harriett Logan

) Residence: No. 127 W. West St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Colored	Married

Female

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Zack Logan

AGE OF BIRTH (month, day, year) Oct. 14, ?

Years	Months	Days	If LESS than 1 day, hrs. or min.
68 ?	?		

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) Milton
(State or country) N.C.

NAME Joe Jones

BIRTHPLACE (city or town) ?
(State or country) N.C.

MAIDEN NAME Nancy Bivens

BIRTHPLACE (city or town) ?
(State or country) N.C.

INFORMANT Records of
Address Balto. City Hosp.

BURIAL, CREMATION, OR REMOVAL
Date 2/16 1932

UNDERTAKER Isaiah L Brown Sons
Address 1217 Monument St

FEB 16 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1931 to Feb. 13, 1932

I last saw her alive on Feb. 13, 1932 Death is said to have occurred on the date stated above, at 4:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis of right arm	3 days
Hypertension	Unknown

Other contributory causes of importance:

Arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address)

76724

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

87-001

E 76724

REGISTERED NO. C

(PLACE OF DEATH

CITY OF BALTIMORE (No. 1801 Walbrook Ave ST. 15-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1. FULL NAME William G. Buck

Residence in Baltimore: No. 1801 Walbrook Ave St.; yrs. 4 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH: December (Month) 27 (Day), 1867 (Year)

7-AGE: 64 yrs. 1 mos. 28 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Marble Cutter

(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or Country): Maryland

10-NAME OF FATHER: August Buck

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Louise Kate

13-BIRTHPLACE OF MOTHER (State or Country): Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Estella Buck

(Address) 1801 Walbrook Ave

1932 C. HAMPSON JONES, M. D.

....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 14 (Day), 1932 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Sudden

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ... yrs. ... mos. ... ds.

(Signed) F. B. Buck M. D.

(Coroner)

Feb 15, 191... (Address) Govans

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Woodlawn — DATE OF BURIAL, Feb. 17, 1932

20-UNDERTAKER Joseph Lyford — ADDRESS 1000 W North Ave

No. 5-11 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

6725 — 46 E 76725

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 3036 Clifton Pk Terrace St. ..... Ward)

h of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

ULL NAME Mary L Mc Grath

n) Residence: No. 3036 Clifton Pk Terrace St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Michael J Mc Grath

DATE OF BIRTH (month, day, year) Jan 10 1872

6. Years	Months	Days	If LESS than 1 day, hrs. or min.
60	1	34	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
Industry or business in which work was done, as silk mill, saw mill, bank, etc.
Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) Balto
(State or country)

NAME Edward Jude

BIRTHPLACE (city or town) England
(State or country)

MAIDEN NAME Nora Jude

BIRTHPLACE (city or town) England
(State or country)

INFORMANT Michael Mc Grath

(Address) 3036 Clifton Pk Terrace

BURIAL, CREMATION, OR REMOVAL Holy Rood Cem Date Feb 18 1932

UNDERTAKER Wm J Otterson

(Address) 126 Eutaw

FILED ..... 1932 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 1931 to Feb 14 1932

I last saw her alive on Feb 13 1932 Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Uterus with metastasis to Rectum

Date of onset ..... (day) last Nov 1931

Other contributory causes of importance:

a cute Cardiac Dilatation

Name of operation Laparotomy Date of 10

What test confirmed diagnosis? Gross Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. Jameson Jones M. D.

(Address) 100 N Charles St

H. JAMESON JONES, M. D.

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

76726

CERTIFICATE OF DEATH

23 E 76726

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 340 S. East St. 1-2 Ward)

gth of residence in city, town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Carrie E. Graff

(a) Residence: No. 340 S East Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: John R. Graff

DATE OF BIRTH (month, day, year): June 4th 1907

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	8	9	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): City

NAME: Wm. Ely

BIRTHPLACE (city or town) (State or country): City

MAIDEN NAME: Jennie E. Kenny

BIRTHPLACE (city or town) (State or country): City

INFORMANT: Mrs. Fitzgerald

(Address) 347 S. Robinson St

BURIAL, CREMATION, OR REMOVAL: New Cathedral Date Feb. 17, 32

UNDERTAKER: John A. Magan

(Address) 3000 E. Baltimore St.

FILED: Feb 14 32 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8th, 1932, to Feb. 13, 1932

I last saw h&c alive on Feb 13, 1932. Death is said to have occurred on the date stated above, at 5:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Tawney, M. D.

(Address) 300 S. Ellwood Ave

No. 5-11 250M

7729

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76727

CERTIFICATE OF DEATH

154 E 76727

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 14-27 Ward)

th of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Bernard Johnson

(a) Residence: No. 1706 Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Black	

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) Jan 20-1932

Years	Months	Days	If LESS than 1 day, hrs. or min.
	3 mos-	21	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0
Industry or business in which work was done, as silk mill, saw mill, bank, etc.
Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

THPLACE (city or town) Md-
tate or country)

NAME Isaac Johnson

BIRTHPLACE (city or town) Md-
(State or country)

AIDEN NAME Sadie Chase

BIRTHPLACE (city or town) Md-
(State or country)

ORMANT Texas.
ddress)

AME, CREMATION OR REMOVAL
ce Date FEB 16 1932 19

DERTAKER
ddress)

D. 1932 C. HAMPSON JONES M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb-11, 1932 to Feb-11, 1932

I last saw h.. alive on Feb 11, 1932 death is said to have occurred on the date stated above, at 10a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. C. Hampson, M. D.

(Address) Johns Hopkins Hospital

No. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 76728

728

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Mercy Hospital St. 7-4 Ward)

h of residence in city or town where death occurred? yrs. mos ds. How long in U.S. If of foreign birth? yrs. mos ds.

FULL NAME Martin Kowalski (Kowalewski)

a) Residence: No. 711 Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Married

married, widowed, or divorced
HUSBAND of Rose Kowalski
WIFE of

TE OF BIRTH (month, day, year) Dec 14, 1875

Years	Months	Days	If LESS than 1 day hrs or min
56	2	1	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 0

RTHPLACE (city or town) Poland
State or country)

NAME John Kowalski

BIRTHPLACE (city or town) Poland
(State or country)

MAIDEN NAME Johnson

BIRTHPLACE (city or town) Poland
(State or country)

ORMANT Mercy Hospital Records
ddress)

IAL, CREMATION, OR REMOVAL
ce Parish Cem Date Feb 17, 1932

ERTAKER John F. Welsh
ddress) 421 S. Charles St

ED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/15, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2/1, 1932 to 2/15, 1932

I last saw h alive on 2/12, 1932 death is said to have occurred on the date stated above, at 7:10 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	

Other contributory causes of importance:
Influenza
malnutrition
myocardial failure

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. H. Goodman, M. D.

(Address) Mercy Hospital

No. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

6729

CERTIFICATE OF DEATH

13 E 76729

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 2709 Edmondson Ave St., 70 Ward) 64

th of residence in city or town where death occurred 7 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Chas. S. Mitchell

(a) Residence: No. 2709 Edmondson A St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 Sex	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

6. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Oct 3 - 1869

8. Years	Months	Days	If LESS than 1 day, hrs. or min.
62	4	12	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation 015

11. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

12. NAME Uriah H. Mitchell

13. BIRTHPLACE (city or town) Prince Georges Co
(State or country) Md.

14. MAIDEN NAME Rebecca Riddell

15. BIRTHPLACE (city or town) Prince Georges Co
(State or country) Md.

16. INFORMANT Mr. John Mitchell
(Address) 2709 Edmondson Ave

17. BURIAL, CREMATION, OR REMOVAL
Place Westerngeen Date Feb 17. 1932

18. UNDERTAKER George J Smith
(Address) 1532 Pulaski St

19. FILED 2 1932, 19 C. C. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 - 15 , 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 7 , 1932, to Feb 15 , 1932

I last saw him alive on 2 - 14 , 1932 death is said to have occurred on the date stated above, at 4.45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	Not known

Other contributory causes of importance:

Chronic Endocarditis General oedema. etc	Not known

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Chas. C. Conser, M. D.

(Address) 1101 N. Fulton Ave

D—M & T—100 B—50L

76730

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 76730

REGISTERED NO. 169

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital ST. 14-26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella B. Huddleston

(a) RESIDENCE NO 1306 W. Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of William A. Huddleston

6 DATE OF BIRTH (month, day, and year) May 15, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	9	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Practical Nurse
(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Augusta Co. Virginia

10 NAME OF FATHER Lewis R. Boswell

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Jennie M. Woodward

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Augusta Co. Virginia

14 Informant Mr. W. L. Boswell

(Address) 4314 Huntington Ave. Newport News

Filed ____, 192 R. C. H. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 15, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry,) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Falls from Third Floor Window to Pavement below - Suicide while Insane,

(duration) yrs. mos. 3 hours ds.

CONTRIBUTORY (Secondary) Probable fracture of skull (duration) yrs. mos. 3 hrs. ds.

18 Where was disease contracted if not at place of death? 1306 W. Lexington St.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy Hatt Cromwell Coroner M. D.

(Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Clifton Forge Va. DATE OF BURIAL Feb. 17, 1932

20 UNDERTAKER George J. Smith ADDRESS 1332 Hollins St

No. S-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

76731 E 76731

CERTIFICATE OF DEATH

Registered No. 48

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3023 Huntingdon Ave Ward 47-51)

(Length of residence in city or town where death occurred 71 yrs 11 mos 2 ds. How long in U.S. If of foreign birth? yrs mos ds.

FULL NAME Margaret Creamer

(a) Residence: No. 3023 Huntingdon Ave Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 Sex	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Anthony Creamer

DATE OF BIRTH (month, day, year) March 12 1860

Years	Months	Days	If LESS than 1 day... hrs. or ... min.
71	11	2	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

NAME Ignatius Schricker

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Mary J. Trenkle

BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs Ernest Hart

(Address) 3023 Huntingdon Ave

BURIAL, CREMATION, OR REMOVAL Holy Cross Date Dec 17 1932

UNDERTAKER Bernard C Hart

(Address) 1004 E Pratt St

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1931, to Feb. 14, 1932

I last saw h[illegible] alive on Feb. 7, 1932 death is said to have occurred on the date stated above, at 1 1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2-3-32
Other contributory causes of importance: Hypertension	6 mo

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas J Walsh M. D.

(Address) 632 E Eager St

C. HAMPSON JONES, M. D.

6732

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76732

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH Franklin Square Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST. 20-71 WARD

2-FULL NAME Fannie Spangler (S PANGLER)

(a) RESIDENCE NO. 525 Colbert St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed or divorced, HUSBAND of (or) WIFE OF: Frank E. Spangler

6 DATE OF BIRTH (month, day, and year)

Years	Months	Days	If LESS than 1 day, hrs. or min.
44	11		

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (City or town) (State or country): Md

9 NAME OF FATHER: [illegible] Shaffer

BIRTHPLACE OF FATHER (City or town) (State or country): Howard Co Md

10 MAIDEN NAME OF MOTHER: Elizabeth Whitaker

BIRTHPLACE OF MOTHER (City or town) (State or country): Carroll Co Md

11 Informant: Jno E. Shaffer

Address: 519 Colbert St.

Filed 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-15 1932

17 I HEREBY CERTIFY, That I attended deceased from 2-10, 1932 to 2-15, 1932

that I last saw h alive on 2-15, 1932

and that death occurred, on the date stated above, at 5:30 A m.

The CAUSE OF DEATH* was as follows: Carcinoma Uterus

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. W. Pearre, M. D.

, 19 (Address) Franklin Square Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oakhill

DATE OF BURIAL: 2/17 1932

UNDERTAKER: John F. Handley Home

ADDRESS: 131 N. Eutaw St.

D. Herzog 1305 E. Patterson Park Ave

H. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

42-00 E 76733

5733

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PLACE OF DEATH

OF BALTIMORE: (No.) 1919 E. Balto. St. 2-4 Ward)

FULL NAME Margaret Parker

RESIDENCE NO 1913 E. Balto. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

If residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
White	Widowed

~~married~~ widowed, ~~or divorced~~

WIFE of William H. Parker

DATE OF BIRTH (month, day, and year) 1850

Years	Months	Days	If LESS than 1 day, hrs or min.
82			

OCCUPATION OF DECEASED. (Trade, profession or particular kind of work, general nature of industry, business, or establishment in which employed (or employer)) Housewife At Home

Name of employer Self

BIRTHPLACE (city or town) Balto Md.

NAME OF FATHER Henry Klemm

BIRTHPLACE OF FATHER (city or town) Balto Md.

MAIDEN NAME OF MOTHER Margaret Schoblein

BIRTHPLACE OF MOTHER (city or town) Balto Md.

Informant Mary Degenhard

Address 3609 Old York Rd

Filed 2-32 C. HAMPSON JONES, JR., M. D. Registrar

Per RCH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?...

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) D. Herzog M.D. Coroner, M. D.

2/16, 1932 (Address) 1305 E Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cemetery

DATE OF BURIAL 2/17 1932

ADDRESS

20 UNDERTAKER Wm Cook 1217 St Paul St

Co. S-II 2908

Dr Bromathas 3077 O'Donnell St Bal 31

734

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76734

CERTIFICATE OF DEATH

166-002

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 3506 Elliott St. (or) Ward) 16-37

gth of residence in city or town where death occurred ... yrs. ... mos. 20 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Wilhelmina Schultz

(a) Residence: No. 2633 N. 5th st Harrisburg Pa. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

married, widowed, or divorced

(or) WIFE of Robert Schultz

6. DATE OF BIRTH (month, day, year) Jan 1st 1861

7. Years	Months	Days	If LESS than 1 day hrs. or min.
71	1	15	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Germany

FATHER'S NAME Unknown

FATHER'S BIRTHPLACE (city or town) (State or country) Unknown

MAIDEN NAME Unknown

MOTHER'S BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mrs Lewis

(Address) 3506 Elliott st

BURIAL, CREMATION, OR REMOVAL Phila Pa Date 2/17/1932

UNDERTAKER Wm Cook

(Address) 1217 St Paul st

FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16th 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-15 1932 to 2-16 1932

I last saw her alive on 2-16 1932 death is said to have occurred on the date stated above, at 1:15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:

Myocardial insufficiency
Arteriosclerosis

Name of operation ..... Date of

What test confirmed diagnosis? Physical signs of death Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D. B. Bromathas, M. D.

(Address) 3077 O'Donnell St

HEALTH DEPARTMENT--CITY OF BALTIMORE

735

CERTIFICATE OF DEATH

E 76735
REGISTERED NO. C

46
15-58
WARD

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1 PLACE OF DEATH
CITY OF BALTIMORE (No. 2811 Rockrose ave

2 FULL NAME Herman Wiener

(Residence in Baltimore: No. 2811 Rockrose ave St.) 70 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widower

DATE OF BIRTH (Month) (Day), 1862 (Year)

AGE: 70 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: Musician
(b) General nature of industry, business, or establishment in which employed (or employer):

BIRTHPLACE (State or country): Russia

10 NAME OF FATHER: Abraham Wiener

11 BIRTHPLACE OF FATHER (State or country): Russia

12 MAIDEN NAME OF MOTHER: Rose

13 BIRTHPLACE OF MOTHER (State or country): Russia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Raymond Wiener

(Address) 2811 Rockrose ave

C. HAMPSON JONES, M. D.
REGISTRAR

932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb. (Month) 16 (Day), 1932 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mch — 1929 to Feb-16 — 1932.
that I saw him alive on Feb-16 — 1932.
and that death occurred, on the date stated above, at 2 P. m.
The CAUSE OF DEATH* was as follows:

Carcinoma of Colon with metastasis into bladder operated — 3/15/29 — and 11/14/30 (Duration) yrs. mos. ds

Contributory (SECONDARY) none (Duration) yrs. mos. ds.

(Signed) Herman Seidel M. D.
2/16/32 1932 (Address) 2404 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death? 2811 Rockrose ave
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Lehan Herring Run — DATE OF BURIAL: Feb 17 1932

20 UNDERTAKER: S Levinson & Bro — ADDRESS 1127 E Balto St

Co. S-H 2508

6736 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 76736

CERTIFICATE OF DEATH

92-96

Registered No. 9-46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 615 Fenwick Ave St., Ward 9)

th of residence in city or town where death occurred x yrs mos ds How long in U.S. if of foreign birth? yrs mos ds

FULL NAME Benjamin F Butterfield

(a) Residence: No. 615 Fenwick Ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Married

f married, widowed, or divorced
USBAND of
WIFE of Ella A. Butterfield

TE OF BIRTH (month, day, year) — 1855

E	Years	Months	Days	If LESS than 1 day hrs. or min.
	77	—	—	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Prince George
(State or country) Co

NAME Benjamin F Butterfield

BIRTHPLACE (city or town) Maryland
(State or country)

MAIDEN NAME Lola Grey

BIRTHPLACE (city or town) Maryland
(State or country)

FORMANT Ella A Butterfield
(Address)

RIAL, CREMATION, OR REMOVAL

Interment Cathedral Cemetery Date Feb 17 1932

DERTAKER Mary M. Butterfield

Address) 30 E 22 St

ED 1932 15 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1931, to Feb. 14, 1932

I last saw her alive on Feb 14 1932 death is said to have occurred on the date stated above, at 1.0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) H. G. Prentiss M. D.

(Address) 634 Gorsuch Ave

No. S-41 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 76737

CERTIFICATE OF DEATH

6737

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1012 W. 38 St. 13-5-2 Ward)

th of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

FULL NAME Mattie V. Algire

(a) Residence: No. 1012 W. 38 St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Widow

... married, widowed or divorced
...SBAND of
...r) WIFE of George W. Algire

TE OF BIRTH (month, day and year) Nov 29 1853

Years	Months	Days	If LESS than 1 day, hrs. or min.
77	2	16	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

RTHPLACE (city or town) State or country Manchester Carroll Co.

NAME John C Price

BIRTHPLACE (city or town) (State or country) Carroll Co Md

MAIDEN NAME Leah Burkhart

BIRTHPLACE (city or town) (State or country) York Co Pa

ORMANT'S Mr. Harry Price

ddress 1012 W 38 St

IAL, CREMATION, OR REMOVAL Date Oct 17 1932

...ertaker W. Marshall

ddress 3629 Falls Road

ED ... 19... J.K. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1932 to Feb 15, 1932

I last saw her alive on Feb. 15, 1932 death is said to have occurred on the date stated above, at 11:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2-10-32

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) James E. Ashburst M. D.

(Address) 3012 Penn Ave

)—M & T—100 B—50L

76738

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 76738

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 309 Upton ST. 17-24 WARD)

2-FULL NAME Myrtle Harrod

(a) RESIDENCE NO 309 Upton ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X Female | 4 COLOR OR RACE Col | 5 Single, Married, Widowed, or Divorced (write the word) Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and year) Aug 19-1913

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	6	24	

CUPATION OF DECESSED
) Trade, profession or particular kind of work Domestic 070
) General nature of industry, business, or establishment in which employed (or employer)
) Name of employer

THPLACE (City or town) Harford Co. Md.
State or country)

NAME OF FATHER John Harrod

BIRTHPLACE OF FATHER (city or town) Harford Co.
(State or country)

MAIDEN NAME OF MOTHER Sarah Glorie

BIRTHPLACE OF MOTHER (State or country) Harford Co.

rmant Sarah Harrod
Address) 311 Upton

ed ..... 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage of lung
Tuberculosis
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis
(duration) — yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. E. Buchheister, M. D.
Coroner
Feb 15 (Address) Bordier

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Ct

DATE OF BURIAL 2-17 1932

20 UNDERTAKER Jonah L Bromwell

ADDRESS 1034 W Fayette

Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

76739

CERTIFICATE OF DEATH

V/31 C 76739

PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Sinai Hospital St., 1470 Ward)

gth of residence in city or town where death occurred ? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Maude F. Snellenburg

(a) Residence: No. 808 Eutaw Pl. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

f married, widowed, or divorced
HUSBAND of (or) WIFE Albert Snellenburg

ATE OF BIRTH (month, day, year) Dec 25, 1884

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	1	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Singer of
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Ger.

NA Bernard Feibleman

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAM Sophie Lowman

BIRTHPLACE (city or town) (State or country) Germany

FORMANT Mr. D. Frenchett Rae

Address) 1808 Eutaw Pl.

RIAL, CREMATION, OR REMOVAL

Place Sinai Date 2/19/ 1932

NDERTAK Leonard Goodman & Son

Address) 702 Eutaw Place

C. HAMPSON JONES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1931, 19..., to Feb 17, 1932

I last saw h alive on Feb 17, 1932 death is said to have occurred on the date stated above, at 7 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. nephritis & hypertension	5 yr.
Other contributory causes of importance: Bronchopneumonia	3 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. B. Kirsh, M. D.

(Address) Sinai Hospital

r.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76740

CERTIFICATE OF DEATH

178-001

E 76740

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced dead at

ty of Baltimore: (No. Hopkins Hospital St. 2-4 Ward)

2-FULL NAME Franciszek Maszcynski Or Mike

(a) RESIDENCE NO. 1909 Fleet Street St., Ward

(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	White	Married Or-Katie

If married, widowed, or divorced HUSBAND of ~~XXXXXXXX~~ Katarzyna Maszynski

DATE OF BIRTH (month, day, and year) Oct 3 About 1892

AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
About	39	4	13	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tin Plate Dept
(b) General nature of Industry, business, or establishment in which employed (or employer) Bethlehem Steel
(c) Name of employer Corp, And Subsidiary Co

BIRTHPLACE (city or town) Poland
(State or country)

10 NAME OF FATHER John Moscianica

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

12 MAIDEN NAME OF MOTHER Maryanna Borysewicz

13 BIRTHPLACE OF MOTHER (city or town) Poland
(State or country)

Informant (Address) Katarzyna Maszcynski (Wife 1909 Fleet Street

Filed ... 19 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16/32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Illuminating Gas Asphixiation
Gas bracket on side wall on-
Probably accidental.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] M. D.

Feb 16/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cemetery — DATE OF BURIAL Feb 19th 1932

20 UNDERTAKER George A. Weber — ADDRESS 508 E. North Ave

Spec.-7-17-26—A Co.—200 Bks.

E 76741

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-002

E 76741

CERTIFICATE OF DEATH

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital 15-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Vessels

(a) RESIDENCE NO. 1815 Kurtzmuph St St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1893

AGE	Years	Months	Days	IF LESS than 1 day ___ hrs. or ___ min.
	39	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

BIRTHPLACE (city or town) Unknown

(State or country)

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town) Unknown

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

Informant BB. Vessels

(Address) 1815 Kurtzmuph St

Filed ___ 19___ ___ Registrar

JAN 19 1932 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1932

2-15

17 I HEREBY CERTIFY, That I attended deceased from 1-30, 1932 to 2-15, 1932

that I last saw him alive on 2-15, 1932

and that death occurred, on the date stated above, at 12:15 a.m.

The CAUSE OF DEATH* was as follows: Cerebral Accident probably Thrombosis

(duration) ___ yrs. ___ mos. 15 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted

If not at place of death? ___

Did an operation precede death? ___ Date of ___

Was there an autopsy? Yes

What test confirmed diagnosis? C. S. fluid & Laboratory

(Signed) Geo. E. Dr. Pinard M. D.

2-15 1932 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery

Date of Burial 2-17 1932

20 UNDERTAKER David Easter

ADDRESS 916 Pa ave.

Spec.—7-17-26—A Co.—200 Bks.

E 76742

Saurusaitis

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76742

92-001

CERTIFICATE OF DEATH

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No. 2215 Wiconico St 25-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Saurusaitis Sr

(a) RESIDENCE NO. 2215 Wiconico St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

If married, widowed or divorced HUSBAND of (or) WIFE of: Elizabeth Saurusaitis

DATE OF BIRTH (month, day, and year): not known

AGE: 59 Years Months Days

IF LESS than 1 day hrs. or min..

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town): Lithuania

(State or country)

10 NAME OF FATHER: not known

11 BIRTHPLACE OF FATHER (City or town): Lithuania

(State or country)

12 MAIDEN NAME OF MOTHER: not known

13 BIRTHPLACE OF MOTHER (city or town): Lithuania

(State or country)

Informant: Theodore Saurusaitis

(Address) 2215 Wiconico St.

Filed _____ 19 _____ Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): February 15 19 32

17 I HEREBY CERTIFY, That I attended deceased from Jany 29. 1932 to Feby 15 1932

that I last saw him alive on Feby 15 1932

and that death occurred, on the date stated above, at 2 00 P m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

2/16 1932 (Signed) John A. Steadawsky M. D.

(Address) 642 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. Date of Burial: Feb 18 1932

20 UNDERTAKER: John Grebliauckas ADDRESS: 423 S. Paca St.

12-9-25—A.C.—500 Blks.

76743

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76743

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

of BALTIMORE: (No. Chas Apts 33rd St. (Wkd) 7-49

2-FULL NAME Anne Lee Munnikhuysen

(a) RESIDENCE NO. Chas Apts 33rd St. Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
ale	white	single

Married, widowed, or divorced
(If) HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) July 26 - 1845

Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
86	6	19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

Name of employer

BIRTHPLACE (city or town)

(State or country) Harford Co Md

NAME OF FATHER John A Munnikhuysen

BIRTHPLACE OF FATHER (city or town)

(State or country) Balto - Md

MAIDEN NAME OF MOTHER Ann Bond

BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

Informant Hall Munnikhuysen

Address) Bel Air Md

FEB 17 1932 [illegible] Registrar

66 E. Biddle

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Feby 15 - 1932

17

I HEREBY CERTIFY, That I attended deceased from Sept 1 1931, to Feby 15, 1932, that I last saw h. alive on Feby 14, 1932, and that death occurred, on the date stated above, at 12.15 P m.

The CAUSE OF DEATH* was as follows: Chronic Interstitial Nephritis Arterio sclerosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) Stetson F. Steelman, M. D.

, 19 (Address) 6 East Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Walter Mortuary Bel Air Md Feby 17 1932

20 UNDERTAKER Dean & Foster ADDRESS Bel Air Md

—M & T—100 B—50L

E 76744

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76744

CERTIFICATE OF DEATH

181

REGISTERED NO. .....

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 509 Dolphin ST. 17-24 WARD)

If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Meredith

(a) RESIDENCE NO 509 Dolphin ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred Life yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Widowed

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, and year) 1839

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
93	92			

CCUPATION OF DECEASED
a) Trade, profession or particular kind of work: None
b) General nature of industry, business, or establishment in which employed (or employer)
) Name of employer

THPLACE (city or town) (State or country): Baltimore Md

NAME OF FATHER: Jas Smith

BIRTHPLACE OF FATHER (city or town) (State or country): Md.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (city or town) (State or country): Md

rmant: Wm Meredith

Address): 509 Dolphin

ed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Feb 16th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

2nd degree burns Sudden

(duration) yrs mos ds.

CONTRIBUTORY (Secondary): Gas stove

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(signed) ..... M. D. Coroner

Feb 16 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: 2/18/1932

UNDERTAKER: Jno. Geo. A. Holland

ADDRESS: 1632 Druid Hill

HAMPSON

FEB 17 1932

—9 30—A. & Co.—250 Bks

76745 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76745

CERTIFICATE OF DEATH

REGISTERED NO. 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 326 E. 23d St 17-50 WARD)

2 FULL NAME Mrs Delena Jackson

(a) RESIDENCE NO 326 E. 23d St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Col	Widowed

If married, widowed, or divorced (a) HUSBAND of (or) WIFE of Isaac Jackson

6 DATE OF BIRTH (month, day, and year) Feb 27 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	11	18	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chambermaid

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Va.

9 NAME OF FATHER Geo. Jackson

10 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

11 MAIDEN NAME OF MOTHER Mary Smith

12 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant (Address) Carrie L. Howard

Filed ..... 19 ..... Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

13 DATE OF DEATH (month, day, and year) Feby 15/32

I HEREBY CERTIFY, That I attended deceased from Sept 8 1931 to Feb 15 1932

that I last saw h— alive on Feb 15 1932

and that death occurred, on the date stated above, at 6.15 m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

(duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. S. Villeheim M. D.

19 (Address) 817 Hamilton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

20 UNDERTAKER Mrs. Geo. H. Holland

DATE OF BURIAL 2/17 1932

ADDRESS 1631 Druid Hill

B 76746

746 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 8 | V

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 1104 Fulton Ave St. 16-67 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Emma C Myers

(a) RESIDENCE No. 1104 Fulton Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	Widow

If married, widowed or divorced (a) HUSBAND of (or) WIFE of Caleb Samuel Webster

6 DATE OF BIRTH (month, day, and year) 8/20/1865

If LESS than 1 day, hrs. or min.	Years	Months	Days
		5	27

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Penn George Co

9 NAME OF FATHER Geo. T. Mitchell

10 BIRTHPLACE OF FATHER (city or town) (State or country) Penn George Co

11 MAIDEN NAME OF MOTHER Matilda Cooke

12 BIRTHPLACE OF MOTHER (city or town) (State or country) Penn George Co

13 Informant [illegible] Mrs. Jones 1134 Fulton Ave

(Address)

14 Filed , 19 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16th 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb 7th, 1932, to Feb 16th, 1932

that I last saw h alive on Feb 15th, 1932

and that death occurred, on the date stated above, at 9.30 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Chronic Progressive Bulbar Paralysis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Ed H. Kummer M. D.

Feb 16 1932 (Address) 1929 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL 2/18 1932

20 UNDERTAKER H. C. Manning Sons

ADDRESS 1136 Fulton Ave

—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

57-004

E 76747.

CERTIFICATE OF DEATH.

157 E 76747

1-PLACE OF DEATH

(a) CITY OF BALTIMORE: (No.) 2732 Harlem av St. 16-68 Ward

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Alagna

(a) RESIDENCE NO. 2732 Harlem av St. WARD
(Usual place of abode) (If non-resident give city or town and State)

(Length of residence in city or town where death occurred yrs mos 1 ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

(If married, widowed, or divorced) (HUSBAND of (or) WIFE of)

DATE OF BIRTH (month, day, and year) Feb. 15 1932

Years	Months	Days	If LESS than 1 day, hrs or min
		1/2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

Name of employer

(c) BIRTHPLACE (city or town) (State or country): 2737 Harlem ave Baltimore, Md

NAME OF FATHER: Joseph Alagna

BIRTHPLACE OF FATHER (city or town) (State or country): Italy

MAIDEN NAME OF MOTHER: Frances Talotta

BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

Informant (Address): Joseph Alagna 2732 Harlem ave.

Filed Mar. 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 17 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb. 15. 1932 to Feb 17. 1932.

that I last saw him alive on Feb. 16. 1932

and that death occurred, on the date stated above, at 7:30 P. m.

The CAUSE OF DEATH* was as follows:

Anamaly - Defective closure of occipital region (skull & cord) Defective genito urinary - Fingers & toes adherent to trunk (duration) yrs. 9 mos. 2 ds.

CONTRIBUTORY (Secondary): Respiratory failure (duration) yrs 1 mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John J. Erwin M. D.

, 19 (Address) Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: Feb 17 1932

20 UNDERTAKER: Frank V. Pikitone

ADDRESS: 2918 E. Baltimore st

c.—9 30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76748

CERTIFICATE OF DEATH

6748

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1811 Penna Ave. St. WARD 14 20

2 FULL NAME William B. Forrester

(a) RESIDENCE NO. 1811 Penna. Ave. St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

If married, widowed, or divorced
HUSBAND of (Wife of) Carie McKnight

6 DATE OF BIRTH (month, day, and year) Aug. 7 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	6	8	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker 903

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

9 NAME OF FATHER Barney Forrester

BIRTHPLACE OF FATHER (City or town) Md.
(State or country)

MAIDEN NAME OF MOTHER Margaret Barranger

BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

Informant Mrs. Wm B. Forrester
Address 1811 Penna. Ave.

Filed 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 15. 1932

17

I HEREBY CERTIFY, That I attended deceased from Mar 15, 1928, to Feb 15, 1932

that I last saw h[illegible] alive on Feb 15, 1932

and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes mellitus

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Hygiene Laboratory

(Signed) Paul Brown M. D.

2/15 1932 (Address) 1663 W Fort ave

(*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL 2/18 1932

20 UNDERTAKER Martin Fahey Sons — ADDRESS 1827 W. Fort ave

Co. S-II 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

76749 D 76749

CERTIFICATE OF DEATH

93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Baltimore City Hospitals St. 16-26 Ward

Y OF BALTIMORE: (No. ..... St. ..... Ward.)

th of residence in city or town where death occurred 16 yrs. mos. ds. How long in U.S. If of foreign birth? ? yrs. mos. ds.

FULL NAME ~~Ida McDonald~~ Ida Elizabeth MacDonald

(a) Residence: No. 1208 W. Lexington St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of MacDonald Duncan ~~McDonald~~

TE OF BIRTH (month, day, year) May 5 [illegible]

Years	Months	Days	If LESS than 1 day, hrs or min.
48 [redacted]	9	11	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) New Brunswick Canada

NAME William Christie

BIRTHPLACE (city or town) (State or country) ? England

MAIDEN NAME Lucille LaRouche

BIRTHPLACE (city or town) (State or country) ? France

TORMANT (Address) Records of Balto. City Hospitals

RIAL, CREMATION, OR REMOVAL Date Feb 19, 1932

ERTAKER (Address) [illegible] 1003 N. Eutaw St.

ED. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1932, to Feb. 16, 1932

I last saw her alive on Feb. 16, 1932 death is said to have occurred on the date stated above, at 3:45 P.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis, chr. — Date of onset Dec 1931

Other contributory causes of importance: Acute Tumor Appendicitis. — Gastritis

Name of operation — Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) [illegible] M. D.

(Address) Balto. City Hospitals

Co. 5-41 250B

Redd

76750 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76750

CERTIFICATE OF DEATH

54-004

PLACE OF DEATH Maryland General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.) Registered No. 26-41

Y OF BALTIMORE: (No. ..... St. ..... Ward)

th of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

FULL NAME John Edward Redel

a) Residence: No. 4613 Asbury St St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

married, widowed, or divorced
HUSBAND of
or) WIFE of

TE OF BIRTH (month, day, year) Sept. 13, 1931

Years	Months	Days	If LESS than 1 day, hrs or min.
0	6	3	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

RTHPLACE (city or town) Balt
State or country) Md.

NAME William Redd

BIRTHPLACE (city or town) Virginia
(State or country)

MAIDEN NAME Eva Marks

BIRTHPLACE (city or town) Va
(State or country)

FORMANT Mrs Eva Redel
ddress) 4613 Asbury St

RIAL, CREMATION, OR REMOVAL
ce Western Cem. Date Feb 18, 1932

DERTAKER Frederick Funeral Home
ddress) 7401 Belair Road

ED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/16/, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1931, to Feb 16, 1932

I last saw him alive on Feb 16, 1932 death is said to have occurred on the date stated above, at 4:45 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor (Surgical)	9/13/31
Hemorrhagic Meningitis	9/13/31

Other contributory causes of importance:

Surgical Shock

Name of operation Bone Flap Date of 2/16/32

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Carl D. F. Jensen, M. D.

(Address) Md. Gen. Hosp.

0—M & T—100 B—501.

76751

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001 ✓

E 76751

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 S Bond ST. 7-4 WARD)

2-FULL NAME Franklin Ashley-

(a) RESIDENCE NO 613 S Bond ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	White	Single

(If married, widowed, or divorced) HUSBAND of (or) WIFE of .....

ATE OF BIRTH (month, day, and year) .....

GE	Years	Months	Days	If LESS than 1 day, hrs or min.
	56	—	—	

CUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Marine Officer
(b) General nature of industry, business, or establishment in which employed (or employer): Ford & Co
(c) Name of employer: Ford & Co

THPLACE (city or town) (State or country): Unknown

NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

mant Inquest

ddress) .....

ed (2) HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? History & Clinical

(Signed) B. Rosenzweig, M. D. Coroner

2/16, 1932 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Paul's Cemetery — DATE OF BURIAL: 18 1932

20 UNDERTAKER: John C. Miller — ADDRESS: 2735 E Monument

76752

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76752

CERTIFICATE OF DEATH.

159

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Volunteers Hospital ST., 70-27 WARD)

2-FULL NAME Earl Floby Eastwood

(a) RESIDENCE NO. 107 N. Payson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	infant

married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 13-32

AGE Years	Months	Days	If LESS than 1 day, hrs or min
		4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Baltimore Md.

9 NAME OF FATHER Jas. W. Eastwood

BIRTHPLACE OF FATHER (city or town) (State or country) unknown Ohio

MAIDEN NAME OF MOTHER Bessie Millard

BIRTHPLACE OF MOTHER (city or town) (State or country) unknown Ohio

Informant Bessie Eastwood

(Address) 107 N. Payson

Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-17 1932

17 I HEREBY CERTIFY, That I attended deceased from 2-13, 1932, to 2-17, 1932, that I last saw h alive on 2-16, 1932, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Jaundice (Infantile) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) A. J. Corey, M. D.

2-17 1932 (Address) Vol. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health.

ADDRESS FEB 17 1932

JOHNS HOPKINS HOSPITAL

1932 C. HAMPSON JONES, M.

Copy

Rec'd Wm. E. Woodall

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

6753

CERTIFICATE OF DEATH

92-E 76753

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 2452 E Eager St. 8-12 Ward)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Magdalene Deck

(a) Residence: No. 2452 E Eager St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) April 2. 1860

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
71 62	10	3	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operator

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mfg

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Baltimore

NAME Leonard Deck.

BIRTHPLACE (city or town) (State or country) Germany.

MAIDEN NAME Elizabeth Hoff

BIRTHPLACE (city or town) (State or country) Germany.

FORMANT Teresa Deck.

Address) 2452 E. Eager St

RIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb 18th 1932

DERTAKER Geo W. Smith Son

Address) 511 N. Wolfe St

ED Feb 19 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 15". 1932

22. I HEREBY CERTIFY, That I attended deceased (from July 1 29 to Feb 15 1932

I last saw h alive on Feb 15th 1932 Death is said to have occurred at the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Cerebral Hemorrhage

Date of onset

about July 1-32

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) F. Reg Bowden M. D.

(Address) 1652 Eastern Ave

D—M. & T.—100 B—50L

6754

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76754

CERTIFICATE OF DEATH

194-002

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No. Mercy Hospital. ST. 10-14 WARD)

2-FULL NAME John Bowman.(C)

(a) RESIDENCE NO 801 E. Madison St. ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Do not know.

married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

TE OF BIRTH (month, day, and year) Do not know.

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	----------		

CUPATION OF DECEASED
) Trade, profession or rticular kind of work Laborer.
) General nature of industry, ness, or establishment in ch employed (or employer)
) Name of employer

THPLACE (city or town) Do not know.
tate or country)

NAME OF FATHER Do not know.

BIRTHPLACE OF FATHER (city or town) Do not know.
(State or country)

MAIDEN NAME OF MOTHER not know.

BIRTHPLACE OF MOTHER (city or town) Do not know.
State or country)

mant Whiting, Turner Construction Co.
address) Stewart Building.

ed 932 , 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 13, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Internal Hemorrhage, fracture of the Pelvis, fracture of the skull. caused by a boulder falling on him.
Accidental Death.
(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 21st St. Tunnel. Feb. 12, 1932

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [illegible] M. D.
Coroner

2/17/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hendersonville N.C.

DATE OF BURIAL 2-17 1932

20 UNDERTAKER Bernard C Hahn

ADDRESS 1000 Park Ave

Co. 5-31 250B

6755

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76755

CERTIFICATE OF DEATH

23

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 50 Willard St. 70-69 Ward)

th of residence in city or town where death occurred 59 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? 59 yrs. ..... mos. ..... ds.

FULL NAME John Klein

(a) Residence: No. 150 Willard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

married, widowed, or divorced
HUSBAND of
or) WIFE Antonia Klein

TE OF BIRTH (month, day, year) May 2nd 1871

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	6	14	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

RTHPLACE (city or town) State or country) Germany

NAME Adam Klein

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Wolgemuth

BIRTHPLACE (city or town) (State or country) Germany

ORMANT Antonia Klein

ddress) 150 Willard St

IAL, CREMATION, OR REMOVAL ce Fair Hill Cem. ate 7/18/ 19 32

DERTAKER F. D. Wolfgang

ddress) 850 N. Eastern Ave

1932 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/15/ 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to July 15, 1932

I last saw him alive on July 15, 1932 death is said to have occurred on the date stated above, at 7 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Pulmonary	5 Yr.

Other contributory causes of importance:

Pulmonary Hemorrhage

Name of operation None Date of .....

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Z. Wallace Hooker, M. D.

(Address) 2060 Madison Ave

No. 5-31 250B

76756 HEALTH DEPARTMENT—CITY OF BALTIMORE

13 E 76756

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Baltimore City Hospitals

Y OF BALTIMORE: (No. ..... St., 16 Ward 26

th of residence in city or town where death occurred 68 yrs. 7 mos. 16 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME John Connolly

a) Residence: No. 188 W. Fayette St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	white	widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frances — ?

TE OF BIRTH (month, day, year) June 1st 1864

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	8	16	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
Industry or business in which work was done, as silk mill, saw mill, bank, etc.
Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation Life

RTHPLACE (city or town) Baltimore
State or country) Md.

NAME Michael Connolly

BIRTHPLACE (city or town) Md
(State or country)

MAIDEN NAME Elizabeth Lawel

BIRTHPLACE (city or town) Md
(State or country)

ORMANT Patient
ddress)

RIAL, CREMATION OR REMOVAL
Date 2/18 1932

DERTAKER
ress

1932 C. HAMPSON JONES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-16, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-21, 1930 to 2-16, 1932

I last saw him alive on 2-16 1932 death is said to have occurred on the date stated above, at 6-50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Arteriosclerosis with hypertension	1929 (?)
(2) Chronic nephritis	1930
(3) Benign Prostatic Hypertrophy	1930
(4) Left Pyo-nephrosis.	1930

Other contributory causes of importance:
Uremia — 2-13-32

Name of operation No Date of —
What test confirmed diagnosis Clinical findings Were an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Clifford Fenn, M. D.
(Address) Balto City Hospitals

Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76757.

76757

CERTIFICATE OF DEATH

93-003

Registered No. 13-59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 815 Newington Ave. St., 23 Ward)

th of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Gussie M. Green

a) Residence: No. 815 Newington Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

married, widowed, or divorced
IUSBAND of
or) WIFE of

TE OF BIRTH (month, day, year) Feb. 22, 1865

Years	Months	Days	If LESS than 1 day, hrs. or min.
66	11	25	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Nashville,
State or country) Tenn.

NAME Isaac Green

BIRTHPLACE (city or town) Germany
(State or country)

MAIDEN NAME Esther Frey

BIRTHPLACE (city or town) Germany
(State or country)

ORMANT Mrs. J. Cook
ddress) 815 Newington Ave

RIAL, CREMATION, OR REMOVAL
ce Nashville, Tenn. Date 2/18/ 19 32

DERTAKER David Sondheimer Co.
ddress) 1902 Eutaw Place

2/32 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feby 4, 1932, to Feby 17, 1932

I last saw h[illegible] alive on Feby 17, 1932 death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute bronchopneumonia	1/4/32
Other contributory causes of importance:	
Ch Myocarditis	

Name of operation Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. L. Horwitz, M. D.

(Address) 733 Asquith St.

—1-12-23—M&T—500 Blks.

76758

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76758

CERTIFICATE OF DEATH.

95

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No.) 5322 Beaufort Ave., ST. 27-55 WARD

2-FULL NAME Margaret Anne Plunkert

(a) RESIDENCE NO. 5322 Beaufort Ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred 8 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

married, widowed, or divorced — WIFE of Henry N. Plunkert

TE OF BIRTH (month, day and year) Dec. 7-1834

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	97	2	9	

CUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House-wife

(b) General nature of industry, business, or establishment in which employed (or employer): Domestic

(c) Name of employer

THPLACE (city or town) (State or country): Bunneville, Pa.

NAME OF FATHER: Joseph Small

BIRTHPLACE OF FATHER (city or town) (State or country): Pa.

MAIDEN NAME OF MOTHER: Lydia Walsh

BIRTHPLACE OF MOTHER (city or town) (State or country): Pa.

Informant: Mrs. George J. Riel

Address: 5322 Beaufort Ave.

Filed .19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16 1932

17

I HEREBY CERTIFY, That I attended deceased from Feb 14, 1932, to Feb 16, 1932,

that I last saw h[illegible] alive on Feb 14, 1932,

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Heart Failure

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary): Cerebral Hemorrhage

(duration) — yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Charles J. Reilly, M. D.

, 19 (Address) 2276 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL: Febry 19, 1932.

20 UNDERTAKER: Elmer N. Conklin.

ADDRESS: 924 E. Eager St.

1932 C. HAMPSON JONES, M. D.

H. S. 14

Co. 5-31 2908

HEALTH DEPARTMENT CITY OF BALTIMORE

B 76759

6759

CERTIFICATE OF DEATH

95-[illegible]

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 516 Scott St. 21-39 Ward)

th of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Patrick F. Riley.

a) Residence: No. 516 Scott St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widower

married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary A. Riley.

TE OF BIRTH (month, day, year) Oct 25/76

E.	Years	Months	Days	If LESS than 1 day, hrs or min.
5	✓	3	21	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. merchant
Industry or business in which work was done, as silk mill, saw mill, bank, etc.
Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

RTHPLACE (city or town, State or country) Balto. Md

NAME Patrick Riley

BIRTHPLACE (city or town) (State or country) Ireland

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) Ireland

ORMANT (Address) J. Thomas Riley 516 Scott St

RIAL, CREMATION, OR REMOVAL
ace New Cathedral Date Feby 19 1932

DERTAKER (Address) F. A. Krauss Son 203 Hanover St

LED , 19 M. F. N. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16th 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6th. 1932 to Feb 16 1932

I last saw him alive on Feb 16th 1932 death is said to have occurred on the date stated above, at 5.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular Fibrillation	1930
Cardiac decompensation	1931
Other contributory causes of importance:	
Gastritis	2 yrs ago

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm Thos Hearn M. D.

(Address) 523 Scott St

M & T—100 B—50L

E 76760

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76760

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp. (ST.) 21-31 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Bailey

(a) RESIDENCE NO 424 W. Hamburg ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

Male | 4 COLOR OR RACE Col | 5 Single, Married, Widowed or Divorced (write the word) Single

(If married, widowed, or divorced) HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

7 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)

Laborer

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country)

NAME OF FATHER

BIRTHPLACE OF FATHER (city or town) (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant

(Address)

Filed 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Feb 15th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to h... death on the day stated above.

The CAUSE OF DEATH* was as follows: Strangulated Hernia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Strangulated

(Signed) [illegible] M. D. Coroner

Feb 15 1932 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson Cemetery

DATE OF BURIAL 2/18 1932

20 UNDERTAKER Walter B. Young

ADDRESS 139 Whitehall St

No. 5-01 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

23VE 76761

76761

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

JOHNS HOPKINS HOSPITAL St. 5-8 (Ward)

Y OF BALTIMORE: (No. .....

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Helen Diggs

a) Residence: No. 820 Rhians Court Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	Colored	

married, widowed, or divorced
(HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year)

Years	Months	Days	If LESS than 1 day hrs. or min.
/			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) or (State or country) Md

NAME Frank Diggs

BIRTHPLACE (city or town) (State or country) Md

MAIDEN NAME Elizabeth Blackwell

BIRTHPLACE (city or town) (State or country) Md

TORMANT Druids

Address)

RIAL, CREMATION, OR REMOVAL

ace Johnson Cemetery Date 2/18 1932

DERTAKER Walter B. Speir

ddress) 1044 W. Lanvale St.

ED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb-14 1932

22. I HEREBY CERTIFY, That I attended deceased from February 11 1932 to February 14 1932

I last saw h[illegible] alive on Feb-14 1932 death is said to have occurred on the date stated above, at 11:15 m

The principal cause of death and related causes of importance were as follows:

The pneumonia

Date of onset Dec 13, 31

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? [illegible] Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) Arthur M. Wentworth, M. D.

(Address) The Johns Hopkins Hospital

2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76762

CERTIFICATE OF DEATH

REGISTERED NO. E 76762

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No.) 1307 Bethlehem Ave ST. (WARD) 7

FULL NAME Christina Kovar

RESIDENCE NO. 1307 Bethlehem Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., If foreign birth 27 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

married, widowed, or divorced

(HUSBAND of) (or) WIFE of: Lawrence Kovar

OF BIRTH (month, day, and year)

Years	Months	Days	If LESS than 1 day, hrs. or min.
59			

PATION OF DECEASED

rade, profession or ular kind of work: House-work

037

eneral nature of industry, ss, or establishment in employed (or employer)

me of employer

PLACE (city or town) or country): Austria

ME OF FATHER: Joseph Bahor

RTHPLACE OF FATHER (city or town) ate or country): Austria

IDEN NAME OF MOTHER: Mary Murkay

RTHPLACE OF MOTHER (city or town) ate or country): Austria

rmant: Mary Salaba

dress): 1307 Bethlehem Ave

C. HAMILTON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 17, 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1932 to Feb 17, 1932

that I last saw her alive on Feb 17, 1932

and that death occurred, on the date stated above, at 9:10 A.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Vincent V. Foster, M. D.

(Address) 845 N. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart of Mary

DATE OF BURIAL: Feb 19 1932

20 UNDERTAKER: George A. Weber & Son

ADDRESS: Lanvale

M & T—200 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 76763

76763

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1. PLACE OF DEATH

IN OF BALTIMORE: (No.) Provident Hosp 16-23 WARD

NAME Lawrence Hawkins

(a) RESIDENCE NO. 1322 W Lafayette St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

married widowed, or divorced HUSBAND of (or) WIFE of: Single

TE OF BIRTH (month, day, and year): Aug 13-1924

E	Years	Months	Days	If LESS than 1 day, hrs or min.
	7	6	3	

CUPATION OF DECEASED
) Trade, profession or particular kind of work: School boy
) General nature of industry, business, or establishment in which employed (or employer)
) Name of employer

THPLACE (city or town) Balto Md
tate or country)

NAME OF FATHER: Robt Hawkins

BIRTHPLACE OF FATHER (city or town) Md
(State or country)

MAIDEN NAME OF MOTHER: Beulah Boyd

BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

rmant: Robt Hawkins
ddress) 1322 W Lafayette

ed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 15th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. mos 3 ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) ..... M. D.
Coroner

Feb 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: Feb 19 1932

20 UNDERTAKER: Thomas E. Kelson — ADDRESS: 520 [illegible]

Feb 19 1932 HAWKINS, JONES, M.D.

Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

76764 2nd 93 E 76764

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 18-24 Ward)

th of residence in city or town where death occurred 7 yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

FULL NAME Catherine Stein

a) Residence: No. 121 S Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 Sex	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

(If married, widowed, or divorced) HUSBAND of (or) WIFE of Lewis Stein

DATE OF BIRTH (month, day, year) May 6th 1863.

6. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	9	12	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Portland

NAME OF FATHER James Culbertwood

BIRTHPLACE (city or town) (State or country) Portland

MAIDEN NAME OF MOTHER Mary Hanson

BIRTHPLACE (city or town) (State or country) Portland

INFORMANT Records

(Address)

BURIAL, CREMATION, OR REMOVAL Date 2/21/1932

UNDERTAKER John E Howard & Son

Address 601 Hollins St

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-17-1932

22. I HEREBY CERTIFY, That I attended deceased from 11-2, 1931, to 2-17, 1932

I last saw her alive on 2-17, 1932 death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	2/17/32

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. Ridgeway Trimble M. D.

(Address) Johns Hopkins Hosp.

Co. 5-31 2508

E 76765

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76765

CERTIFICATE OF DEATH

23

PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 634 S Payson St. 76-28 Ward)

th of residence in city or town where death occurred 48 yrs. 6 mos 19 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Wm B. Thorpe

a) Residence: No. 634 S Payson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	married

6. If married, widowed, or divorced
HUSBAND of ~~WIFE of~~ Elizabeth V. Thorpe

TE OF BIRTH (month, day, year) July 29th 1883

7. Years	Months	Days	If LESS than 1 day, hrs. or min.
48	6	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur
Industry or business in which work was done, as silk mill, saw mill, bank, etc. for 23
Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Balto Md.

10. NAME Geo Thorpe

11. BIRTHPLACE (city or town) (State or country) Md.

12. MAIDEN NAME Unknown

13. BIRTHPLACE (city or town) (State or country) Md.

14. INFORMANT Mrs Elizabeth Thorpe
(Address) 634 So Payson St.

15. BURIAL, CREMATION, OR REMOVAL
Where Loudon Park Date 2/20/1932

16. UNDERTAKER John J Cowdy & Son
(Address) 961 Hollins St.

FILED ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

17. DATE OF DEATH (month, day, year) 2-17th 1932

18. I HEREBY CERTIFY, That I attended deceased from July 1st, 1931, to Feb 17th, 1932
I last saw h alive on Feb 16, death is said to have occurred on the date stated above, at 60 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

General Toxemia & Exhaustion	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

Signed Dan'l McCreary, M. D.
2/17/32 (Address) 700 S Payson St

or.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

76766

CERTIFICATE OF DEATH

107-001

E 76766

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

ty of Baltimore: (No. Franklin Square Hospital 16-68 Ward)

2-FULL NAME Dorothy M Besa

(a) RESIDENCE NO. 2031 Kayrew Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred 2 yrs. 10 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
female	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) April 16th 1929

AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
2	10	1	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town)
(State or country) Baltimore Md.

10 NAME OF FATHER George Besa

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Philippine Island.

12 MAIDEN NAME OF MOTHER Myrtle Sardesky

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland.

Informant Mr Geo Besa
(Address) 2031 Kayrew Ave.

Filed — — 19 — Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/17/1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Bronchio-pneumonia

(duration) about yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) —
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Cromwell M. D.

2/17. 1932 (Address) 203 Patapsco Ave. Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	2/20/1932
20 UNDERTAKER	ADDRESS
John J. Cowan & Son	901 Hollins St.

or.—10-10-29—A Co.—100 Bks.

E 76767

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

E 76767

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

ty of Baltimore: (No. # 110 So. Carrollton Ave 1929 Ward)

2-FULL NAME Elizabeth T. Tynan.

(a) RESIDENCE NO. # 110 So Carrollton Ave Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of the late John A Tynan.

DATE OF BIRTH (month, day, and year) Dec 8th 1873.

AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	58	2	7	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): 0"7
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ireland.

10 NAME OF FATHER James Larkin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Margaret Larson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Miss Margaret Tynan.
(Address) 110 So Carrollton Ave

Filed _____, 19 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/13/1932.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) suddenly yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No Physical signs

What test confirmed diagnosis?

(Signed) Guy A. Cromwell M. D.

2/16. 1932 (Address) 203 Patapsco, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Peters Cem	2/19 19
20 UNDERTAKER John J. Cowan & Son	ADDRESS 45 Hollins

0—M & T—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76768 ✓ E 76768

93-004

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

E 76768

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4006 E. Monument ST. 26-39 WARD)

2-FULL NAME John Wickman

(a) RESIDENCE NO 4006 E. Monument ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Eliz (Hohman) Wickman

7 DATE OF BIRTH (month, day, and year) Mar 28/1864

8 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	57	10	19	

9 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Teamster 073

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer .....

10 BIRTHPLACE (city or town) (State or country) Balto., Md.

11 NAME OF FATHER August Wickman

12 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

13 MAIDEN NAME OF MOTHER Unknown

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

15 Informant Mrs. John Wickman

(Address) 4006 E. Monument St

Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16/32 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Insufficiency

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) [illegible] Coroner, M. D.

2/18/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn

DATE OF BURIAL 2/19 32

20 UNDERTAKER John A. Mann

ADDRESS 3500 E. Eutaw

0—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

REGISTERED NO. E 76769

76769

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1702 Chilton St ST., 4-46 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annetta Jackson

(a) RESIDENCE NO. 1702 Chilton St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Jackson

DATE OF BIRTH (month, day, and year) July 14/1849

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	83	7	3	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

NAME OF FATHER Thomas Dinsmore

BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (city or town) (State or country) "

Informant Mrs. Octavia Dinsmore

(Address) 1702 Chilton St

Filed ..... 1932 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 17/32 7.15 A.M.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency
Pulmonary Odema

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Senility (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) C. H. Bacon, M. D. Coroner

Feb 18/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 2/19/32

20 UNDERTAKER John A. Moran

ADDRESS 3400 E. Baltimore

76770 HEALTH DEPARTMENT—CITY OF BALTIMORE 76770

CERTIFICATE OF DEATH

87-001

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 427 N. Streeper St. 6-11 WARD)

2 FULL NAME FREDERICK DICKHAUT

(a) RESIDENCE No 427 N. Streeper St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced
(or) WIFE of Elizabeth Dickhaut

6 DATE OF BIRTH (month, day, and year) Jan. 31. 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	0	15	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Huckster

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 17 years

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Baltimore

9 NAME OF FATHER Adam Dickhaut

BIRTHPLACE OF FATHER (city or town) (State or country) Germany

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant (Address) Mrs. Elizabeth Dickhaut (Wife) 427 N. Streeper St.

Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 15. 1932

17

I HEREBY CERTIFY, That I attended deceased from Feb 14, 1932, to Feb 15, 1932.

that I last saw h alive on Feb 15, 1932

and that death occurred, on the date stated above, at 9.45 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Phy

(Signed) E. H. Magruder M. D.

2/16, 19 32 (Address) 1520 E. 32nd St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel Cemetery — DATE OF BURIAL: Feb. 18 19 32

20 UNDERTAKER: Henry Sander & Sons, Inc. — ADDRESS: BALTIMORE & BROADWAY.

ec—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 76771

771

CERTIFICATE OF DEATH

79-002

1 PLACE OF DEATH

CITY OF BALTIMORE: (No) 529 S. Dallas (St) 3-4 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Martin Markwordt

(a) RESIDENCE NO. 529 S. Dallas (St.) (WARD)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced
(h) HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) Nov 3 1925

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	3	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Schoolboy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Henry Markwordt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Anna Trautman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant (Address) Henry Markwordt 529 S. Dallas St

Filed 1932 C. HAYDE JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 17, 32

17 I HEREBY CERTIFY, That I attended deceased from Feb 17, 1932 to Feb 17, 1932

that I last saw h[illegible] alive on Feb 17, 1932

and that death occurred, on the date stated above, at 9 P. M.

The CAUSE OF DEATH* was as follows:

Acute Cerebro Spinal Meningitis 1

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Feb 18, 1932 (Signed) Jos L. Valentine M. D.

(Address) 14 E. Preston

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Evangelical Cemetery — DATE OF BURIAL: Feb. 19, 1932

20 UNDERTAKER: [illegible] — ADDRESS: Balto Md

No. 5-41 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

5 B 76772 — 13 E 76772

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Johns Hopkins Hospital — St., 14-20 — Ward)

OF BALTIMORE: (No. ..... Life

h of residence in city or town where death occurred) ..... mos ..... da. How long in U.S. If of foreign birth? ..... yrs ..... mos ..... da.

FULL NAME Florence Biggers

a) Residence: No. 1533 Penna ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Black	~~married~~ unknown

Female

married, widowed, or divorced
USBAND of Ernest Biggers
or WIFE of

CD 28-1889 unknown
E OF BIRTH (month, day, year)

Years	Months	Days	If LESS than 1 day, hrs. or min.
42	3	17	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Days Work

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto. Md
State or country)

NAME John Innis

BIRTHPLACE (city or town) N.C.
(State or country)

MAIDEN NAME mary Clark.

BIRTHPLACE (city or town) md.
(State or country)

Records

ORMANT
ddress)

T, CREMATION, OR REMOVAL Date 2/18 32

Auburn Cem

ERTAKER Samuel Stengle
ddress) 578 N Eddle St.

D 1932 Feb 19 RK Registrar

1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb-15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1932 to Feb 15, 1932

I last saw her alive on Feb 15 1932 death is said to have occurred on the date stated above, at 5:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic glomerular nephritis	Unknown
Uremia	Dec 1931

Other contributory causes of importance:

Acute tuberculosis of lung	Unknown

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ..... M. D.

(Address) Johns Hopkins Hospital

No. 5-H 250R

76773 HEALTH DEPARTMENT—CITY OF BALTIMORE 76773

CERTIFICATE OF DEATH

PLACE OF DEATH Baltimore City Hospitals — Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. ... Ward)

th of residence in city or town where death occurred 64 yrs ? mos ? ds How long in U.S. If of foreign birth? yrs mos ds

FULL NAME Alice Robinson

(a) Residence: No. 819 Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	Negro	Widowed

(If married, widowed, or divorced) (a) HUSBAND of (or) (b) WIFE of ?

DATE OF BIRTH (month, day, year) ?

Years	Months	Days	If LESS than 1 day, hrs or min.
64(?)			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: of
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country): Baltimore Md.

10. NAME ?

11. BIRTHPLACE (city or town) (State or country) ?

12. MAIDEN NAME ?

13. BIRTHPLACE (city or town) (State or country)

14. CEMETERY Point

(Address)

15. BURIAL, CREMATION, OR REMOVAL Mt. Auburn 1/19 1932
(Date)

16. UNDERTAKER Samuel H. Hemsley
(Address) 918 Eutaw St

17. FILED 1/19 1932 M.L. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/15 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-21 1929, to 2-15 1932

I last saw her alive on 2-15 1932 death is said to have occurred on the date stated above, at 1:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis and Cardio Vascular renal disease	2-1-29
Arteriosclerotic gangrene Rt foot	1-29-32
Other contributory causes of importance: Cerebral hemorrhage	2-14-32

Name of operation No Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify No

(Signed) Carlos F. Fraser, M. D.

(Address) Balto. City Hospitals

No. 5-31 250R

6774 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E/76774

CERTIFICATE OF DEATH

108v

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 1596 Madison St. 6-9 Ward)

30

th of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. if of foreign birth? ... yrs ... mos ... ds.

FULL NAME William H. Gould

Residence: No. 1596 Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Colored	single

(Married, widowed, or divorced) HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1853

7. Years	Months	Days	If LESS than 1 day hrs. or min.
78			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Pa.

10. NAME unknown

BIRTHPLACE (city or town) (State or country) unknown

MAIDEN NAME unknown

BIRTHPLACE (city or town) (State or country) unknown

INFORMANT Martha Mitchell

(Address) 1596 Madison st

BURIAL, CREMATION, OR REMOVAL

Johns Hopkins Date 2-20 1932

UNDERTAKER Edward Bryan

(Address) 1631 Eden St.

1932 C. BAXTER JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-17 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-10 1932 to 2-17 1932

I last saw him alive on 2-11 1932 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	2-7-32
pneumonia	

Other contributory causes of importance:

Name of operation No Date of

What test confirmed diagnosis? No Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.

2-1932 (Address) 50 [illegible]

5775

HEALTH DEPARTMENT CITY OF BALTIMORE E 76775

CERTIFICATE OF DEATH

Registered No. 32-001
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 2512 Hermosa Ave Ward)

h of residence in city or town where death occurred 65 yrs. mos ds. How long in U.S. If of foreign birth? yrs mos ds

ULL NAME A. Katherine Hadermann

) Residence: No. 2512 Hermosa Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Widow

(married, widowed, or divorced)
BAND of
or) WIFE of Chas A Hadermann

E OF BIRTH (month, day, year) Sept 26, 1866

Years	Months	Days	If LESS than 1 day, hrs or min.
65	4	22	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
Industry or business in which work was done, as silk mill, saw mill, bank, etc.
Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

THPLACE (city or town) State or country) Baltimore

NAME Geo Kaiser

IRTHPLACE (city or town) (State or country) Germany

AIDEN NAME Katherine

IRTHPLACE (city or town) (State or country) Germany

ORMANT Miss Anna Kaiser

ddress) 2512 Hermosa Ave

IAL, CREMATION, OR REMOVAL
e Baltimore Cemetery Feby 20 1932

ERTAKER John Gilbert & Son
dress) 2108 Eutaw St

D 1932 C. HANSON JONES, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1931 to Feb 17, 1932
last saw h alive on Feb 17 1932 death is said to have occurred on the date stated above, at 12.45 am

The principal cause of death and related causes of importance were as follows:

Pulmonary Embolus — Date of onset

Other contributory causes of importance:

Lymphatic Leukaemia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas Emrich M. D.

(Address) 47 Bernard St

No. S-H 250B

6776 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76776

CERTIFICATE OF DEATH

17

PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 227 N Luzerne St. 6-10 Ward)

h of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Hilda McDaniel

(a) Residence: No. 227 N Luzerne St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6. If married, widowed, or divorced
HUSBAND of
or WIFE of

TE OF BIRTH (month, day, year) Feb 16 1917

7. Years	Months	Days	If LESS than 1 day hrs. or min.
15	1 0	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
Industry or business in which work was done, as silk mill, saw mill, bank, etc. School girl
Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

THPLACE (city or town) Somerset Co
(State or country)

NAME Geo W McDaniel
Md

IRTHPLACE (city or town)
(State or country)

AIDEN NAME Lottie Heath
Md

IRTHPLACE (city or town)
(State or country)

ORMANT Geo W Mc Daniel
ldress) 227 Luzerne

IAL, CREMATION, OR REMOVAL
ce Princess Anne Md Date Feby 19 1932

ERTAKER John Lewis
ddress) Princess Anne Md

D 2 1932 HAMILTON JONES M.D.
....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from October 10, 1931, to Feb 16, 1932
I last saw her alive on Feb 16, 1932 death is said to have occurred on the date stated above, at 8:30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis Lethargica	Oct 1931
Asthma	Jan 1932

Other contributory causes of importance:

Name of operation ✓ Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ....., 19....
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify

(Signed) Ralph L Hoyt, M. D.
(Address) 165 Preston St

No. 5-31 250B

76777 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76777

CERTIFICATE OF DEATH

93-003

PLACE OF DEATH

Registered No. 8455

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. Union Memorial St. Ward)

th of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

FULL NAME Mr. William T. Pierson Senior

(a) Residence: No. 204 Goodwood Gardens St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Married

married, ~~widowed~~, or divorced
HUSBAND of
(or WIFE) Lauretta Keifer

DATE OF BIRTH (month, day, year) Feb 12, 1887

Years	Months	Days	If LESS than 1 day, hrs. or min.
45	0	5	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. President
Industry or business in which work was done, as silk mill, saw mill, bank, etc. Union Trust Co.
Date deceased last worked at this occupation (month and year) Feb 32 | 11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country) Balt. Md.

NAME Harry Pierson

BIRTHPLACE (city or town) (State or country) Indiana

MAIDEN NAME Imogene Ourster

BIRTHPLACE (city or town) (State or country) Indiana

INFORMANT Mrs. Pierson
(Address) Balt. Md.

BURIAL, CREMATION, OR REMOVAL
Where Druid Ridge Date Feb 19, 1932

UNDERTAKER Henry W. Jenkins Sons Co
(Address) N. Eutaw & Richard Sts

FILED 1932 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1932 to Feb 17, 1932

I last saw him alive on Feb 17, 1932 death is said to have occurred on the date stated above, at 5:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uretero-lithiasis	2-3-32
Myocarditis chronic	?
Uraemia	2-17-32
(Other contributory causes of importance:)	
(a) Operation (Surg. Shock)	2-17-32
(b) Pneumat. collapse	2-17-32

Name of operation Nephrotomy Date of 2-17

What test confirmed diagnosis? X-Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Samuel McLanahan, M. D.

(Address) Union Mem. Hosp.

No. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76778 E 76778

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Baltimore City Hospitals St. 10-15 (Ward)

Y OF BALTIMORE: (No. .....

th of residence in city or town where death occurred? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Richard Gross

a) Residence: No. 700 Forrest St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Single

married, widowed, or divorced
SBAND of
r) WIFE of

T OF BIRTH (month, day, year) ?

Years	Months	Days	If LESS than 1 day, hrs. or min.
81 ?			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired
Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

THPLACE (city or town) (State or country) ? Md.

NAME Jacob Gross

IRTHPLACE (city or town) (State or country) ? Germany

AIDEN NAME Keziah Unity

IRTHPLACE (city or town) (State or country) ? Md.

ORMANT Records of

ddress) Balto. City Hosp.

IAL, CREMATION, OR REMOVAL Bethel Cem. Date Feb 20 1932

ERTAKER E. G. Kurzdorfer
ddress) Catonsville Md

ED FEB 19 1932 C. H. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1932, to Feb. 17, 1932
I last saw him alive on Feb. 17, 1932 death is said to have occurred on the date stated above, at 9:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage in to cerebrum	2-14-32
Other contributory causes of importance: Arteriosclerosis & Hypertension	unk

Name of operation ..... Date of .....
What test confirmed diagnosis Clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. J. Lewis Jr. M. D.
(Address) City Hosp.

No. 5-31 2508

6779

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76779

CERTIFICATE OF DEATH

23

PLACE OF DEATH Baltimore City Hospitals (Tbc.) 16-68

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. ..... St. ..... Ward)

h of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME George Hoffman

) Residence: No. 2416 Baker st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	White	Single

(If married, widowed, or divorced) HUSBAND of (or) WIFE of

E OF BIRTH (month, day, year) Dec. 28, 1889

Years	Months	Days	If LESS than 1 day hrs. or min.
42	1	16	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

THPLACE (city or town) Baltimore
tate or country) Maryland

NAME Peter Hoffman

IRTHPLACE (city or town) Baltimore
(State or country) Maryland

AIDEN NAME Caroline Streb

IRTHPLACE (city or town) Baltimore
(State or country) Maryland

ORMANT Hospital Records
ddress)

IAL, CREMATION, OR REMOVAL

Date ... 19 ..

ERTAKER
ddress)

ED. ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1932 to Feb. 16, 1932

I last saw him alive on Feb. 16, 1932 death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	January 1931
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) Lawrence A. Sena, M. D.

(Address) Baltimore City Hospitals

No. S-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

76780

CERTIFICATE OF DEATH

464

E 76780

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Baltimore City Hospitals St., 76-37 Ward)

Y OF BALTIMORE: (No. ..... h of residence in city or town where death occurred) life mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME James Welsh

a) Residence: No. City Hospitals St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Widowed

6. If married, widowed, or divorced WIFE of (or) HUSBAND of ?

7. DATE OF BIRTH (month, day, year) April 23, 185

8. Years	Months	Days	If LESS than 1 day... hrs. or min.
79	9	23	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) Balto. (State or country) Md.

12. NAME Alex Welsh

13. BIRTHPLACE (city or town) Balto. (State or country) Md.

14. MAIDEN NAME ?

15. BIRTHPLACE (city or town) ? (State or country)

16. INFORMANT Records of (Address) Balto. City Hosp.

17. BURIAL, CREMATION, OR REMOVAL Oaklawn Am Date Feb 19 1932

18. UNDERTAKER George W. Zirkler (Address) 1737 E Eager St

19. Filed ..... 19..... ELLISON JONES M. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1910 to Feb. 1. 1932

I last saw h alive on Feb. 17, 1932 death is said to have occurred on the date stated above, at 1:15m. A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach

Date of onset Up 1?3

Other contributory causes of importance:

Complications Dec to Primary Cause

Date of onset Unk

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) ..... M. D.

(Address) Balto. City Hosp.

—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76781

6781

CERTIFICATE OF DEATH

REGISTERED NO. 94-33

1-PLACE OF DEATH

TY OF BALTIMORE: (No. South Baltimore General Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosina A. Riggin.

(a) RESIDENCE No Annapolis Blvd. & O St. Glen Burnie Anne Arundel Co. Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
emale	White	Married.

married ~~XXXXXXXXXXXX~~ XXXXXXXXXXXX
(or) WIFE of John W. Riggin.

TE OF BIRTH (month, day, and year) July 22, 1896

E	Years	Months	Days	If LESS than 1 day, hrs or min.
	35	6	26	

CUPATION OF DECEASED
) Trade, profession or rticular kind of work
) General nature of industry, siness, or establishment in hich employed (or employer)
) Name of employer None.

THPLACE (city or town) Washington D.C.
ate or country)

NAME OF FATHER Chatam Terrett.

BIRTHPLACE OF FATHER (city or town) Virginia.
(State or country)

MAIDEN NAME OF MOTHER Margaret Kelly.

BIRTHPLACE OF MOTHER (city or town) Baltimore, Md.
(State or country)

mant John W. Riggin. (husband)

ddress Annapolis Blvd. & O St. Glen Burnie.

nd 1932 192 Reyk Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feordary 17, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Peritonitis.

due to self-induced abortion.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos de

18 Where was disease contracted if not at place of death? Annapolis Blvd. & O St. Glen Burnie.

Did an operation precede death? No. Date of Feb. 6, 1932

Was there an autopsy? Yes at Hospital

What test confirmed diagnosis? Autopsy & inquiry

(Signed) Otto Mettenheimer, M. D. Coroner

2/17/32 19 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem. DATE OF BURIAL Feb 17 1932

20 UNDERTAKER H. Evans Evans ADDRESS 35 E. Fayette

D. B. 1268-9

6782 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76782

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 4136 Pimlico Road St. 15-55 Ward)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Nathan Kaplan

(a) Residence: No. 4136 Pimlico Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Fate Jennie

1851

DATE OF BIRTH (month, day, year)

AGE: Years	Months	Days	If LESS than 1 day, hrs. or min.
81	—	—	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

NAME Louis Kaplan

BIRTHPLACE (city or town) (State or country) Russia

MAIDEN NAME Mary

BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Mrs H. Kravitz

(Address) 4136 Pimlico Road

BURIAL, CREMATION, OR REMOVAL Hebrew Washington 3rd Date Feb 15, 1932

UNDERTAKER Sol Levinson & Bro

(Address) 427 E. Baltimore St.

FILED 1932 19 (Registrar.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1932 to Feb. 17, 1932

I last saw h[illegible] alive on Feb. 17, 1932 Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chron	1931
Other contributory causes of importance:	
Hypostatic Pneumonia	2/10/32

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. J. Bayless M. D.

(Address) 2040 Eutaw

o. 5-H 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

783

CERTIFICATE OF DEATH

13 NE 76783

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 2526 Fait Ave St. 1-3 Ward)

h of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S. if of foreign birth 40 yrs. mos. ds.

FULL NAME Zofia Antoszewska

a) Residence: No. 2526 Fait Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Married

married, widowed, or divorced
SBAND of
) WIFE of Joseph Antoszewski

E OF BIRTH (month, day, year) unk

Years	Months	Days	If LESS than 1 day hrs. or min.
53	—	—	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.
Industry or business in which work was done, as silk mill, saw mill, bank, etc.
Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

ETHPLACE (city or town) Poland.
State or country)

NAME John Piskor

BIRTHPLACE (city or town) Poland.
(State or country)

MAIDEN NAME

BIRTHPLACE (city or town) Poland
(State or country)

ORMANT Joseph Antoszewski
ddress) 2526 Fait Ave.

IAL, CREMATION, OR REMOVAL
Holy Rosary Date Feb 20. 1932.

ERTAKER J. W. Czajewski
ddress) 1980 Eastland Ave

ED 1932 HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16. 1932.

22. I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1931, to Feb. 16, 1932
I last saw h alive on 19 death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardio-nephritis	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Signs & Symptoms Was case autopsied? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) John J. Kruger, M. D.
(Address) 2029 Eastern Ave.

No. S-11 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94E 76784

Registered No. 76784

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 2231 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME William Wasserstein

(a) Residence: No. 1006 Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Rosie

DATE OF BIRTH (month, day, year) unknown

Years	Months	Days	If LESS than 1 day, hrs. or min.
64			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

NAME Abraham Wasserstein

BIRTHPLACE (city or town) (State or country) Russia

MAIDEN NAME Mary ?

BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Records

(Address) Johns Hopkins Hospital

BURIAL, CREMATION, OR REMOVAL

Place Shaw's Church Date 2-18-32

UNDERTAKER Lucas Bros. Inc

(Address) 1733 E. Baltimore St.

FILED Feb 18 1932 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1932, to Feb 17, 1932

I last saw h- alive on Feb 17, 1932 death is said to have occurred on the date stated above, at 11:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Hypertension.	
Myocardial Insufficiency	
Coronary Thrombosis	2-17-32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Alan Nicholson M. D.

(Address) Johns Hopkins Hospital

ec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

76785

CERTIFICATE OF DEATH.

108 E 76785

1-PLACE OF DEATH [illegible] in [illegible] Hospital

TY OF BALTIMORE: (No.) [illegible] Liberty & Lafayette ST. 13-52 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Stanley Cruse

(a) RESIDENCE NO. 2940 Kenwick Rd ST. WARD
(Usual place of abode)
(If non-resident give city or town and State)

ngth of residence in city or town where death occurred 56 yrs mos ds How long in U. S., if of foreign birth yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 28, 1896

7 AGE: 36 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): md

10 NAME OF FATHER: Wm Cruse

BIRTHPLACE OF FATHER (city or town) (State or country): md

MAIDEN NAME OF MOTHER: Elizabeth Gunther

BIRTHPLACE OF MOTHER (city or town) (State or country): md

Informant: Mrs Emma Benjamin
Address: 2940 Kenwick Road.

Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 17 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1932, to Feb. 17, 1932,

that I last saw h[illegible] alive on Feb. 17, 1932,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Right lower lobar Pneumonia.

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Thomas [illegible], M. D.

19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary, Hampden

DATE OF BURIAL: Feb 20 1932

20 UNDERTAKER: Chenoweth & Son

ADDRESS: 36[illegible] Charles Ave

c—9 30—A & Co—250 Blks

76786

HEALTH DEPARTMENT—CITY OF BALTIMORE

76786

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO. E

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto, Md. ST. 5 45 WARD)

2 FULL NAME Melvin Schwaab

(a) RESIDENCE NO. 3201 Clarence Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced
(HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 6-14-1903

If LESS than 1 day, hrs. or min.	Days	Months	Years
	3	8	28

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Clerk

(c) Name of employer

8 BIRTHPLACE (City or town)
(State or country) Maryland

9 NAME OF FATHER Philip Schwaab

10 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

11 MAIDEN NAME OF MOTHER Caroline Pfeffer

12 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

13 Informant (Address) Keeper Balto City Hospitals

Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-17-32

17

I HEREBY CERTIFY, That I attended deceased from 1-10-, 19 32 to 2-17-, 19 32

That I last saw him alive on 2-16-, 19 32

and that death occurred, on the date stated above, at 4 30 P. M.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Mania Depressive Psychosis Manic Type

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Observation

(Signed) Harry Feldman M. D.

2/17, 19 32 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bath Cem

DATE OF BURIAL 2-20 19 32

20 UNDERTAKER J. H. Kirsch

ADDRESS 530 Hanford

9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

76787 | CERTIFICATE OF DEATH | 108 | E 76787

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No.) 2003 W. Fulton Ave. ST. | 15-21 | WARD

2. FULL NAME Genevieve Julier

(a) RESIDENCE NO. 2003 W. Fulton Ave. ST. WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced, (write the word)
Fem'l	white	Married

6. If married, widowed, or divorced
(or) WIFE of William J. Julier

7. DATE OF BIRTH (month, day, and year) Nov. 24, 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70		35	
	71	2	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

10. NAME OF FATHER Kendell Hild

11. BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

Informant (Address) Mr. W. J. Julier 2003 W. Fulton Ave.

Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 2/16/32

17. I HEREBY CERTIFY, That I attended deceased from 1/8, 1932, to 2/16, 1932

that I last saw her alive on 2/16, 1932

and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH* was as follows:

Renal Eclampsia (toxic)

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Albuminuria Oedema

(duration) yrs. mos. 1/2 ds.

18. Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phy. Examination

(Signed) W. Dilworth M. D.

2/17 1932 (Address) 804 Cathedral St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL Feb. 19 1932

20. UNDERTAKER Martin Fahey & Sons — ADDRESS 1827 W. North Ave.

c—9 30—A. & Co.—250 Bks

788 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 76788

1. PLACE OF DEATH

CITY OF BALTIMORE (No 619 N Belnord Ave ST WARD 10 97)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Frank J. Kavra

(a) RESIDENCE No 619 N. Belnord ave ST WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	White	Married

(If married, widowed, or divorced) HUSBAND of (or) WIFE of Teresa Kavra

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Policeman

(b) General nature of industry, business, or establishment in which employed (or employer) 06'

(c) Name of employer Retired

9 BIRTHPLACE (city or town) (State or country) Austria

10 NAME OF FATHER Joseph Kavra

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Teresa Kavra

(Address) 619 N. Belnord ave

15 Filed , 19 T. F. C. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 17/32

17

I HEREBY CERTIFY, That I attended deceased from June 6, 1931, to Feby 17, 1932

that I last saw him alive on Feby 16, 1932

and that death occurred, on the date stated above, at 11.25 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Debility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm A Boyle M. D.

2/17/32 (Address) 705 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer | DATE OF BURIAL Feb 20 1932

20 UNDERTAKER Frank Brack Son 1906 Eastern ave | ADDRESS

HAMPSON JONES, M. D.

9-30—A & Co—250 Blks

6789 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76789

CERTIFICATE OF DEATH.

131

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH
(a) CITY OF BALTIMORE. (No. 2441 E. Monument St. 7-10 WARD)

2 FULL NAME Marie Beck

(b) RESIDENCE NO. 2441 E Monument St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? 52 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Widowe

6 If married, widowed, or divorced
(a) HUSBAND of
(or) WIFE of Victor Beck deceased

7 DATE OF BIRTH (month, day, and year) Unknown

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79			

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Bohemia

11 NAME OF FATHER Unknown

12 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

13 MAIDEN NAME OF MOTHER Unknown

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

15 Informant (Address) John Beck 2441 E Monument

Filed 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 17/32

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1931, to Feb 17, 1932
that I last saw h[er] alive on Feb 16, 1932
and that death occurred, on the date stated above, at 9.55 P m.

The CAUSE OF DEATH* was as follows:
Chronic Parenchymatous Nephritis & Myocarditis
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Pulmonary Oedema
(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) Edward J. Coost M. D.
2/17 1932 (Address) 413 N Washington

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL
Holy Redeemer	Feb. 20 1932

20 UNDERTAKER Enoch Jackson ADDRESS 1906 Eastland Ave

o. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

6790 578

E 76790

CERTIFICATE OF DEATH

† 46

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-9 Ward)

h of residence in city or town where death occurred yrs. mos. 5 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Harvey Lego

) Residence: No. 1505 Locust St., Ward. Williamsport Pa

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

nmarried, widowed, or divorced
USBAND of Martha P
r) WIFE of

E OF BIRTH (month, day, year) Jan-5-1885

Years	Months	Days	If LESS than 1 day hrs. or min.
47	1	13	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Train Dispatcher

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R R Co

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

THPLACE (city or town) Bald Eagle
tate or country) Pa

AME William Lego

IRTHPLACE (city or town) Pa
(State or country)

AIDEN NAME Emma ?

IRTHPLACE (city or town) maximum
(State or country) Pa Records

ORMANT

ddress

IAL, CREMATION, OR REMOVAL

ce Bald Eagle Date Feb. 18 1932

ERTAKER Wm T Baker Sons

ddress North Patterson

1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb-18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1932 to Feb 18, 1932

I last saw h im alive on Feb 18 1932 death is said to have occurred on the date stated above, at 5.00 A m.

The principal cause of death and related causes of importance were as follows:

Multiple Abscess of Liver

Date of onset

Other contributory causes of importance

Name of operation Exploratory Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. M. Cade, M. D.

(Address) Johns Hopkins Hospital

No. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

6791

CERTIFICATE OF DEATH

X 5 E 76791

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. St. Joseph Hosp 9-17 Ward)

th of residence in city or town where death occurred yrs 3 mos ds How long in U.S. If of foreign birth? yrs mos ds.

FULL NAME Joseph Dennis

a) Residence: No. Woodstock Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

married, widowed, or divorced
HUSBAND of
or) WIFE of

TE OF BIRTH (month, day, year) Sept 23 1907

Years	Months	Days	If LESS than 1 day hrs. or min.
24	4	25	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Thrower

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 023

Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

RTHPLACE (city or town) State or country) Maryland.

NAME Jos. Dennis

IRTHPLACE (city or town) (State or country) Germany

AIDEN NAME Mary Stanke

IRTHPLACE (city or town) (State or country) Germany

ORMANT Mary Dennis

ddress) Granite Md

IAL, CREMATION, OR REMOVAL Thomas Cem Woodstock Md Date 2-20 1932

DERTAKER Bernard C Harle

ddress) 1000 S Paca St

1932 ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1931, to Feb 17, 1932

I last saw him alive on Feb 17 1932 death is said to have occurred on the date stated above, at 10:45 P.M.

The principal cause of death and related causes of importance were as follows:

Malta Fever — Date of onset Aug 31

Other contributory causes of importance:

Toxemia, 3 weeks
Toxin Cerebritis

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) G. Brown Gardner M. D.

(Address) St Joseph Hosp

No. 5 It 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

6792

E 76792

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Baltimore City Hospitals

Y OF BALTIMORE: (No. ..... St., 7-3-32 Ward)

h of residence in city or town where death occurred 27 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? life mos. ... ds.

FULL NAME Marie Williams

) Residence: No. 121 Seldner Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Married

married, widowed, or divorced
USBAND of
r) WIFE of George H. Williams

E OF BIRTH (month, day, year) ?

Years	Months	Days	If LESS than 1 day, hrs. or min.
49 ?			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
Industry or business in which work was done, as silk mill, saw mill, bank, etc.
Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

YTHPLACE (city or town) Eckmock Co.
tate or country) Va.

NAME Washington Summers

IRTHPLACE (city or town) ?
(State or country) Va.

AIDEN NAME Peggie Philips

IRTHPLACE (city or town) ?
(State or country) Va.

ORMANT Records of
ddress) Balto. City Hosp.

IAL, CREMATION OR REMOVAL HOPKINS HOSPITAL
Date FEB 16 1932

ERTAKER Commissioner Health
ddress)

D 1932 C. HANSON JONES, M. D.

(Signed) ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1931, to Feb. 15, 1932
I last saw her alive on Feb. 15, 1932 death is said to have occurred on the date stated above, at 6:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis, cerebral	6-26-31
multiple	

Other contributory causes of importance:

Arteriosclerosis	1931

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jos. Sinnitzer Jr., M. D.
(Address) Balto.

o. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

76793

23 E 76793

CERTIFICATE OF DEATH

PLACE OF DEATH Baltimore City Hospitals (Phen.) 16-2 Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No..... St., ... Ward)

h of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME John Sherman

) Residence: No. 3442 Leaverton ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Single

married, widowed, or divorced
HUSBAND of
r) WIFE of

E OF BIRTH (month, day, year) 1859

Years	Months	Days	If LESS than 1 day hrs. or min.
72			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc Unknown

Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

ITHPLACE (city or town) State or country) Maryland

NAME Unknown

BIRTHPLACE (city or town) (State or country) Unknown

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) Unknown

ORMANT Hospital records
Address)

IAL, CREMATION, OR REMOVAL HOPKINS HOSPITAL FEB 18 1932
Date ..... 19...

ERTAKER Commissioner Health
Address) PAUL E. WOODARD

1932 C. HAMPSON JONES, M.D.
D ..... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 18, 1931 to Feb. 15, 1932

I last saw him alive on Feb. 15 1932 death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unknow
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) Lawrence H. Jones, M. D.

(Address) Baltimore City Hospitals

o. 5-31 250B

794 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓

CERTIFICATE OF DEATH

31 E 76794

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Baltimore City Hospitals

Y OF BALTIMORE: (No. 19-27 St., Ward)

h of residence in city or town where death occurred 21 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Benjamin Kelley

) Residence: No. 530 N. Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	Colored	Widowed

married, widowed, or divorced
USBAND of Mary
or) WIFE of

TE OF BIRTH (month, day, year) March 27, 1876

Years	Months	Days	If LESS than 1 day, hrs. or min.
55	10	21	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster
Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
Date deceased last worked at this occupation (month and year) ? | 11. Total time (years) spent in this occupation ?

THPLACE (city or town) Howard Co.
tate or country) Md.

NAME Sam Kelley

BIRTHPLACE (city or town) Howard Co.
(State or country) Md.

MAIDEN NAME Annie Howard

BIRTHPLACE (city or town) Howard Co.
(State or country) Md.

ORMANT Records of
ddress) Balto. City Hosp.

IAL, CREMATION, OR REMOVAL Locust Grove Date Feb 21 19 32

ERTAKER Easton Sons
ddress) Ellicott City, Md.

19 32 C. HAMPSON JONES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17, 19 32

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 19 32 to Feb. 17, 19 32
I last saw him alive on Feb. 17, 19 32 death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia, Acute	1 wk.
Other contributory causes of importance:	
Nephritis, chr.	2 yrs.

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
(Address) City

M & T.—100 B—50L

E 76795

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76795

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO. 18-001

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No.) West Balto Ley Hosp. WARD) 15-61

2-FULL NAME Mary E. Hall

(a) RESIDENCE NO. 2207 Ellamont St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

married, widowed, or divorced HUSBAND of (or) WIFE of Wesley H.

DATE OF BIRTH (month, day, and year): July 29 1857

AGE: Years 74 Months 6 Days 19 If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto Md

NAME OF FATHER: Clayton Gaywood

BIRTHPLACE OF FATHER (city or town) (State or country): N. J.

MAIDEN NAME OF MOTHER: Margaret E. Brown

BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

INFORMANT: Mrs. Mary E. Hall

(Address): 2207 Ellamont

Filed 2-3-32, 192 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 1st 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fall in bath room

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

Signed) H. Hampson Jones, M. D.

19 (Address) Feb 1 1932 Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Cemetery

DATE OF BURIAL: 2/20 1932

20 UNDERTAKER: George L. Schwab

ADDRESS: 2101 Eutaw

0—M. & T.—100 B—50L

76796

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10E 76796

1-PLACE OF DEATH Pronounced daed at the
CITY OF BALTIMORE: (No.) St. Joseph's Hospital. ST., 36-42 WARD) REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph J. Kunzelmann.

(a) RESIDENCE NO. 5930 Green Hill Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 24 yrs. 8 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

married w~~xxxxxxxxxx~~
HUSBAND of ~~xxxxxxx~~ Catherine M. Kunzelmann.

TE OF BIRTH (month, day, and year) May 19, 1907

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	24	8	28	

CUPATION OF DECEASED
) Trade, profession or particular kind of work: Gym. Instructor.
) General nature of industry, business, or establishment in which employed (or employer): Turnverein
) Name of employer: Vorwaerta.

THPLACE (city or town) (State or country): Baltimore, Md.

NAME OF FATHER John Kunzelmann.

BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

MAIDEN NAME OF MOTHER Rosa Kullick.

BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

mant Catherine Kunzelmann. (wife)
ddress) 5930 Green Hill Ave.

1932 G. HAMPSON JONES, M. D. Registrar
A 612

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 17, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Fracture of the skull. Collision between automobile which he was operating and another

(duration) yrs. mos. ds. CONTRIBUTORY (Secondary) Accidental Death

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2100 Stock Retair Rd. Feb. 17, 1932

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquest.

(Signed) Otto W. Heinrichs, M. D. Coroner

2/18/32, 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cem

DATE OF BURIAL: Feb 19 1932

20 UNDERTAKER: Jos. Mrs. J. W. Taylor & Son

ADDRESS: Cor W. [illegible]

o. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

6797

CERTIFICATE OF DEATH

122 E 76797

PLACE OF DEATH

Registered No. 28-64

Y OF BALTIMORE: (No. So. Balto Gen'l Hosp. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Mr Harry Maughan

a) Residence: No. 4308 Forest Park Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

married, widowed, or divorced
USBAND of
or) WIFE of

TE OF BIRTH (month, day, year) April 8, 1863

Years	Months	Days	If LESS than 1 day, hrs. or min.
68 yrs	10	10	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

THPLACE (city or town) England
tate or country)

NAME Pat Maughan

BIRTHPLACE (city or town) England
(State or country)

MAIDEN NAME Unknown

BIRTHPLACE (city or town) Unknown
(State or country)

ORMANT Hospital Records
ddress)

AL, CREMATION, OR REMOVAL
hiladelphia Pa. Date Feb 19 1932

ERTAKER Harry H Wetzke
ddress) 901 Edmondson Ave

1932 19 Registrar.
H. of H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-18-1932

22. I HEREBY CERTIFY, That I attended deceased from 2-18-32, 1932, to 2-18-32, 1932

I last saw him alive on 2-18-32, 1932 death is said to have occurred on the date stated above, at 3 20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 days

Other contributory causes of importance:

Arteriosclerosis C.V. Renal Disease	10 yrs
Hypertension	
Bronchial asthma	

Name of operation Umbilical herniotomy Date of 2-16-32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm J. Sullivan M. D.

(Address) Co Baltimore Gen'l Hosp

Fo. 5 H 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76798

CERTIFICATE OF DEATH

6798

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1106 Linden Ave St. 16-23 Ward)

h of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Grace Thomas

) Residence: No. 1106 Linden Ave St., Ward.
(If usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Colored	Married

married, widowed, or divorced
SBAND of
) WIFE of Frederick Thomas

TE OF BIRTH (month, day and year) August 1892

Years	Months	Days	If LESS than 1 day, hrs or min
	0		

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 40

ETHPLACE (city or town) (State or country) Md

NAME Grace Thomas

BIRTHPLACE (city or town) (State or country) Balto Md

MAIDEN NAME [illegible]

BIRTHPLACE (city or town) (State or country) Md

ORMANT [illegible]
ddress)

IAL, CREMATION, OR REMOVAL
ce Mt Calvary Cem Date 2/18 1932

ERTAKER Mendal A. Gaddis
ddress) 1211 Pennsylvania Ave

D 1932 C. HARRISON BONNER, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1932 to Feb 16 1932

I last saw h. alive on Feb 16 1932 death is said to have occurred on the date stated above, at 5.30 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

1. Pulmonary Tuberculosis

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Grace E. Grant M. D.

(Address) 1106 Linden Ave

Co. 5-31 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

76799 — E 76799

CERTIFICATE OF DEATH

Registered No. 9-47 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1206 E. 33rd St., 9 Ward)

th of residence in city or town where death occurred Life yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

FULL NAME Benjamin Franklin Woelfer Jr.

(a) Residence: No. 1206 E. 33rd St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

ERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

married, ~~widowed or divorced~~
USBAND of Cecille Blanche Woelfer

TE OF BIRTH (month, day, year) Mar 15th 1869

6. Years	Months	Days	If LESS than 1 day, hrs or min.
62	11	3	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Balto Post Master 46
Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Gov't.
Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

NAME Benj F. Woelfer Sr

BIRTHPLACE (city or town) (State or country) Balto Md

MAIDEN NAME Rebecca Meyer

BIRTHPLACE (city or town) (State or country) Balto Md

ORMANT Cecille B. Woelfer

ddress) 1206 E. 33rd St

IAL, CREMATION, OR REMOVAL

t'o Cemetery Date 2/20/1932

ERTAKER Wm Coot

ddress) 127 St Paul St

ED . 19 Registrar

2-932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18th 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 22 1931 to Feb 18 1932

I last saw h— alive on Feb 18 1932 death is said to have occurred on the date stated above, at 5:40 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	Feb 16-
Cardio-Vascular-renal disease - about 2 yrs -	
Other contributory causes of importance: arterial Hypertension 2 yrs	

Name of operation — Date of —

What test confirmed diagnosis? Urine + Phy. exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Louis F. Krumrein M. D.

(Address) 722 N. Kenwood Ave

HEALTH DEPARTMENT CITY OF BALTIMORE

E 76800

76800

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 2740 Alameda Boulevard)

th of residence in city or town where death occurred Life yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

ULL NAME Katherine E. Boerger

) Residence: No. 2042 Harlem Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Divorced

~~married~~ widowed, ~~or married~~
~~HUSBAND~~ WIFE of Louis H. Boerger

E OF BIRTH (month, day, year) July 22nd 1864

7. Years	Months	Days	If LESS than 1 day, hrs or min
67	6	26	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

THPLACE (city or town) Balto
State or country) Md

NAME Wm Weber

IRTHPLACE (city or town) Germany
(State or country)

AIDEN NAME Elizabeth Marshall

IRTHPLACE (city or town) Germany
(State or country)

ORMANT Carl A Boerger
ddress 2042 Harlem Ave

IAL, CREMATION, OR REMOVAL St Matthews Cemetery Date Feb 20th 1932

ERTAKER Wm Cook
ddress) 1217 St Paul St

ED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18th, 1932

22. I HEREBY CERTIFY, That I attended deceased from December 17, 19 31 to February 18, 1932

I last saw her alive on February 18 1932 death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis and Insufficiency	1928
Other contributory causes of importance: Cardiac decompensation with Pulmonary Edema	2/1/32

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles O'Hanlon M. D.

(Address) 2746 Alameda Blvd.

Bartholomaei

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76801

76801

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 37-48 Ward)

Length of residence in city or town where death occurred 7 yrs. 11 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Mr. Albert S. Bartholomaei

(a) Residence: No. 5003 Alhambra Ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
W	Married

(If married, widowed or divorced) HUSBAND of Annie E. Bartholomaei

DATE OF BIRTH (month, day, year) March 31, 1853

Years	Months	Days	If LESS than 1 day, hrs. or min.
78	10	16	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Safety (?) Engineer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. No

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

NAME Unknown - deceased

BIRTHPLACE (city or town) (State or country)

MAIDEN NAME Unknown - deceased

BIRTHPLACE (city or town) (State or country)

INFORMANT Annie Bartholomaei

Address 5003 Alhambra Ave

BURIAL, CREMATION, OR REMOVAL London Park Cemetery 2/20/1932

UNDERTAKER Wm Cook

Address 1217 E. Fayette St.

C. HAMPSON JONES, M. D.

FILED 1932 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-17-1932

22. I HEREBY CERTIFY, That I attended deceased from 1-16, 1932, to 2-17, 1932

I last saw him alive on 2-17, 1932 death is said to have occurred on the date stated above, at 7:35 p m.

The principal cause of death and related causes of importance were as follows:

Coma

Date of onset 2-1-31

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? Partial

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) Samuel McLanahan, M. D.

(Address) Union Memorial Hosp

Co. 5-31 250B

76802 HEALTH DEPARTMENT CITY OF BALTIMORE ✓ 121 E 76802

CERTIFICATE OF DEATH

Registered No. 27-44

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 27-44 Ward)

Length of residence in city or town where death occurred yrs mos 6 ds. How long in U.S. If of foreign birth? yrs mos ds.

FULL NAME Charles Owens Burgess

(a) Residence: No. 3101 Batavia Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 10 1919

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min
	3 yrs.	5	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

13. NAME of Melvin F Burgess

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Ola Walker

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Melvin Burgess
Address 3101 Batavia Ave

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Cem 2/19 1932

19. UNDERTAKER W. M. Lowe
Address 1217 E. Fayette St

FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2/12/32, 19..., to 2/18/32, 19...

I last saw him alive on 2/16/32, 19..., death is said to have occurred on the date stated above, at 8.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Peritonitis	6 days.
2) Appendicitis	1 wk.

Other contributory causes of importance:

Name of operation - Appendectomy Date of 2/12/32

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Earl L. Chambers, M. D.

(Address) Mercy Hospital

CHAMPION JONES, M.D.

—1-30—M. A T.—250 Hks

E 76803

HEALTH DEPARTMENT—CITY OF BALTIMORE

76803

CERTIFICATE OF DEATH.

160-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Franklin Sq. Hosp.

OF BALTIMORE: (No. Cathcart and Fayette ST. 15 WARD)

FULL NAME Mary Anne Shrift.

RESIDENCE NO. 1212 Baltimore St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced (HUSBAND) of (or) WIFE of none

7 DATE OF BIRTH (month, day, and year) Feb. 18, 1932

Years	Months	Days	If LESS than 1 day, 1 hrs. or 50 min.
—	—	—	—

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work no

(b) General nature of industry, business, or establishment in which employed (or employer) no

(c) Name of employer no

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Thos. Mellis Shrift.

11 BIRTHPLACE OF FATHER (city or town) (State or country) King & Queen Co. Va.

12 MAIDEN NAME OF MOTHER Anna Belle Kent

13 BIRTHPLACE OF MOTHER (city or town) (State or country) King & Queen Co. Va.

14 Informant Mrs. Thos. M. Shrift.

(Address)

1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/18/32

17 I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1932 to Feb. 18, 1932

that I last saw her alive on Feb. 18, 1932

and that death occurred, on the date stated above, at 11,50 a. m.

The CAUSE OF DEATH* was as follows:

Intrauterine asphyxia

(duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Prolapsed cord

— (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical Findings

(Signed) J. A. Buchness, M. D.

(Address) 375 S. Stricker St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL 2/19 1932

ADDRESS

20 UNDERTAKER E. J. Canning & Son - 1936 Lafayette Ave

No. 1-31 2-08

HEALTH DEPARTMENT CITY OF BALTIMORE

804 — CERTIFICATE OF DEATH — 114 — Registered No. E 76804

PLACE OF DEATH Baltimore City Hospitals St. 1 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. ..... St. ..... Ward)

th of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? 18 yrs. ... mos. ... ds.

FULL NAME Adam Tomaszewski

n) Residence: No. 2441 Fleet St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Josephine

7. DATE OF BIRTH (month, day, year): ? 1876

8. Years	Months	Days	If LESS than 1 day, hrs. or min.
56			

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country): Poland

12. NAME: Francis Tomaszewski

13. BIRTHPLACE (city or town) (State or country): Poland

14. MAIDEN NAME: Antoinette ?

15. BIRTHPLACE (city or town) (State or country): Poland

16. INFORMANT (Address): Records of Balto. City Hosp.

17. BURIAL, CREMATION, OR REMOVAL: Place Holy Rosary Date Feb 19, 1932

18. UNDERTAKER (Address): John M. Meyer 401 S. Chester St

19. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1932 to Feb. 17, 1932

I last saw him alive on Feb. 17, 1932 death is said to have occurred on the date stated above, at 12:33 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung Abscess	4 months

Other contributory causes of importance:

Chronic Bronchitis	Long

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. C. Hampson Jones M. D.

(Address) Balto. City Hosp.

0—M & T—200 B—60L

HEALTH DEPARTMENT—CITY OF BALTIMORE

76805 — E 76805

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) City Hospital ST. 76-37 WARD

2-FULL NAME Harry Muggiller.

(a) RESIDENCE NO Sulpher Spring Road ST., Halethorpe md WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

(If married, widowed, or divorced HUSBAND) of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 10 1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	10	8	

7 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Lumpmason

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Md

NAME OF FATHER Frederick Muggiller

BIRTHPLACE OF FATHER (city or town) (State or country) Germany

MAIDEN NAME OF MOTHER Rose Horn

BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mrs. Chas. T. Schrinp

(Address) Sulphur Spring Rd Halethorpe

Filed ..... 1932 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No Clinical

What test confirmed diagnosis?

(Signed) B F Herzog M. D. Coroner

1/18, 1932 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery — DATE OF BURIAL Feb. 20 1932

UNDERTAKER Harry K. Antzybe — ADDRESS 4101 Edmondson Ave

c.—9-30—A. & Co.—250 Blks

76806 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 76806

CERTIFICATE OF DEATH

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

(a) CITY OF BALTIMORE: (No.) Church Home Infirmary (ST.) (WARD)

2. FULL NAME Mrs. Alvah Merritt

(a) RESIDENCE NO. Sparrows Point (ST.) Md (WARD)
(Usual place of abode) (If non-resident give city or town and State)

(b) Length of residence in city or town where death occurred yrs. mos 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Ethel B Merritt

6 DATE OF BIRTH (month, day, and year) Jan 1, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	1	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Self.

9 BIRTHPLACE (city or town) Balto Co
(State or country) Md.

10 NAME OF FATHER Alvah Merritt

BIRTHPLACE OF FATHER (city or town) Balto Co
(State or country) Md

MAIDEN NAME OF MOTHER Lillie E Todd.

BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md

Informant Richard Merritt
(Address) Dundalk Md

Filed 1932, 19 Registrar RFH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/17/1932

17 I HEREBY CERTIFY, That I attended deceased from 1-24, 1932, to 2-17, 1932

that I last saw him alive on 2-17, 1932

and that death occurred, on the date stated above, at 11 10 a. m.

The CAUSE OF DEATH* was as follows:

Bronchial pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Exsipelas

(duration) yrs. mos. 24 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Allyn B. Choate M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oakland Cemetery — DATE OF BURIAL: Feb 19 1932

20 UNDERTAKER: Hughes & Jones — ADDRESS: 1st & Broadway.

No. 5-H 2908

76807 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 76807

CERTIFICATE OF DEATH

108

PLACE OF DEATH St Agnes Hospital

Registered No. 28-64

Y OF BALTIMORE: (No. Caton & Wilkens Ave St. 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 49 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Fortunato Schiattino

a) Residence: No. 4306 Douglas Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
white	married

married, widowed, or divorced HUSBAND of (or) WIFE of Grace Gambel

TE OF BIRTH (month, day, year) Sept 19, 1883

Years	Months	Days	If LESS than 1 day, hrs. or min.
48	—	—	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

THPLACE (city or town) (State or country) Baltimore Md.

NAME Giovanni Schiattino

IRTHPLACE (city or town) (State or country) Italy

AIDEN NAME

IRTHPLACE (city or town) (State or country) Italy

ORMANT Ashley Schiattino

ddress) 4306 Douglas Ave.

IAL, CREMATION, OR REMOVAL

ce Greene Mynut Date 2/20 1932

ERTAKER Henry W. Meares & Son

ddress) 804 N. Eutaw St

ED 1932 HAMILTON JONES, M. D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-18 1932

22. I HEREBY CERTIFY, That I attended deceased from February 13th, 1932 to Feb. 18th, 1932

I last saw him alive on Feb. 18th, 1932 death is said to have occurred on the date stated above, at 9 12 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Central.	2/6/32
Other contributory causes of importance: Intestinal Stasis	2/16/32

Name of operation none Date of

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Jos Lovato, M. D.

(Address) St Agnes Hospital

Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

76808 Ded. 76808 107-E 76808

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

Y OF BALTIMORE: (No. ..... St. 16-22 Ward)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME William Thomas

n) Residence: No. 1140 N. Strickers., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Child

married, widowed, or divorced
HUSBAND of
or) WIFE of

TE OF BIRTH (month, day, year) Feb. 11, 1930

Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
1		6	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0
Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0
Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) State or country) Md.

NAME William Thomas

BIRTHPLACE (city or town) (State or country) Md.

MAIDEN NAME Ethel Dorsey

BIRTHPLACE (city or town) (State or country) Md.

ORMANT Records
ddress) JOHNS HOPKINS HOSPITAL

IAL, CREMATION, OR REMOVAL
ce St Peters Cemtery Date Feb 19 1932

ERTAKER Thomas E. Kelly
ddress) 1303 Presstman St

ED ..... 19... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1932 to Feb. 17, 1932
I last saw him alive on Feb. 17, 1932 death is said to have occurred on the date stated above, at 2:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema	2-9-32
Pneumothorax Tuberculosis	2-9-32
Bronchopneumonia	

Other contributory causes of importance:

Name of operation ..... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) John A. Warfield, M. D.
(Address) Johns Hopkins Hospital

...c—9-20—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 76809

76809

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No.) 1529 N Eutaw St. (WARD) 15-21

2. FULL NAME Mrs. Rose N. Ashman

(a) RESIDENCE No. 1529 N. Eutaw St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? 26 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of Hilda Ashman

6 DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Off

(b) General nature of industry, business, or establishment in which employed (or employer) Shoe Maker

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Poland

9 NAME OF FATHER Frederick Ashman

10 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

11 MAIDEN NAME OF MOTHER Cecilia

12 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

13 Informant (Address) Eleanor R. Ashman 2035 Wilkins ave

14 Filed 1932 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-18-32

17 I HEREBY CERTIFY, That I attended deceased from 11/23/ 1931 to 2/18/ 1932

that I last saw h— alive on 2/18/ 1932

and that death occurred, on the date stated above, at 1:30 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Head Pancreas (direct & ofint).

(duration) 4 mos yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Just prior to death by Consultation

(Signed) C. Jeffery M. D.

2/19 1932 (Address) 91 W. Lombard

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holmes Washington, Pa. DATE OF BURIAL 2-19 1932

20 UNDERTAKER Geist Service ADDRESS 1439 E Baltimore St

No. S-H 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76810 — CERTIFICATE OF DEATH — E 76810

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 914 Brooks Lane St., 13-59 Ward)

(Length of residence in city or town where death occurred) 2 yrs. mos. ds. How long in U.S. If of foreign birth? 2 yrs. mos. ds.

FULL NAME Ethel Wallenstein

(a) Residence: No. 914 Brooks Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Wh.	Widower

If married, widowed, or divorced
(a) HUSBAND of
(or) WIFE of Jack R. Wallenstein

DATE OF BIRTH (month, day, year) July 4 1849

Years	Months	Days	If LESS than 1 day, hrs. or min.
82	7	14	

Trade, profession, or particular kind of work done, as **spinner, sewyer, bookkeeper,** etc. Retired Merchant

Industry or business in which work was done, as **silk mill, saw mill, bank,** etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

NAME OF Father Wallenstein

BIRTHPLACE (city or town) (State or country) Russia

MAIDEN NAME Dora Kraus

BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Catherine Wallenstein

Address 914 Brooks Lane

BURIAL, CREMATION, OR REMOVAL Mt. Lebanon Date 2-19 1932

UNDERTAKER Lord Lane & Co.

Address 1727 E. Balto St.

FILED 1932 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-18 1932

22. I HEREBY CERTIFY, That I attended deceased from April 15 1929 to February 18 1932

I last saw him alive on Feb. 18 1932 death is said to have occurred on the date stated above, at 3.10 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb. 17, 1932
Other **contributory causes** of importance: Chronic Bronchitis	5 years

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Morris A. Vamvoris M. D.

(Address) 1705-7 E. Baltimore St.

0—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-001

E 76811

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

6311

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 2700-Harford Road ST. 9-46 WARD)

2-FULL NAME Amelia Katherine Vegee

(a) RESIDENCE NO 2700-Harford Road ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
emale	White	Married

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of George E. Vegee

7 DATE OF BIRTH (month, day, and year) 10/23/1892

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	3	25 24	

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

11 NAME OF FATHER Henry Uhl

12 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

13 MAIDEN NAME OF MOTHER Thresa Degelmann

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

15 Informant George E. Vegee
(Address) 2700-Harford Road.

Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12/32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating Gas Asphixiation
Bracket (wall) open - Suicide
(Bath Room)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. H. Watts, M. D.
Coroner

2/13/32 (Address) 208 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL 2/15/32

20 UNDERTAKER George J. Roth Inc. — ADDRESS 1730 Hoy

E 76812

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76812

461

CERTIFICATE OF DEATH

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 501 S. Luzerne Ave. ST 1-3 WARD)

2 FULL NAME CAROLINE ROETTGER

(a) RESIDENCE NO 501 S. Luzerne Ave. ST. WARD
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louis Roettger

6 DATE OF BIRTH (month, day, and year) Oct. 3, 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	4	14	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) Baltimore
(State or country)

9 NAME OF FATHER Kehne

BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

Informant Mr. Louis Roettger (Husband)
Address 501 S. Luzerne St.

1932 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 17. 1932

17
I HEREBY CERTIFY, That I attended deceased from Nov. 8 1931 to Feb. 17 1932
that I last saw h alive on Feb 17 1932
and that death occurred, on the date stated above, at 12.12 a m
The CAUSE OF DEATH* was as follows:

Carcinoma of the Liver

(duration) yrs. 6 mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis? P. S. & S.

(Signed) John J. Kraus M. D.
19 (Address) 427 E. Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL
Baltimore Cemetery

20 UNDERTAKER
Henry Sander & Sons Inc

DATE OF BURIAL
Feb. 1932

ADDRESS
BALTIMORE & BROADWAY

No. 4-41 3508

HEALTH DEPARTMENT CITY OF BALTIMORE

82-1 E 76313

76813

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1220 E. Eager St. 10-14 Ward)

th of residence in city or town where death occurred 74 yrs. 5 mos. 18 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

ULL NAME Joseph F. Engelmeyer

a) Residence: No. 1220 E. Eager St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

married, widowed, or divorced
HUSBAND of
or) WIFE of Mrs Mary D. Engelmeyer

TE OF BIRTH (month, day, year) Sept. 1 1857

Years	Months	Days	If LESS than 1 day, hrs. or min.
74	5	18	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
Industry or business in which work was done, as silk mill, saw mill, bank, etc.
Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) Balto. Md
State or country)

NAME Joseph M. Engelmeyer

IRTHPLACE (city or town) Germany
(State or country)

AIDEN NAME Lucy Koerner

IRTHPLACE (city or town) Germany
(State or country)

ORMANT Mrs Mary D. Engelmeyer
ddress) 1220 E Eager St

IAL, CREMATION, OR REMOVAL
Holy Redeemer Date Feb. 22 1932

DERTAKER Henry Koch Sons Inc
ddress) 301 E Eager St

ED ..... 19.... H J ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/19/32 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 6th 31, to Feby 19 1932
I last saw h live on Feby 18 1932 death is said
to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Dec 6 1931
Uremia	Feby. 14 1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. K. Moser, M. D.

(Address) 4900 Reisterstown Road

No. 4 41 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

814

CERTIFICATE OF DEATH

93-0 L 76814

Registered No. 93-33

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No.) 451 Henry St Sp. Ward 23

th of residence in city or town where death occurred 64 yrs. 11 mos. 27 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME John W. Seymour

a) Residence: No. 451 Henry St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Married

Married, widowed, or divorced (HUSBAND of or) WIFE of Margaret Schuler

TE OF BIRTH (month, day, year) March 21, 1867.

Years	Months	Days	If LESS than 1 day, hrs. or min.
64	10	27	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pattern Maker

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

RTHPLACE (city or town, state or country) Baltimore

NAME John Seymour

BIRTHPLACE (city or town) (State or country) Baltimore Md

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) Baltimore

(FORMANT Mrs Margaret Seymour
ddress) 451 Henry St

IAL, CREMATION OR REMOVAL
ce Greenmount Cem. Date 2/20 1932

ERTAKER Charles F. Evans
ddress) 501 E Fort Ave

ED Baltimore 19 M. C. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1932 to Feb 17 1932

I last saw h-m alive on Feb 17 1932 death is said to have occurred on the date stated above, at 2:12 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia.	Feb 10, 32
Other contributory causes of importance: Myocarditis	Nov 26/31

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry F. Buettner, M. D.

(Address) 1319 Light St.

No. S-41 2508

HEALTH DEPARTMENT CITY OF BALTIMORE 76815

76815

CERTIFICATE OF DEATH

131

PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 1203 Cookson St. 24-35 Ward)

th of residence in city or town where death occurred 49 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary Ballwang

n) Residence: No. 1203 Cookson St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Married

married, widowed, or divorced
HUSBAND of
or) WIFE of Charles Ballwang

TE OF BIRTH (month day year) Jan 10 1883

Years	Months	Days	If LESS than 1 day, hrs or min.
49	1	8	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
Industry or business in which work was done, as silk mill, saw mill, bank, etc.
Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

THPLACE (city or town) (State or country) Hungary

NAME John Auer

BIRTHPLACE (city or town) (State or country) Hungary

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) Unknown

ORMANT Mr Charles Ballwang
ddress) 1203 Cookson St

IAL, CREMATION, OR REMOVAL
Greenlawn Park Date Feb 23 19 32

ERTAKER Charles L. Stevens
ddress) 1001 E Fort Ave

ED FEB 23 1932 H. LAMPSON HUGHES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day year) 2-18-32

22. I HEREBY CERTIFY, That I attended deceased from 1-9, 1932 to 2-18, 1932

I last saw her alive on 2/18, 1932 death is said to have occurred on the date stated above, at 4:30 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	unknown
Hypertension	

Other contributory causes of importance:
Chronic Myocarditis.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James Brown M. D.

(Address) 705 Medical Arts Bldg

D. B. 1268-0

76816 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 V E 76816

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 622 Carlton St. 16-26 (Ward)

(Length of residence in city or town where death occurred) 52 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

FULL NAME Rebecca Daley

(a) Residence: No. 622 Carlton St., Ward.

(Usual place of abode) 622 Carlton St.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | Color or Race: Black | 5. Single, Married, Widowed, or Divorced (write the word): Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Thomas Daley

DATE OF BIRTH (month, day, year): Feb 15 1858

AGE: Years: 74 | Months: | Days: | If LESS than 1 day, hrs. or min.:

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 070

Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (City or town) (State or country): Balto Co. Md

NAME OF FATHER: John Ramsay

BIRTHPLACE (city or town) (State or country): Md

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE (city or town) (State or country): Unknown

INFORMANT (Address): Agnes A Ramsey 622 Carlton St.

DISPOSITION OF REMOVAL: Aug 2 19 32

UNDERTAKER (Address): Samuel E Thacker 5 Thacker St.

FILED 19 Registrar.

FEB 13 1932 HAMILTON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 15 1932

22. I HEREBY CERTIFY, That I attended deceased from June 15 1930 to July 15 1932

I last saw h alive on July 15 1932 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic interstitial nephritis

2 years

Date of onset

Other contributory causes of importance:

None

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hall Hamilton M. D.

(Address) 817 Cathedral

76817 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76817

CERTIFICATE OF DEATH. 23

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 302 Gilmore ST. 14-27 WARD)

2-FULL NAME Elroy Hinson

(a) RESIDENCE NO. 302 N Gilmore ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

6 If married, widowed, or divorced (HUSBAND of (or) WIFE of) Single

7 DATE OF BIRTH (month, day, and year) [illegible]

Years	Months	Days	If LESS than 1 day, hrs. or min.
35	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Porter & Labor

(b) General nature of industry, business, or establishment in which employed (or employer) Lexington Hotel

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Wm E. Hinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Elizabeth Holliday

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Wm E. Johnson
(Address) 302 N. Gilmor st

15 Filed Feb 19 1932 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-16-1932

17 I HEREBY CERTIFY, That I attended deceased from Feb. 8th, 1932, to Feb 16th, 1932, that I last saw h[illegible] alive on Feb 14, 1932, and that death occurred, on the date stated above, at 8.20 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos 8 ds

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 3 ds

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Jos C Carpenter, M. D.

, 19 (Address) 1433 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson Cemetery — DATE OF BURIAL Feb. 19, 1932

20 UNDERTAKER Joseph A. Lively — ADDRESS 409 N. Mount St.

Co. 5-31 2500

76818 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 76818

CERTIFICATE OF DEATH 95-002

PLACE OF DEATH

Registered No. 18-34

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 809 HOLLINS St., 18 Ward)

th of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME VICTORIA DASHKEVICH

(a) Residence: No. 809 HOLLINS St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

married, widowed, or divorced HUSBAND of or) WIFE of Vickter Dashkevich

TE OF BIRTH (month, day, year) No. 1881

51 Years	Months	Days	If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Lithvania
State or country)

NAME Vatacia Aleknavitch

BIRTHPLACE (city or town) Lithvania
(State or conntry)

MAIDEN NAME Votaria Dapkevich

BIRTHPLACE (city or town) Lithvania
(State or country)

ORMANT John Dashkevich
ddress) 809 Hollins Street

RIAL, CREMATION, OR REMOVAL
ce Holy Redeemer Date Feb. 20. 1932

ERTAKER John Grebliauckas
ddress) 423 S Paca Street

ED. 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17. 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1- 1931 to July 17 1932

I last saw h-r alive on July 16 1932 death is said to have occurred on the date stated above, at 9 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac hypertrophy	
interstitial	

Other contributory causes of importance:

Cardiac dilatation	1
about Aug. 1931	

Name of operation — Date of —

What test confirmed diagnosis? ~~Was there an autopsy?~~ No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. Trilinger M. D.

(Address) 672 Wash Blvd

—1-12-23—M&T—500 Blks.

E 76819 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76819

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3028 E Monument St. WARD) 7-11

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna M Bond

(a) RESIDENCE NO. 3028 E Monument St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. — mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

married, widowed, or divorced (or) WIFE of Harry Bond

TE OF BIRTH (month, day, and year) Feb 6 1898

Years	Months	Days	If LESS than 1 day, hrs or min.
34		12	

UPATION OF DECEASED

Trade, profession or rticular kind of work housewife

General nature of industry, siness, or establishment in hich employed (or employer)

Name of employer

THPLACE (city or town) Balto Md

te or country)

NAME OF FATHER John Schuelpoen

BIRTHPLACE OF FATHER (City or town)

State or country) Germany

MAIDEN NAME OF MOTHER Barbara Andreas

BIRTHPLACE OF MOTHER (city or town) Germany

State or country)

Informant Mr. Harry M Bond

Address 3025 E Monument St

Filed 1932 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-18 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 7th 1932 to 2-18 1932

that I last saw her alive on 2-18- 1932

and that death occurred, on the date stated above, at 7 PM m.

The CAUSE OF DEATH* was as follows:

Amyotrophic Lateral Sclerosis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Myocardial degeneration

(duration) yrs. mos. 3- ds.

18 Where was disease contracted if not at place of death? unknown.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) D Paul Miller, M. D.

2/19 1932 (Address) 1500 N Howard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn — DATE OF BURIAL Feb 21 1932

20 UNDERTAKER John T Dennis — ADDRESS 715 Light St

pec.—1-10-21—M&T—1500 Blks.

76820

HEALTH DEPARTMENT—CITY OF BALTIMORE E 76820

CERTIFICATE OF DEATH.

157-004

1-PLACE OF DEATH Franklin Square Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. Fayette & Calhoun ST. 18-29 WARD)

2-FULL NAME Carl Seals

(a) RESIDENCE NO. 119 S. Carlton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced. (write the word): single

If married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, and year) Dec. 1931

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2		

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

RTHPLACE (city or town) Baltimore (State or country) Maryland

NAME OF FATHER Charles Seals

BIRTHPLACE OF FATHER (city or town) Not known (State or country)

MAIDEN NAME OF MOTHER Helen Blosser

BIRTHPLACE OF MOTHER (city or town) Not known (State or country)

Informant Mother.

Address) 119 S. Carlton

Filed FEB 19 1932

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 18 1932

17

I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1932, to Feb. 18, 1932,

that I last saw him alive on Feb. 18, 1932,

and that death occurred, on the date stated above, at 11:25 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia lobar bilateral

Appendicitis chronic

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) None.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Mary Bahmueller, M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: FEB 18 1932, 19

20 UNDERTAKER: Commissioner Health.

ADDRESS

Filed FEB 19 1932

JOHNS HOPKINS HOSPITAL

Fred A. Baker

pr.—10-10-29—A Co.—100 Bks.

E 76821

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76821

CERTIFICATE OF DEATH

186-001

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

ty of Baltimore: (No. Johns Hopkins Hospital St. 2-4 Ward)

2-FULL NAME John Dyba,

(a) RESIDENCE NO. 1612 Lancaster St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced — — — — — — — —
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Unknown

AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
About 40			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

10 NAME OF FATHER Paul Dyba

11 BIRTHPLACE OF FATHER (city or town) Austria
(State or country)

12 MAIDEN NAME OF MOTHER Maryanna Juras

13 BIRTHPLACE OF MOTHER (city or town) Austria
(State or country)

Informant Mr. Henry Dyba (Brother)
(Address) 1612 Lancaster Street

Filed _____, 19__ _____ Registrar

CORONER'S CERTIFICATE OF DEATH 2.35 P.M.

16 DATE OF DEATH (month, day, and year) Feb 17/32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Intracranial Hemorrhage-Fracture Skull at base. Accidently fell to side walk near Eden & Pratt Sts.

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Feb 16 & 17

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) P. E. Fuller M. D.

Feb 18/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus Cemetery — DATE OF BURIAL: Feb. 20-1932

20 UNDERTAKER: George A. Weber — ADDRESS: [illegible]

2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

76822

CERTIFICATE OF DEATH

95-002 VE 76822

—PLACE OF DEATH

REGISTERED NO. 16-68

Y OF BALTIMORE: (No. 2306 Harlem Ave ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—FULL NAME Oliver H. Reeside Sr.

) RESIDENCE NO. 2306 Harlem Ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

h of residence in city or town where death occurred 5078 yrs. 15 ds. How long in U. S., if foreign birth? yrs. mos. ds.

5

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
le	White	Widower

arried, widowed, or divorced HUSBAND of (or) WIFE of Ida L. Hane

E OF BIRTH (month, day, and year) Sept. 3 1853

Years	Months	Days	If LESS than 1 day, hrs or min.
78	5	15	

PATION OF DECEASED None

(Trade, profession or particular kind of work)

(General nature of industry, business, or establishment in which employed (or employer))

(Name of employer)

HPLACE (city or town) Ellicott City Md.
(State or country)

AME OF FATHER Frank Reeside

RTHPLACE OF FATHER (city or town) Md.
(State or country)

AIDEN NAME OF MOTHER Henrietta Burgees

RTHPLACE OF MOTHER (city or town) Md.
(State or country)

formant Oliver H. Reeside Jr.

dress) 2306 Harlem Ave

d 19 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-18-1932

17

I HEREBY CERTIFY, That I attended deceased from August 16, 1931, to February 18, 1932, that I last saw him alive on February 18, 1932 and that death occurred, on the date stated above, at 1:40 P m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) Chester Riland, M. D.

2-19-1932 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery

DATE OF BURIAL: 2/20 1932

20 UNDERTAKER: J. Fow Mc Cully

ADDRESS: 130 E. Fort

30—M & T—100 B—50L

E 76823

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 93-004

E 76823

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1024 E. North Ave ST., 9-14 (WARD)

2-FULL NAME Jennie E. Ward

(a) RESIDENCE NO 1024 E. North Ave ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 22/1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	11	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER John Ward

BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

MAIDEN NAME OF MOTHER Catherine Dennis

BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Mrs. Sarah Gammie

(Address) 1024 E. North Ave

Filed ..... 1932 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 17/32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Failure
Hypertension- Arteriosclerosis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) [signature] M. D. Coroner

2/18/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL Feb 20, 1932

20 UNDERTAKER Rita Wiedefeld — ADDRESS 914 Gruman Ave

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

76824

131 E 76824

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 106 N Chapel St. 6-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Nelson

(a) RESIDENCE NO. 106 N Chapel St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
F	Col	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel Nelson

7 DATE OF BIRTH (month, day, and year) 1860

AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (City or town)

(State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) unknown

Informant (Address) Robert Nelson 106 N. Chapel St

Filed ... 19... Registrar

C. H. HARRY JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/17 1932

17 I HEREBY CERTIFY, That I attended deceased from 2/15 1932 to 2/17 1932

that I last saw h[illegible] alive on 2/17 1932

and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH* was as follows:

Cardio Vascular Renal disease

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted —

If not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Bernard Glaser, M. D.

2/18, 1932 (Address) 1517 N Caroline St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Hope Cemetery Date of Burial Feb 20 1932

20 UNDERTAKER Charles H. Burkett ADDRESS 321 Carey St

Co. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

13 NE 76825

CERTIFICATE OF DEATH

E 76825

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 108 N. Highland Ave Ward)

gth of residence in city or town where death occurred 35 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME August T Bandorf

(a) Residence: No. 108 N. Highland Ave Ward.

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Married

If married, ~~widowed or divorced~~ HUSBAND of Sarah Bandorf

ATE OF BIRTH (month, day, year) Jan 21st 1858

GE Years	Months	Days	If LESS than 1 day hrs or min.
74	0	27	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Cincinnati Ohio
(State or country)

NAME Virginia Bandorf

BIRTHPLACE (city or town) Cincinnati Ohio
(State or country)

MAIDEN NAME Patronel Fryr

BIRTHPLACE (city or town) Germany
(State or country)

FORMANT Sarah Bandorf

Address) 108 N. Highland Ave

RIAL, CREMATION, OR REMOVAL Date Feb 20 1932

lace) Londonbrk

DERTAKER Jno M Cook

Address) 1121 Edmondson Ave

ED 1932 M. Rafe JONES M.

Registrar.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18th 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1931, to Feb 16, 1932

I last saw him alive on Feb 16, 1932 death is said to have occurred on the date stated above, at 8 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	1931
Other contributory causes of importance Chronic Intestinal Nephritis Arterio sclerosis	Dec 1931

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Alan P Feman M. D.

(Address) 711 N Patterson Park Ave

Co. S-41 2508

E 76826

76826 HEALTH DEPARTMENT—CITY OF BALTIMORE

82-002

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. University Hosp St. 76-4 Ward)

th of residence in city or town where death occurred 1 yrs. 2 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Ruth Richardson

a) Residence: No. 4210 Roslyn Ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	W	Married

married, widowed or divorced
WIFE of Robert Richardson

TE OF BIRTH (month, day, year) Oct. 26. 1908

Years	Months	Days	If LESS than 1 day, hrs. or min.
23	3	22	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
Industry or business in which work was done, as silk mill, saw mill, bank, etc.
Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

RTHPLACE (city or town) Logansport
State or country Ind

NAME Ray W. Pitts

IRTHPLACE (city or town) Wawaka
(State or country) Ind

MAIDEN NAME Grace M Hunt

IRTHPLACE (city or town) Logansport
(State or country) Ind

ORMANT Ray Pitts
ddress) 4210 Roslyn Ave

RIAL, CREMATION, OR REMOVAL
ce Edson Ind Date 2/21 19 32

DERTAKER William Cook
ddress) 1217 St Paul St

ED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/18/32, 19

22. I HEREBY CERTIFY, That I attended deceased from 2/16/32, 19 to 2/18/32, 19
I last saw her alive on 2/18/32, 19 death is said to have occurred on the date stated above, at 11:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pan sinusitis	

Other contributory causes of importance:

Cavernous sinus thrombosis	

Name of operation Drainage of all sinuses Date of 2/17/32
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Joseph F Drenga, M. D.
(Address) University Hospital

Co. 5-11 250B

76827 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. E 76827

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1679 Darley Ave St. [illegible] Ward 45

th of residence in city or town where death occurred 85 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Katherine Graf

a) Residence: No. 1679 Darley Ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

married, widowed, or divorced
HUSBAND of
or) WIFE of George Graf

TE OF BIRTH (month day year) Feb 9 1836

E. Years	Months	Days	If LESS than 1 day, hrs. or min.
95	0	7	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
Industry or business in which work was done, as silk mill, saw mill, bank, etc.
Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) State or country) Germany

NAME Henry Seibach

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Kesner

BIRTHPLACE (city or town) (State or country) Germany

FORMANT Mrs Elizabeth Schein
address) 1679 Darley Ave

RIAL, CREMATION, OR REMOVAL
ace Mountain Date 2/19/32 19

DERTAKER Philip Lewis
address) 216 Nathan St

ED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day year) Feb 16, 19 32

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1932 to Feb 16, 1932

I last saw h alive on Feb 16 1932 death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb 13
Other contributory causes of importance: Arteriosclerosis	?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes or no, specify

(Signed) Walter [illegible] M. D.

(Address) 1225 Cathedral

No. S-31 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

E 76828

CERTIFICATE OF DEATH

E 76828

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1619 Jefferson St., 6-9 Ward)

th of residence in city or town where death occurred 44 yrs. mos. da. How long in U.S. if of foreign birth? yrs. mos. da.

FULL NAME Wm George Fischer

(a) Residence: No. 1619 Jefferson St. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Fischer

7. DATE OF BIRTH (month day year) Aug 7 1856

8. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	75	6	10	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Tailor

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Baltimore

12. NAME Wm Fischer

13. BIRTHPLACE (city or town) (State or country) Germany

14. MAIDEN NAME Katherine Miller

15. BIRTHPLACE (city or town) (State or country) Germany

16. INFORMANT Annie M. Fischer

Address 1619 Jefferson St

17. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 2/20/32, 19

18. UNDERTAKER Philip Herwig

Address 216 Eutaw St.

1932 G. HARRISON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day year) Feb 17, 19 32

22. I HEREBY CERTIFY, That I attended deceased from 2/13, 19 32 to 2/16, 19 32

I last saw h[illegible] alive on 2/16, 19 32 death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	
Acute Cardiac Dilatation	

Other contributory causes of importance:

Name of operation [illegible] Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 33 Augusta St

Co. 5-31 2508

76829 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 76829

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Rosedale St. 9-17 Ward)

th of residence in city or town where death occurred yrs. mos 7 ds How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Ezra Lockingbill

(a) Residence: No. Rosedale Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Grace Lockingbill

DATE OF BIRTH (month, day, year) Nov 12/1865

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	66	3	2	6

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
Industry or business in which work was done, as silk mill, saw mill, bank, etc.
Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Retired Police

BIRTHPLACE (city or town) (State or country) Md

NAME — Lockingbill

BIRTHPLACE (city or town) (State or country) Md

MAIDEN NAME —

BIRTHPLACE (city or town) (State or country) Md

INFORMANT Grace Lockingbill
Address Bridgeton, Rosedale Md

BURIAL, CREMATION, OR REMOVAL
Place Parkwood Mem Date 2/22/32 19

UNDERTAKER Philip Steurer
Address 2016 Eutaw St.

FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1932 to Feb 18, 1932

I last saw him alive on Feb 18, 1932 death is said to have occurred on the date stated above, at 3 15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-vascular Renal Disease	6 yrs from duty

Other contributory causes of importance:

Uremia Myocardial Failure	2 wks.

Name of operation ..... Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? Not to my knowledge

(Signed) H. Mammenduke M. D.

(Address) 1 St Joseph Place.

BACo. 5-31 250B

6830 **HEALTH DEPARTMENT CITY OF BALTIMORE** E 76830

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd General Hospital Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1512 N. Gilmor St., 15-71 Ward

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel White

(a) Residence: No. Sacred Heart Cemetery St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Colored | 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Rachel White

6. DATE OF BIRTH (month, day, year) Sept 21, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs	min
	57	4	27		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grass Digger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hartsicke Md.

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME Susan unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Rachel White Address Sacred Heart Cem

18. BURIAL, CREMATION, OR REMOVAL Sacred Heart Date 2/21 1932

19. UNDERTAKER John J. Fagan & Son Address 1512 Light St.

FILED 2-19 1932 H. M. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/18 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1932 to Feb 18, 1932

I last saw him alive on 2/18, 1932 death is said to have occurred on the date stated above, at 3:20 P.M.

The **principal cause of death** and related causes of importance were as follows:

Chron. Myocarditis — Date of onset 1 year ago

Other contributory causes of importance:

Chron. Nephritis
Arterio Sclerosis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. H. Hopkins, M. D.

(Address) 1512 Gilmor

...9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76831

76831

CERTIFICATE OF DEATH.

X 121

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home and Infirmary ST. 6-4 ...WARD)

2 FULL NAME Mr. Milton Sanner.

(a) RESIDENCE NO. Lisbon, Maryland. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Single

If married, widowed, or divorced
(a) HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1860-12-24

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71 years.	1	25	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer. 0.60

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Maryland.

9 NAME OF FATHER John Sanner.

BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

MAIDEN NAME OF MOTHER Sarah Schildknecht

BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

Informant (Address) Edward K. Woodrooffe. Church Home and Infirmary.

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19th 32

17

I HEREBY CERTIFY, That I attended deceased from Feb 14th, 19 32, to Feb 19th, 19 32

That I last saw him alive on Feb 19th, 19 32

and that death occurred, on the date stated above, at 9.40 A m.

The CAUSE OF DEATH* was as follows:

Peritonitis
Ruptured Appendix.

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Lisbon, Maryland.

Did an operation precede death? Yes. Date of Feb 14th 32

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Vernon H. Norwood M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery. DATE OF BURIAL Feby 22 19 32.

20 UNDERTAKER C. M. Hatz ADDRESS Winfield, Md.

0—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76832

76832

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Dead on arrival at

ITY OF BALTIMORE: (No. Hopkins Hospital ST 5-9 17 3 WARD)

2-FULL NAME Robert Davis

(a) RESIDENCE NO. 1423 Jefferson St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
ale	black	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Davis

TE OF BIRTH (month, day, and year) Jul 4/1904 (28)

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	7	13	

CCUPATION OF DECEASED
) Trade, profession or particular kind of work Laborer
) General nature of industry, business, or establishment in which employed (or employer)
) Name of employer

THPLACE (city or town) (State or country) N.C.

NAME OF FATHER Andrew Davis

BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

MAIDEN NAME OF MOTHER Pinkie Nichalson

BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

rmant Jack Davis (Bro)
ddress) 1423 Jefferson St

ed ..... 192 C. PEMBERTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 17/32 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage- Pistol Shot wound of abdomen involving left Iliac Artery
Homicide

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? .....

(Signed) John H. Fallon, M. D. Coroner

Feb 19 32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Littleton north caroline — DATE OF BURIAL Feb 20 1932

20 UNDERTAKER Edward Bryan — ADDRESS 691 orleans st

Co. 5-01 2508

76833 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 76833

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1223 E Madison St. 10-14 Ward)

th of residence in city or town where death occurred 45 yrs. mos ds. How long in U.S. If of foreign birth? yrs mos. ds.

FULL NAME Julius Prince

(a) Residence: No. 1223 E. Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

married, widowed, or divorced
HUSBAND of
(or) WIFE of Rosie Prince

TE OF BIRTH (month, day, year) 1879

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

RTHPLACE (city or town) S.C
State or country)

NAME Julius A. Prince

BIRTHPLACE (city or town) S.C
(State or country)

MAIDEN NAME unknown

BIRTHPLACE (city or town) unknown
(State or country)

FORMANT Elizabeth Smith
Address) 1223 E Madison st

RIAL, CREMATION, OR REMOVAL
Date 2-19 1932

DERTAKER Edward Bryan
ddress) 1431 Orleans St

ED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-17 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-12 1932 to 2-17 1932

I last saw h[illegible] alive on Feb 17 1932 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorhage	Feb 15 32

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Specify injured 1930

(Signed) [illegible] M. D.
(Address) 50 Pleasants E

Co. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79-001 E 76834

76834

PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Sydenham Hospital St. ..... Ward)

gth of residence in city or town where death occurred 5 yrs. 4 mos. 6 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Roland Cook

(a) Residence: No. 793 Granbery St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) 5/17/26

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5	9	6	

13. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (At School)
14. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
15. Date deceased last worked at this occupation (month and year) .....
16. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) Balto. Md.
State or country)

NAME Roland H. Cook

BIRTHPLACE (city or town) Springfield Mass.
(State or country)

MAIDEN NAME Mona Hocker

BIRTHPLACE (city or town) Balto. Md.
(State or country)

FORMANT Mr. Roland H. Cook
Address) 793 Granbery St.

RIAL, CREMATION, OR REMOVAL
lace Westminster Date Feb 20 1932

Vernon Lessig
DERTAKER
Address) 1 E Fallsway

HARRY S. JONES, M. D.
LED ..... 19 ..... Registrar.
1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/18/32 19

22. I HEREBY CERTIFY, That I attended deceased from 2/17/32, 19..., to 2/18/32, 19...

I last saw h... alive on 2/18/32, 19... death is said to have occurred on the date stated above, at 2:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Staphococcus Meningitis	2/16/32

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Spinal puncture Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. V. Jackson M. D.

(Address) Sydenham Hospital

0—M & T —100 B—50L

76835

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 01 186 E 76835

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) City Hospital ST. ..... WARD)

2-FULL NAME Francis A Schaffer

(a) RESIDENCE NO. 6526 Holabird Ave ST., ... WARD .....

(Usual place of abode) (if non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Jeanette Schafer

6 DATE OF BIRTH (month, day, and year): June 5 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59	59	8	13	

7 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

8 BIRTHPLACE (city or town) (State or country): Germany

9 NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

Informant: Jeanette Schafer

Address: 6525 Holabird Ave

Filed ..... 1932 ..... C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 18 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull (accidental fall) produced by Punctured wound of Nose & Face (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 6710 Gracelawn Ave

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? History & Clinical

(Signed) A P Herzog M.D. Coroner

2/18, 1932 (Address) 1205 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cemetery

DATE OF BURIAL: Feby 20 1932

20 UNDERTAKER: John Ullrich

ADDRESS: 2008 Eastern

Co. S-H 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

76836 131 E 76836

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 631 Lanbridge Rd Ward) 37-48

(a) Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary H Robinson

(a) Residence: No. 631 Lanbridge Rd St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of William J. Robinson

DATE OF BIRTH (month, day, year) 1846

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	—	—	

Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper**, etc. Industry or business in which work was done, as **sftk mill, saw mill, bank**, etc. Date deceased last worked at this occupation (month and year) Housewife 37

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ireland

NAME Owen Hanley

BIRTHPLACE (city or town) (State or country) Ireland

MAIDEN NAME Hanley

BIRTHPLACE (city or town) (State or country) Mckenna

INFORMANT Mrs Robinson
(Address) 631 Lanbridge Rd

BURIAL, CREMATION, OR REMOVAL Date Feb 20 1932

UNDERTAKER Mary M Hadfield
(Address) 521 E 22nd St

FILED 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17, 1932

22. I, HEREBY CERTIFY, That I attended deceased from Feb 9, 1932, to Feb 17, 1932

I last saw h[illegible] alive on Feb 16, 1932, death is said to have occurred on the date stated above, at 5 a m.

The **principal cause of death** and related causes of importance were as follows:

Chronic Interstitial Nephritis

Date of onset
1930

Other **contributory causes** of importance:

Arteriosclerosis

Name of operation none Date of

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (**violence**) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible]

(Address) [illegible]

Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

6837

23E 76837

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 3704 E. Pratt St. 26 Ward)

th of residence in city or town where death occurred 2 yrs. life mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Matilda M Heath

a) Residence: No. 3704 E. Pratt St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Robert L. Heath

TE OF BIRTH (month, day, year) Nov. 10-1906

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	25	3	6	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

RTHPLACE (city or town) Balto. Md.
State or country)

NAME Peter Gredlein

BIRTHPLACE (city or town) Germany
(State or country)

MAIDEN NAME Margaret Vondoom

BIRTHPLACE (city or town) Germany
(State or country)

FORMANT Robert L. Heath (Husband) dec.

ddress) 85 Union St. Doylestown Pa.

RIAL, CREMATION, OR REMOVAL Sacred Heart Lawn Date Feb 20 1932

DERTAKER Lilly & Geiler Inc.

ddress) 403 S. Wolfe St.

ED. 2 2 1932 C. HAMPSON JONES, M. D. Registrar.

R. P. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16 1932

22. I HEREBY CERTIFY, That I attended deceased from 1929 to 2/15 1932

I last saw her alive on 2/15 1932 death is said to have occurred on the date stated above, at 7.14 P.m.

The principal cause of death and related causes of importance were as follows:

1t. - pulmonary, chronic, active all lobes, both lungs
Tb. peritonitis

Date of onset 1929

Other contributory causes of importance:

Terminal pneumonia

Name of operation — Date of .....

What test confirmed diagnosis? Phys. Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public ...

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. Howard Teuffly M. D.

(Address) 817 Park Ave.

Co. S-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76839

76838

CERTIFICATE OF DEATH

131

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 401 Northway St. 12-44 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

FULL NAME Annie M. Hoak

(a) Residence: No. 401 Northway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
(a) HUSBAND of
(or) WIFE of David P. Hoak

DATE OF BIRTH (month, day, year) December 29, 1860

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	71	1	19	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
Industry or business in which work was done, as silk mill, saw mill, bank, etc.
Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Holly Well, North Wales
(State or country) England

NAME Charles Thomas

BIRTHPLACE (city or town) Holly Well, North Wales
(State or country) England

MAIDEN NAME Harriett Williams

BIRTHPLACE (city or town) Holly Well
(State or country) North Wales, England

INFORMANT Dr. W. H. Hoak

(Address) Northway and Wendover Road

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date 2-20 1932

UNDERTAKER Joseph B. Cook

(Address) 1003 W. Baltimore St.

1932 C. HAMPSON JONES, M. D. Registrar

Filed 2-17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 17 1932

22. I HEREBY CERTIFY, That I attended deceased from April 29 1931 to Feb 17 1932

I last saw her alive on Feb 16 1932 death is said to have occurred on the date stated above, at 4.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2/5/32
Other contributory causes of importance: Chron. Interstitial Nephritis & Chron. Arthritis	1922

Name of operation None. Date of

What test confirmed diagnosis? Physical diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. W. Silverhouse M. D.

(Address) 1901 Eutaw Place

ec.—9 30—A. & Co.—250 Bks.

76839 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 76839

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

TY OF BALTIMORE. (No 1311 Division ST. 17-2nd WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Nathaniel Quill

(a) RESIDENCE NO. 1311 Division ST. ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	Col	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mina Quill 1890

ATE OF BIRTH (month, day, and year)

E:	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	—	—	

CUPATION OF DECEASED

(a) Trade, profession or particular kind of work R.R. Labor 0+0

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

NAME OF FATHER Edward Quill

BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

MAIDEN NAME OF MOTHER Caroline Mackey

BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant (Permanent address) Evelyn Quill

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 17-1932

17

I HEREBY CERTIFY, That I attended deceased from Feby 14 1932 to Feby 17 1932

that I last saw him alive on Feby 17 1932

and that death occurred, on the date stated above, at 2.20 P.M.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Petterson M. D.

19 (Address) 817 Hamilton Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL 2/20 1932

20 UNDERTAKER Archibald A. Gaddis

ADDRESS 1845 W. Lanvale St

10—M & T—100 B—50L

76840

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 E 76840

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 341 Robert St. 14-20 WARD

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillie Young

(a) RESIDENCE NO 341 Robert ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of or (to) WIFE of Leo Young

6 DATE OF BIRTH (month, day, and year) Jan 15 1905

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
27	1	4	

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)

Domestic

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Charlestown W. Va.

10 NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Charlestown W. Va.

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Charlestown W. Va.

11 Informant Leo Young

Address 341 Robert St.

Filed 2 1932 C. HAMPSON JONES, M. D. Registrar

Per R. P. H.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Feby 4th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to (his or her) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular Attendant

(Signed) H. Louis Coroner, M. D.

19 (Address) Feb 4 1932

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Charlestown W. Va.

DATE OF BURIAL 2/19 1932

20 UNDERTAKER Archibald C. Gaddis

ADDRESS 1840 Eutaw St

Co. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 149 E 76841

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~JOHNS HOPKINS HOSPITAL~~ St. 7-5 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Rosy Fasana.

(a) Residence: No. 306 S. Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Paul Fasana.

DATE OF BIRTH (month, day, year) June 15. 1914.

AGE	Years	Months	Days	If LESS than 1 day hrs or min
	18	7	28	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife
Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031
Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) State or country) md.

NAME Rosary Fasana.

BIRTHPLACE (city or town) (State or country) Italy

MAIDEN NAME Elizabeth Palaski

BIRTHPLACE (city or town) (State or country) Italy.

INFORMANT Records.
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb 20 1932

UNDERTAKER Frieda Johnson
(Address) 300 S. Eden St.

FEB 1932 C. HAMPSON JONES, M. D. 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1932, to Feb 16, 1932

I last saw h alive on Feb 16, 1932 death is said to have occurred on the date stated above, at 10.35 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
aspiration pneumonia	2/14/32

Other contributory causes of importance:

Name of operation Low cervical Cesarean section Date of 2/15/32

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Alan Brunstein, M. D.

(Address) Johns Hopkins Hospital

Co. 5-31 2508

6842

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-L 76842

CERTIFICATE OF DEATH

PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 451 N Bouldon St. 26-11 Ward)

th of residence in City or town where death occurred 43 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary A. Hanrahan

(a) Residence: No. 451 N Bouldon St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widow

married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Hanrahan

TE OF BIRTH (month, day, year) 1870

E	Years	Months	Days	If LESS than 1 day hrs. or min.
	62			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) State or country) Baltimore Md

NAME Unknown

BIRTHPLACE (city or town) (State or country) Md

MAIDEN NAME Annie Telford

BIRTHPLACE (city or town) (State or country) Md

ORMANT Gloria Baldwin
(address) 451 N Bouldon St

AL, CREMATION, OR REMOVAL Cathedral Cemetery 2/22/1932

DERTAKER Wm Cook
(address) 1217 E Paul

1932 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from December 3rd, 1931. to February 19th 1932.

I last saw her alive on February 19th, 1932, death is said to have occurred on the date stated above, at 1.55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis	Unknown
Myocarditis.	
Other contributory causes of importance:	
Cerebral hemorrhage	12/1/31.

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Philibert Antigiani, M. D.

(Address) 2942 E. Fayette Street.

D. B. 1268-

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76843

76843

CERTIFICATE OF DEATH

11-001

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 937 Mosher St. 11-24 Ward)

gth of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Myranna Bragg

(a) Residence: No. 937 Mosher St., 11 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) August 1911

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
20	6	7	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va

NAME OF FATHER Felix Bragg

BIRTHPLACE (city or town) (State or country) Va

MAIDEN NAME OF MOTHER Emma Tribbett

BIRTHPLACE (city or town) (State or country) Va

INFORMANT Emma Bragg

(Address) 937 Mosher St

BURIAL, CREMATION, OR REMOVAL

Place Victoria Va Date 2-19 32

UNDERTAKER Saint Taylor

(Address) 516 E. Lexington St

FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18 32

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 19 to Feb 18 19

I last saw h[illegible] alive on Feb 17 32 Death is said to have occurred on the date stated above, at 12:30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	Feb 15 32
Other contributory causes of importance:	
Syphilis Insontum	1932

Name of operation Date of

What test confirmed diagnosis? Blood Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) L. Lee Taylor, M. D.

(Address) 516 E. Lexington St

M. & T.—100 B—50L.

V E 76844

E 76844

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

-PLACE OF DEATH

Y OF BALTIMORE: (No.) Howard & Saratoga ST. 15-67 WARD)

-FULL NAME George A Stuckert

) RESIDENCE No. 2912 Presbury ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

th of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
le.	White	Married.

arried, widowed, or divorced
USBAND of
r) WIFE of Hannie Stuckert

E OF BIRTH (month, day, and year) Oct 4th 1875

Years	Months	Days	If LESS than 1 day, hrs or min.
56	4	14	

PATION OF DECEASED
l rade, profession or
cular kind of work
General nature of Industry,
ness, or establishment in
h employed (or employer)
Name of employer

Salesman

HPLACE (city or town)
or country)

Balto Md

AME OF FATHER John Stuckert

RTHPLACE OF FATHER (city or town)
tate or country)

Prussia.

AIDEN NAME OF MOTHER Mary Noff.

RTHPLACE OF MOTHER (City or town)
tate or country)

Germany

ant Mrs Hanie Stuckert
ress) 2912 Presbury St

2 D 1932 HIMPSON JONES Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 18 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Cadwa Tribby M. D. (Coroner)

2/29, 1932 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 2-22 1932

20 UNDERTAKER Mrs Chas A. G. Rohde

ADDRESS 2327 Edmondson Ave

2-29-28—L. F. S.—500 Bks.

E 76845

76845

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-00

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—PLACE OF DEATH

Y OF BALTIMORE: (No.) 544 East Fort Ave (WARD) 23

—FULL NAME Lester Driggs

) RESIDENCE NO. 544 East Fort Avenue WARD

(Usual place of abode) (If non-resident give city or town and State)

h of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

arried, widowed, or divorced IUSBAND of or) WIFE of Johanna Driggs

E OF BIRTH (month, day, and year) Sept. 28. 1902

Years	Months	Days	If LESS than 1 day, hrs. or min.
29	4	21	

PATION OF DECEASED

Trade, profession or ular kind of work: Chauffer

General nature of industry, ness, or establishment in h employed (or employer)

Name of employer

HPLACE (city or town) e or country): West Va.

AME OF FATHER Chas. N. Driggs

IRTHPLACE OF FATHER (city or town) tate or country): West Va.

AIDEN NAME OF MOTHER Emma. Hughes

RTHPLACE OF MOTHER (city or town) tate or country): West Va.

ormant Johanna. Driggs

ddress) 544 E Fort Ave

, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 15, 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1932, to Feb 18, 1932

that I last saw him alive on Feb. 17, 1932

and that death occurred, on the date stated above, at 8.35 A m.

The CAUSE OF DEATH* was as follows:

Endocarditis & mitral Regurgitation

(duration) yrs. mos. 18 ds.

CONTRIBUTORY (Secondary) General anasarca

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis Physical Examination

(Signed) J. Edward Norris, M. D.

2.18.1932 (Address) 107 East West st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Martinsburg W. Va

DATE OF BURIAL: 2-21st 1932

20 UNDERTAKER: Ervin Hale

ADDRESS: 115 E West St

Co. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

6846

CERTIFICATE OF DEATH

E 76846

PLACE OF DEATH Baltimore City Hospitals

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. ..... St. 10-14 Ward)

th of residence in city or town where death occurred life mos ds. How long in U.S. If of foreign birth? yrs mos ds.

FULL NAME Mary Rose Rokes

(a) Residence: No. 815 Stirling St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	Colored	Widowed

married, widowed, or divorced HUSBAND of (or) WIFE of Harry Rokes

TE OF BIRTH (month, day, year) Feb. 3, 1876

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56		13	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) State or country) Balto. Md.

NAME Frank? Barnes

BIRTHPLACE (city or town) (State or country) Unknown

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) Unknown

TORMANT Records of
Address) Balto. City Hosp.

RIAL, CREMATION, OR REMOVAL
ace Date Feb. 20 1932

DERTAKER Mrs. R. A. Elgin
Address) 1325 Ashland Ave.

ED. 1932 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1932 to Feb. 16, 1932

I last saw her alive on Feb. 16, 1932 death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency Hypertension, Chr	Nov 1931

Other contributory causes of importance:

Arteriosclerosis	unk

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ida Thomas, M. D.

(Address) Balto. City Hos.

Co. 5-31 250B

Joley

76847 HEALTH DEPARTMENT—CITY OF BALTIMORE

145 E 76847

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1604 E. Eager St. 7-13 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary Joley

(a) Residence: No. 1604 E. Eager St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6. If married, widowed, or divorced WIFE of (or) HUSBAND of: Columbus Joley

7. DATE OF BIRTH (month, day, year): 1859

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: House Wife

Industry or business in which work was done, as silk mill, saw mill, bank, etc:

Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town, State or country): Baltimore, Md. U.S.

13. NAME: Richard Mathews.

14. BIRTHPLACE (city or town, State or country): Va

15. MAIDEN NAME: Viola Cannel

16. BIRTHPLACE (city or town, State or country): Va

17. INFORMANT: Columbus Joley

Address: 1604 E. Eager St.

18. BURIAL, CREMATION, OR REMOVAL: Asbury Cemetery

Place: [redacted] Date: 2/20, 1932

19. UNDERTAKER: Edward Bryan.

Address: 163 Preston St

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-18-1932

22. I HEREBY CERTIFY, That I attended deceased from Feby 13, 1932 to Feby 17, 1932

I last saw her alive on Feby 17, 1932 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pelvic infection following delivery	
Other contributory causes of importance: delivered by midwife Feby 11/32	

Name of operation: None Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. L. Hornstein, M. D.

2/24/32 (Address) 733 Argyle St

—2-29-28—L. F. S.—500 Bks.

76848

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76848

CERTIFICATE OF DEATH

92

—PLACE OF DEATH n.

REGISTERED NO.

TY OF BALTIMORE: (No. Port St 425 ST. 6-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—FULL NAME Mary E Flower

(Usual place of abode) RESIDENCE NO. 425 W Port ST., St WARD

(If non-resident give city or town and State)

th of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE: Wht

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

married, widowed, or divorced HUSBAND of (or) WIFE of John A Flower

E OF BIRTH (month, day, and year) Feb 7 - 1855

Years	Months	Days	If LESS than 1 day, hrs or min.
77	1	5	

UPATION OF DECEASED

Trade, profession or icular kind of work Home Wife

General nature of industry, ness, or establishment in h employed (or employer)

Name of employer

HPLACE (city or town) Bel Air.

e or country) Harford Co. Md

AME OF FATHER Robert Flower.

IRTHPLACE OF FATHER (city or town) Bel Air

State or country) Harford Co Md

AIDEN NAME OF MOTHER Mary Paca.

IRTHPLACE OF MOTHER (city or town) Baltimore

State or country) Md.

ormant Deborah Flowers

ddress) Parkville Balto Co

19

032 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 20/32

17

I HEREBY CERTIFY, That I attended deceased from Feb 18, 1932, to Feb 20, 1932,

that I last saw h w alive on Feb 20, 1932

and that death occurred, on the date stated above, at 12.30 A m.

The CAUSE OF DEATH* was as follows:

Valvular Heart disease

(duration) 1 yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Carol F. Fulton, M. D.

2/22, 1932 (Address) 18 & N. Mad. St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New York Bentz County Pa	Feb 23 1932
20 UNDERTAKER	ADDRESS
W F Webb	Fund Grove Pa

ec.—9 30—A. & Co.—250 Blks

✓ E 76849

76849 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

TY OF BALTIMORE: (No 2012 Mt Royal ST. 13-20 WARD)

2 FULL NAME Edna Marion Noel.

(a) RESIDENCE No 2012 Mt Royal ST. ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

ATE OF BIRTH (month, day, and year) June - 4 - 371

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	8	15	

CUPATION OF DECEASED

(a) Trade, profession or particular kind of work Companion to Mother

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

RTHPLACE (city or town) (State or country) Baltimore - Md.

NAME OF FATHER Edgar Marion Noel -

BIRTHPLACE OF FATHER (city or town) (State or country) Somerset - Pa

MAIDEN NAME OF MOTHER Sarah Rice

BIRTHPLACE OF MOTHER (city or town) (State or country) Philadelphia - Pa

(ormant address) Mrs Sarah Rice 2012 Mt Royal

ed ..... , 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 14 - 1932

17

I HEREBY CERTIFY, That I attended deceased from Oct 8 , 1930 , to Feb 14 , 1932

that I last saw h alive on Feb 2 , 1932

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma Rectum

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hydatid degeneration of Liver

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? Yes Date of Oct 21st - 31

Was there an autopsy? No

What test confirmed diagnosis? Microscopic Section

(Signed) Edward C. Reuling M. D.

, 19 (Address) Medical Arts Bldg.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL Feb/22/32

20 UNDERTAKER Stewart Tilghman Company — ADDRESS Balto. Md.

C. HAMPSON JONES, M.
1932

pec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

6850 E 76850

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 330 Belmont Ave WARD) 108

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Simon Rud. Myers

(a) RESIDENCE No. 330 Belmont Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Susan Wood Myers

6 DATE OF BIRTH (month, day, and year): Jan 23 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	0	26 25	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: President of 086

(b) General nature of Industry, business, or establishment in which employed (or employer): Myers Stitch Co

(c) Name of employer: Self

8 BIRTHPLACE (city or town) (State or country): Baltimore Md

9 NAME OF FATHER: Christian Myers

BIRTHPLACE OF FATHER (city or town) (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Schultz

BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

10 Informant (Address): Mrs. Susan W. Myers 330 Belmont Ave

Filed 1932 Registrar: C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-18-32

17 I HEREBY CERTIFY, That I attended deceased from October 1931 to Feby. 18" 1932

that I last saw him alive on Feby. 18" 1932.

and that death occurred, on the date stated above, at 8:20 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

Seven to 10 days.

(duration)

CONTRIBUTORY (Secondary): Lobar pneumonia in both lungs did not take up

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Thorough City

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) C. H. Hampson, M. D.

2/18 1932 (Address) 250 Garrison Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dyer Cemetery — DATE OF BURIAL: Feb 20 1932

20 UNDERTAKER: Edward F. Toole — ADDRESS: Balto

Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

6851 — 76851 — 82-001

CERTIFICATE OF DEATH

PLACE OF DEATH Baltimore City Hospitals — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 6-10 Ward)

Length of residence in city or town where death occurred life yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

FULL NAME Elizabeth Keen

(a) Residence: No. 229 N. Rose St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of: John W. Keen

DATE OF BIRTH (month, day, year): Aug. 12, 1860

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	71	6	7	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none.
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
11. Total time (years) spent in this occupation
12. Date deceased last worked at this occupation (month and year)

BIRTHPLACE (city or town) (State or country): Balto. Md.

NAME OF FATHER: Sam Watts

BIRTHPLACE (city or town) (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: ?

BIRTHPLACE (city or town) (State or country): ?

INFORMANT (Address): Records of Balto. City Hospitals

BURIAL, CREMATION, OR REMOVAL: Place Bath Cem. Date Feb. 22 1932

UNDERTAKER: Wm. J. Miller & Son (Address) 1234 Jefferson St.

FEB 19 1932 C. P. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1932 to Feb. 19, 1932
I last saw h er alive on Feb. 19, 1932 death is said to have occurred on the date stated above, at 6 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage in L Cerebrum	Jan 1932
Hypertension Arteriosclerosis	Grad

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ..... M. D.
(Address) Balto. City Hospitals

30—M & T—100 B—50L

76852

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76852

CERTIFICATE OF DEATH

63

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 27-56 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emanuel Lee, Jr.

(a) RESIDENCE NO 4664 4664 Falls Road ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs 4 mos ..... ds. How long in U. S., if of foreign birth? ..... yrs ..... mos ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	black	single

If married, widowed, or divorced
(HUSBAND) of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Oct 16/31

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	0	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto., Md.

NAME OF FATHER Emanuael Lee, Sr.,

BIRTHPLACE OF FATHER (city or town) (State or country) Richmond, Va.

MAIDEN NAME OF MOTHER Orenda Luckett

BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

Informant Emanuel Lee Sr.,

(Address) 4664 Falls Road

Filed ..... 1932 ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16/32 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Laryngeal Spasm-Tetany-Ricketts

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? yes Date of Feb 16/32

Was there an autopsy? yes

What test confirmed diagnosis? .....

(Signed) ..... Coroner, M. D.

2/19/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem.

DATE OF BURIAL 2/20 1932

20 UNDERTAKER Samuel Hemsley

ADDRESS 578 N Bdle

30—M. & T.—100 B—50L

76853

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76853

CERTIFICATE OF DEATH

107-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital (Street) (Ward) 18-Wa

2. FULL NAME James E. Hill

(a) RESIDENCE NO 1135 W. Saratoga ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 1-31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Petro. Md

10 NAME OF FATHER Walter Washington

11 BIRTHPLACE OF FATHER (city or town) (State or country) Caroline Co - Md

12 MAIDEN NAME OF MOTHER Rosa Hill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Rosa Hill

(Address) 1135 W Saratoga St

15 Filed . 192 Mar C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-18 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest, autopsy or inquiry.) find that said deceased came to h[illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

1 Primary Broncho Pneumonia (duration) yrs. mos. da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] Gilbert, M. D. Coroner

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Lebanon Cemetery

DATE OF BURIAL: Feb 20, 1932

20 UNDERTAKER: Mrs Katie R. Williams

ADDRESS 3224 Schroeder St

pec.—9 30—A. & Co.—250 Blks

76854 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 76854

CERTIFICATE OF DEATH. 92-001

REGISTERED NO (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1406 E. Oliver St. ST 9-17 WARD)

2 FULL NAME Margaret L. Lynch

(a) RESIDENCE NO 1406 E. Oliver St. ST WARD
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred Lifetime mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
(b) HUSBAND of
(c) WIFE of

6 DATE OF BIRTH (month, day, and year) March 10 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
82	83	11	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Daniel Lynch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Carr

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 (Informant) Daniel Lynch
(Address) 1406 E. Oliver St.

Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 19th. 1932

17

I HEREBY CERTIFY, That I attended deceased from Feb 15 , 1932 , to Feb 19 — , 1932

that I last saw h[illegible] alive on Feb 19 — , 1932

and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Initial Cerebral Hemorrhage

(duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Asthma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy?

What (est confirmed diagnosis? Physical

(Signed) L. M. Chaffee M. D.

Feb 22, 1932 (Address) 111 W. Monument St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Co. Md. St. John's Cemetery Long Green — DATE OF BURIAL: Feb. 22 32

20 UNDERTAKER: Chas. F. Tracy & Son — ADDRESS: 118 W. Mt. Royal Ave

1932 C HIMPSON JONES, M. D.

1PP

Co. 5-31 250B

6855

HEALTH DEPARTMENT—CITY OF BALTIMORE B 76855

CERTIFICATE OF DEATH

108

PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 2611 Chelsea Ave. St. 15-61 Ward)

gth of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Robert T. Leilich

(a) Residence: No. 2611 Chelsea Ave. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) Feb. 18th. 1914

E Years	Months	Days	If LESS than 1 day, hrs. or min.
18	—	1	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) State or country) Washington D.C.

NAME Frank T. Leilich

BIRTHPLACE (city or town) (State or country) Baltimore Md.

MAIDEN NAME Edith M. McManus

BIRTHPLACE (city or town) (State or country) Baltimore Md.

FORMANT Frank T. Lielich

ddress) 2611 Chelsea Ave.

RIAL, CREMATION, OR REMOVAL

ace Greenmount Cem Date Feb 20 1932

DERTAKER Chas. P. Grace & Son

ddress) 118 W. Mt. Royal Ave

D. 1932 C. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19th. 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 17 1932 to Feb 19 1932

I last saw him alive on Feb 19 1932 death is said to have occurred on the date stated above, at 12 20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Feb. 17-32
Other contributory causes of importance:	
Lobar pneumonia	Feb 19-32

Name of operation None Date of

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter D. Tibbals M. D.

(Address) 2220 Garrison Ave

20—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76856

E 76856

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital (STREET) 7-24 (WARD)

2-FULL NAME Georgianna Dorsey

(a) RESIDENCE NO. 1026½ Penna Ave (ST.), ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fmle

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year): June 1899

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	11		

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore

NAME OF FATHER: George Dorsey

BIRTHPLACE OF FATHER (city or town) (State or country): Md.

MAIDEN NAME OF MOTHER: Nancy Talbert

BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant: George Dorsey

(Address) 506 Gold

Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 19 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

2nd degree burns face and upper extremities

(duration) ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Gil stove

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. McGuirk, M. D. Coroner

(Address) Feb 19

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: 2/22 1932

UNDERTAKER: Thomas E Kelly

ADDRESS: 1503 Pennsylvania

H. D. B. 1268-9

76857 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82 E 76857

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 943 Mad 9a 11-24 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Crawford

(a) Residence: No. 943 Mad. Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas Crawford

DATE OF BIRTH (month, day, year) 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Anderson

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary E. Clark

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Thos. Crawford
(Address) 943 Mad. Ave.

BURIAL, CREMATION, OR REMOVAL
Place Md Suburban Cemetery Date 7/20 19 32

UNDERTAKER Thomas E. Kelly
(Address) 1303 Pressman st.

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/17/32

22. I HEREBY CERTIFY, That I attended deceased from 3/24/32 to 7/17/32 and I last saw h alive on 7/10/32 Death is said to have occurred on the date stated above, at 12:45 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 7/2/32

Other contributory causes of importance: Chronic Nephritis — 7/13/32

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 627 Mad Ave

1-30—M. & T.—250 Blks

Lee

76858 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76858

CERTIFICATE OF DEATH. 108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2121 Etting ST. 14-54 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Lee

(a) RESIDENCE NO. 2121 Etting ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

6 If married, widowed, or divorced
(If) HUSBAND of
(or) WIFE of Maggie Lee

7 DATE OF BIRTH (month, day, and year) 5-4-1855

Years	Months	Days	If LESS than 1 day, hrs. or min.
54	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Calvert co. md.
(State or country)

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Louis Lee Jr.
(Address) 214 Forest Place H.P.

15 Filed 2-22-32 H. HAMILTON JOHNS Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-18-32

17 I HEREBY CERTIFY, That I attended deceased from 2-15-1932 to 2-18-1932,
that I last saw him alive on 2-17-1932,
and that death occurred, on the date stated above, at 8:55 a.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) Frank Hamilton Davis, M. D.

2-19-1932 (Address) 1029 N. Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery — DATE OF BURIAL 2/21 1932

20 UNDERTAKER Thomas E. Kelson. — ADDRESS 1303 Pennsylvania St

...c.—1-12-23—M&T—500 Blks.

E 76859

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76859

CERTIFICATE OF DEATH

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4808 Antenna Ave ST. 76-42 WARD)

2-FULL NAME Gustav Eckhardt

(a) RESIDENCE NO. 4808 antenna ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

If married, widowed, or divorced, (or) WIFE of Elizabeth Eckhardt

DATE OF BIRTH (month, day, and year) Aug 9. 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	5	29	9

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired from

(b) General nature of industry, business, or establishment in which employed (or employer) B+O R.R 0/3

(c) Name of employer mechanic

BIRTHPLACE (city or town) (State or country) Germany

NAME OF FATHER Wilhelm Eckhardt

BIRTHPLACE OF FATHER (city or town) Bremen (State or country) Germany

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (city or town) Bremen (State or country) Germany

Informant wife

(Address)

Filed , 1932 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 18 1932

17

I HEREBY CERTIFY, That I attended deceased from Feb 1. , 1932 to Feb 18 , 1932

that I last saw him alive on Feb 18 , 1932

and that death occurred, on the date stated above, at 4.45 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis and Central Aneurysm

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Hypertension - Arteriosclerosis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Laboratory

(Signed) M. A. Jacobs , M. D.

, 19 (Address) 1735 N. Fenton St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 2/20/32

20 UNDERTAKER Geo. Lemlach

ADDRESS 620 N. Lyndhurst

30—M & T—100 B—50L

E 76860

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76860

CERTIFICATE OF DEATH

206

REGISTERED NO. 27-43

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH: Pa. R. R. Co. tracks, St. Helena,

CITY OF BALTIMORE: (No.) Pine Ave & Edgewater St. (ST.) (WARD)

2-FULL NAME: Wendelin Senge.

(a) RESIDENCE NO. 2907 Berwick Ave. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred: 10 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? 32 yrs. ---- mos. ---- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed or divorced: HUSBAND of (or) WIFE of: Martha Senge.

DATE OF BIRTH (month, day, and year): March 27, 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	11 10	21 20	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Stationary Engineer.
(b) General nature of industry, business, or establishment in which employed (or employer): 630
(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Germany.

NAME OF FATHER: Do not know.

BIRTHPLACE OF FATHER (city or town) (State or country): Do not know.

MAIDEN NAME OF MOTHER: Do not know.

BIRTHPLACE OF MOTHER (city or town) (State or country): Do not know.

Informant: Martha Senge. (wife)

(Address): 2907 Berwick Ave.

Filed 2 0 1932 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): February 17, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull. Struck by Engine of Pa. R/R. Co. while operating automobile at a crossing

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Accidental Death

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquest.

(Signed) Otto Reinhardt, Coroner, M. D.

2/19/32, 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel Cemetery

DATE OF BURIAL: Feb. 20 1932

20 UNDERTAKER: Henry Sauer & Sons Inc.

ADDRESS: Baltimore St & Broadway.

MACo. 5-11 250B

E 76861 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 76861

CERTIFICATE OF DEATH

80

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1626 Homestead St., 9th Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry F. Taylor

(a) Residence: No. 1626 Homestead St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	married

If married, widowed, or divorced WIFE of (or) HUSBAND of Bertha W. Taylor

6. DATE OF BIRTH (month, day, year) Nov. 22, 1878

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
53	2	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John Taylor

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Bertha W. Taylor
Address 1626 Homestead St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb 22 1932

19. UNDERTAKER T. Vernon Kirkner.
Address 1532 Gallows St.

20. DATE RECEIVED Feb 20 1932 C. HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 31, 1931 to Feb 20, 1932

I last saw him alive on Feb 20, 1932 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis	1912
Other contributory causes of importance:	
Cerebral Hemorrhage	2 Days

Name of operation ..... Date of .....
What test confirmed diagnosis Wasserman Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Roger M. Little, M. D.
(Address) 2435 Maryland Ave

pec.—9-30—A. & Co.—250 Bks.

E 76862

76862 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 119

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 1517 Sycamore St. (WARD) Centre Bay 47 7

2 FULL NAME Marion Ryan

(a) RESIDENCE NO. 1517 Sycamore St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Nov 24, 1930

AGE: Years 1 Months 2 Days 25 If LESS than 1 day, hrs. or min. 16

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto Md

NAME OF FATHER: Walter E Ryan

BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

MAIDEN NAME OF MOTHER: Hattie Bennett

BIRTHPLACE OF MOTHER (city or town) (State or country): Cambridge Md

Informant: Walter E Ryan

Address: 1517 Sycamore St

Filed 1932 . 19 C. HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 20-1932

17

I HEREBY CERTIFY, That I attended deceased from Feb 13 . 1932 to Feb 20 . 1932

that I last saw h alive on Feb 20 . 1932

and that death occurred, on the date stated above, at 10 P m

The CAUSE OF DEATH* was as follows:

Otitis Coloitis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) T. R. Campbell M. D.

. 19 (Address) 16 X X Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cambridge Md

DATE OF BURIAL: 2/24 1932

20 UNDERTAKER: Wm Cook

ADDRESS: [illegible]

Co. 5-31 250M

76863

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76863

CERTIFICATE OF DEATH

PLACE OF DEATH

Registered No. 157

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 430 N. Gilmor St., 19-27 Ward)

gth of residence in city or town where death occurred 0 yrs. 0 mos. 3 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

FULL NAME Baby Boy Washington

(a) Residence: No. 430 N. Gilmor St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Black	Single

f married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) Feb. 16, 1932

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	3	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
9. Date deceased last worked at this occupation (month and year)
10. Total time (years) spent in this occupation —

IRTHPLACE (city or town) Baltimore Md
State or country)

NAME Edward Nathaniel Washington

BIRTHPLACE (city or town) Baltimore Md.
(State or country)

MAIDEN NAME Dorothy May West

BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FORMANT Dorothy Washington
Address) 430 N. Gilmor St

RIAL, CREMATION, OR REMOVAL
lace Mt. Auburn Date Feb. 20 1932

DERTAKER Samuel H. Ewell & Son
Address) 638 N. Gilmor

LED , 19 R.B.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19 1932

22. I HEREBY CERTIFY, That I attended deceased from 2/16, 1932 to 2/16, 1932

I last saw him alive on 2/19, 1932 death is said to have occurred on the date stated above, at 5:00 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra-cranial hemorrhage	2/17

Other contributory causes of importance:

Congenital malformation found	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Louis H. Douglass, M. D.
(Address) Mic. Hosp.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

76864

CERTIFICATE OF DEATH

E 76864

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1334 E. Pratt St., 11 - 24 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Olsen

(a) Residence: No. 1334 E. Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Re	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank Olsen

DATE OF BIRTH (month, day, year) 1867

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Sarah Johnson

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Minnie Roszel
(Address) 737 Druid Hill Ave

BURIAL, CREMATION, OR REMOVAL

Place Bt. Auburn Date Feb. 22 1932

UNDERTAKER Edward F. Kirk & Son
(Address) 638 E. Fayette

FILED ... 19... R. I. P. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 31 to 2/18 32

I last saw h alive on 2/18 1932 Death is said to have occurred on the date stated above at 7:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2/11/32

Other contributory causes of importance:

Influenza	2/32

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Tyler Hill M. D.

(Address) 422 Mod. Ave.

M. C. THOMPSON JONES, M. D.

pec.—9-30—A. & Co.—250 Bks

76865 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76865

CERTIFICATE OF DEATH.

159

1 PLACE OF DEATH 713 Sterling St.

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No ST 10-14 WARD

2 FULL NAME Baby Madison

(a) RESIDENCE NO 713 Sterling St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

ength of residence in City or Town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	Black	.....

If married, widowed, or divorced
HUSBAND of
(or) WIFE of .....

ATE OF BIRTH (month, day, and year) Feb. 14, 1932

GE Years	Months	Days	If LESS than 1 day, ... hrs. or 15 min.
Premature	7½	.....	

CCUPATION OF DECEASED .....

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

IRTHPLACE (city or town) Baltimore, Md.
(State or country)

NAME OF FATHER Samuel Madison

BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

MAIDEN NAME OF MOTHER Estelle Douglas

BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

(Informant)
(Address)

Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 14, 1932

17
I HEREBY CERTIFY, That I attended deceased from
, 19 , to , 19
That I last saw him alive on Feb. 14, , 19 32
and that death occurred, on the date stated above, at 10.30 A. m.
The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY ...
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Pathological

(Signed) Charles H. Peckham M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS HOSPITAL

DATE OF BURIAL FEB 20 1932, 19

20 UNDERTAKER Commissioner Health.

ADDRESS

C. HAMPSON JONES, M.D.

Asst. Wm. H. WELCH

6855

...ec.—9 30—A. & Co.—250 Blks

76866 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 E 76866

REGISTERED NO.

1 PLACE OF DEATH 2107 Bank Street

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

...TY OF BALTIMORE: (No. ... St. 1-3 WARD)

2 FULL NAME Baby Born

(a) RESIDENCE NO. 2107 Bank St. ST. ... WARD
(Usual place of abode) (If non-resident give city or town and State)

...ength of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

...EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
...male	White	.....

If married, widowed, or divorced
HUSBAND of
(or) WIFE of .....

...ATE OF BIRTH (month, day, and year) Feb. 14, 1932

...GE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
Premature	6½	.....	

...CUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

...RTHPLACE (city or town) (State or country) Baltimore, Md.

... NAME OF FATHER John Otto Born

... BIRTHPLACE OF FATHER (city or town) (State or country) Not definitely known. Md?

MAIDEN NAME OF MOTHER Bertha Mary Maciejunis

BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

...formant
...ddress)

...ed ... 19... C. HAMPSON JONES ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 14, 1932

17
I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

That I last saw h... alive on Feb. 14, ..., 19 32

and that death occurred, on the date stated above, at 10.50 A.m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY ...
(Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Pathological

(Signed) Charles H. Peckham M. D.

... 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL ... DATE OF BURIAL ... 19

20 UNDERTAKER ... ADDRESS ...

JOHNS HOPKINS HOSPITAL

FEB 20 1932

ACo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

76867 CERTIFICATE OF DEATH E 76867

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., [illegible] Ward)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME [illegible]

(a) Residence: No. Eastern Station House St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 1921

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		5		

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Unknown

NAME Thelbert Bowlden

BIRTHPLACE (city or town) (State or country) unknown

MAIDEN NAME Lula Coulson

BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Friends
Address)

DISPOSITION OR REMOVAL
Place ... Date ... 19...

UNDERTAKER
Address)

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1932 to Feb 15, 1932

I last saw h[illegible] alive on Feb 5 1932 death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Feb 5
Other contributory causes of importance:	
Exhaustion	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John A Washington, M. D.

(Address) John Hopkins Hospital

JOHNS HOPKINS HOSPITAL FEB 20 1932

C. HAMPSON JONES, M.D.

Co. 5-31 250B

HEALTH DEPARTMENT CITY OF BALTIMORE

76868 76868

CERTIFICATE OF DEATH

124-001

PLACE OF DEATH Md Gen Hospital

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... St. 15-66 Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Mrs Charles Carle.

(a) Residence: No. 2474 W North Ave St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs Lucy Carle

ATE OF BIRTH (month, day, year) Jan 18 1882

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
8	49	10	-	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer
Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bldg
Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

IRTHPLACE (city or town) (State or country) Balto Md

NAME Geo P Carle

BIRTHPLACE (city or town) (State or country) Balto Md

MAIDEN NAME Sally Seffenbauer

BIRTHPLACE (city or town) (State or country) Md.

FORMANT Hospital Record
Address)

RIAL, CREMATION, OR REMOVAL
place) Loudon Park 2/20/32

DERTAKER Boyle & Tarbert
Address) Lafayette & Fayette

LED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-18, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-31-, 1932 to 2-18, 1932

I last saw h alive on 2/18/32 death is said to have occurred on the date stated above, at 5:23 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Lobar pneumonia	2 -
b	
c	

Other contributory causes of importance:

Bronchial pneumonia	2 days.

Name of operation Paracentesis Date of 2/16/32

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... M. D.

(Address) .....

AACo. S-11 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

76869 ✓

CERTIFICATE OF DEATH

10 L 76869

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenham Hospital St., 15 Ward)

Length of residence in city or town where death occurred 3 yrs. 7 mos 5 ds How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Harold Thompson

(a) Residence: No. 1536 No Stricker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mall	Black	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb 15, 1928

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	4	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Roman Thompson
14. BIRTHPLACE (city or town) (State or country) Maryland
15. MAIDEN NAME Mamie Chance
16. BIRTHPLACE (city or town) (State or country) Maryland
17. INFORMANT Mamie Thompson
(Address) 1536 No Stricker St
18. BURIAL, CREMATION, OR REMOVAL
Place Union Cem Date June 20, 1932
19. UNDERTAKER Daniel Easton
(Address) 916 Lemmon ave
FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1932 to Feb 20, 1932

I last saw h[illegible] alive on Feb 20, 1932 death is said to have occurred on the date stated above, at. 12 ½ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Faucial Diphtheria	2/5/32

Other contributory causes of importance:

Toxic Myocarditis	2/12/32

Name of operation None Date of ...
What test confirmed diagnosis Cultures Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Peter Mesaroke M. D.
(Address) Lyndenham Hospital

20—M. & T.—100 B—50L.

E 76870

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76870

CERTIFICATE OF DEATH

REGISTERED NO. 167

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 223 Woodlawn Road ST. 27-53 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank G. Frey

(a) RESIDENCE NO. 223 Woodlawn Road ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Hattie Gordon Frey

DATE OF BIRTH (month, day, and year): Dec 3, 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	72	2	25	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Crown C & S Co
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Ora D. Jefferson

(Address) 223 Woodlawn Road

Filed ..... 192 ..... Registrar

C. HAMPSON JONES, M. D.
1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/18 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun shot wound through head
Suicide

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) C. H. Monroe, M. D. Coroner

2/19, 1932 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemy.

DATE OF BURIAL: Feb 20 1932

20 UNDERTAKER: John A. Whitehill & Sons

ADDRESS: 1900 Eutaw Pl.

—1-30—M. & T.—250 Blks.

76871

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 E 76871

CERTIFICATE OF DEATH.

REGISTERED NO. 27-56

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No.) 5103 Cordelia Ave ST. (WARD)

2-FULL NAME Lehman Blum

(a) RESIDENCE NO. 5103 Cordelia Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

married, widowed, or divorced
HUSBAND of
or) WIFE of Hannah Blum

TE OF BIRTH (month, day, and year) May 3 1856

E Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	9	6	

CUPATION OF DECEASED

) Trade, profession or rticular kind of work Salesman 66

) General nature of industry, siness, or establishment in hich employed (or employer) Ladies Dresses

) Name of employer

THPLACE (city or town) ate or country) Balto Md

NAME OF FATHER Isaac Blum

BIRTHPLACE OF FATHER (city or town (State or country) Germany

MAIDEN NAME OF MOTHER Annie Mayo

BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

nformant (Mrs. Irma Baer Hirsh
ddress) 401 Barrington Rd

ed 2 - 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19/32

17 I HEREBY CERTIFY, That I attended deceased from Feb 17, 1932, to Feb 19, 1932,

that I last saw h~~im~~ alive on Feb 19, 1932,

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Acute Myocardial Insufficiency

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Charles Wells M. D.

, 19 (Address) 2236 Park Heights Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Sinai DATE OF BURIAL Feb 21 1932

20 UNDERTAKER J. Ahrens & Co ADDRESS 2039 Pennsylvania Ave

pec.—9 30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

6872

CERTIFICATE OF DEATH

51 E 76872

REGISTERED NO.

1. PLACE OF DEATH Sevindale

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No. 27-54 ST. WARD)

2. FULL NAME Robert Block

(a) RESIDENCE No. Belvedere Towers Apt 610 ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or Town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Rose Block

DATE OF BIRTH (month, day, and year): 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Russia

10 NAME OF FATHER: Moses Block

11 BIRTHPLACE OF FATHER (city or town) (State or country): Lithuania

12 MAIDEN NAME OF MOTHER: Leah —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

Informant (Address): Belvedere Towers Apt 610

Filed [illegible] 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-19-32

17

I HEREBY CERTIFY, That I attended deceased from November 17 1932 to February 19. 1932

that I last saw him alive on February 19. 1932

and that death occurred, on the date stated above, at 12 30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma neck of bladder.

(duration) 1 yrs. 3 mos. 9 ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 10-2-31.

Was there an autopsy? No

What test confirmed diagnosis? At operation.

(Signed) H Edmund Levin M. D.

2/18 1932 (Address) Sevindale

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Returned Mt Carmel Rd

DATE OF BURIAL: 2/20 1932

UNDERTAKER: Sol Levinson & Bro

ADDRESS 1127 E Balto St

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76873

CERTIFICATE OF DEATH

117 E 76873

Registered No.

1. PLACE OF DEATH Maryland General Hospital St. 6-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Ella De Haven

(a) Residence: No. 120 North Fremont Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Sngl

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 10 1869

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	63	1	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bear Maryland

13. NAME Ella De Haven

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Ella Jones

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Friendship Place Date 2/23/32, 19

19. UNDERTAKER Krug & Tyrk
(Address) 124 Washington Blvd

20. FILED 2/23, 1932 JOHN JONES M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/20, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-8, 1932, to 2-20, 1932

I last saw her alive on 2/20, 1932 death is said to have occurred on the date stated above, at 10:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Ulcer	4 years
Other contributory causes of importance:	?
Chronic Myocarditis	
Bronchial Pneumonia	2 days

Name of operation Post. Gastroenterostomy Date of 2/17/32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) M. D.

(Address)

Co. 5-31 250B

76874 HEALTH DEPARTMENT—CITY OF BALTIMORE 02

CERTIFICATE OF DEATH

76874 × 95 E 76874

Registered No.

PLACE OF DEATH

JOHNS HOPKINS HOSPITAL St. 7-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No.

gth of residence in city or town where death occurred yrs. mos. 3 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

FULL NAME Willis Rank

(a) Residence: No. Annapolis, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	

f married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) Oct 1925

E	Years	Months	Days	If LESS than 1 day hrs. or min.
	6	4	19	

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School 0
. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) State or country) Md

NAME Mons Rank

IRTHPLACE (city or town) (State or country) Finmark

MAIDEN NAME Barbara Nachowsky

BIRTHPLACE (city or town) (State or country) Md

FORMANT Reside
Address)

RIAL, CREMATION, OR REMOVAL Date Feb 22, 1932
lace Annapolis

DERTAKER P. L. Hopkins
Address) Annapolis, Md

PERSON JONES, M. D.

ED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1932 to Feb 20, 1932

I last saw him alive on Feb 20, 1932, death is said to have occurred on the date stated above, at 5:24 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	Nov 1931

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) R. W. Buckna Jr., M. D.

(Address) Johns Hopkins Hosp.

Co. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

76875

CERTIFICATE OF DEATH

131 E 76875

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 5 N. Appleton St. 15-21 Ward)

gth of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Samuel Litbak

(a) Residence: No. 5 N. Appleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Litbak

ATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tinsmith
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tinsmith
8. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 30

BIRTHPLACE (city or town) (State or country) Russia

NAME Sarah Litbak

BIRTHPLACE (city or town) (State or country) Russia

MAIDEN NAME Russia

BIRTHPLACE (city or town) (State or country) Russia

FORMANT David Perlow

Address 1514 N. Appleton St

RIAL, CREMATION, OR REMOVAL

Place Greenlawn Date 2-21, 1932

DERTAKER Paul Lewis Bro

Address 1439 E. Chase St

1932 HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1932 to Feb. 19, 1932

I last saw her alive on Feb. 19, 1932 death is said to have occurred on the date stated above, at 12.05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Vascular Renal Dis. Chron. Bronchitis Bronchial Asthma	several years
Broncho-pneumonia	Feb. 18, 1932

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. A. Sussman, M. D.

(Address) 2340 Eutaw Pl

ACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

76876

CERTIFICATE OF DEATH

93 E 76876

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

. PLACE OF DEATH

TY OF BALTIMORE: (No. 1642 E Pratt St. 3-4 Ward)

gth of residence in city or town where death occurred 22 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Sarah Snyder

(a) Residence: No. 1642 E Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Samuel Snyder

ATE OF BIRTH (month, day, year)

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

6. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper**, etc. Housework
7. Industry or business in which work was done, as **silk mill, saw mill, bank**, etc.
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

IRTHPLACE (city or town)
(State or country) Russia

NAME Unknown

BIRTHPLACE (city or town)
(State or country) Russia

MAIDEN NAME Unknown

BIRTHPLACE (city or town)
(State or country) Russia

INTERMENT M. Bridge Woodlawn
Address) 5117 Park Ave

RIAL, CREMATION, OR REMOVAL
Not to Cremate Date 2/20, 1932

DERTAKER Jack Lewis Inc.
Address) 1434 E Baltimore St

2/20 1932 [illegible] JONES, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-20- 1932

22. I HEREBY CERTIFY, That I attended deceased from Feby 7 1932 to Feby 20 1932

I last saw her alive on Feby 20 1932 death is said to have occurred on the date stated above, at 1:30 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Cerebral Hemorrhage	

Other **contributory causes** of importance:

Chronic myocarditis

Name of operation ..... Date of

What test confirmed diagnosis? Autopsy? Was there an autopsy? No

23. If death was due to external causes (**violence**) fill in also the following:
Accident, suicide, or homicide? No Date of injury — 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. J. Hamilton M. D.
2/21/32 (Address) 133 Madison Ave

Co. 5-31 250B

76877 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76877

CERTIFICATE OF DEATH

87-001

PLACE OF DEATH

Registered No. 20-687

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 2231 Fenwick Ave St.) (Ward)

gth of residence in city or town where death occurred 8 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary A Kennedy

(a) Residence: No. 2231 Fenwick Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Michael John Kennedy.

DATE OF BIRTH (month, day, year) April 11th 1856

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
75.	10	9	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ireland

NAME James Sullivan

BIRTHPLACE (city or town) (State or country) Ireland.

MAIDEN NAME Unknown.

BIRTHPLACE (city or town) (State or country) Ireland.

FORMANT Mrs Earl Auer.

Address 2231 Fenwick Ave.

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 2/22/1932

UNDERTAKER John J Bowen & Son

Address 901 Fulton St

FILED 1932 G. HUDSON JONES, M. D. 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/20/1932

22. I HEREBY CERTIFY, That I attended deceased from Feby 19 1932 to Feby 20 1932

I last saw h[illegible] alive on Feby 19 1932 death is said to have occurred on the date stated above, at 1.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Apoplexy)	2/19/32

Other contributory causes of importance

Arterio-Sclerosis Unknown

Name of operation ~ Clinical Date of ~

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ~ Date of injury ~ 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ~

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. O'Neill M. D.

(Address) 108 N. Dutton Ave

c.—2-29-28—L. F. S.—500 Bks.

76878 HEALTH DEPARTMENT—CITY OF BALTIMORE 47 ✓ E 76878

CERTIFICATE OF DEATH

REGISTERED NO. 27-48

1—PLACE OF DEATH

TY OF BALTIMORE: (No. 6110 York Road (STREET) (WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Nellie V. Halter

(a) RESIDENCE NO. 6110 York Road ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

th of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
White	Married

male

married, widowed, or divorced
RUSHAND of (or) WIFE of George J. Halter

TE OF BIRTH (month, day, and year) May 16, 1880

Years	Months	Days	If LESS than 1 day, hrs. or min.
51	9	3.	

UPATION OF DECEASED

Trade, profession or ticular kind of work Domestic

General nature of industry, ness, or establishment in ch employed (or employer)

Name of employer

THPLACE (city or town) te or country) Hanover Pa

NAME OF FATHER C. N. Enig

IRTHPLACE OF FATHER (city or town) (State or country) Hanover Pa.

AIDEN NAME OF MOTHER Fannie Keller.

IRTHPLACE OF MOTHER (city or town) (State or country) Md

nformant George J. Halter

Address) 6110 York Road

ed 1932. 19 HUMPSON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19/32

17 I HEREBY CERTIFY, That I attended deceased from Feb. 23rd, 1931, to Feb. 19th, 1932,

(that I last) saw h— alive on Feb. 19th, 1932,

and that death occurred, on the date stated above, at 3.15 P. m.

The CAUSE OF DEATH* was as follows:

Cancer of Lung with probable metastases

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Circulatory Failure (duration) 1 yrs 3 mos. ds.

Probable

18 Where was disease contracted if not at place of death? Not Applicable

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Biopsy tissue examined at Johns Hopkins Pathological Laboratory

(Signed) Thomas Edwards M. D.

Feb. 19th 1932 (Address) 1032 E. at 36-37

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem. Hanover Pa DATE OF BURIAL Feb 22nd 1932

20 UNDERTAKER Geo. Jno. W. Teufel & Son ADDRESS 801 W. Fayette St

ACo 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76379

76379

CERTIFICATE OF DEATH

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2515 E Chase St. 8-12 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Bernard Gilbert Holthaus

(a) Residence: No. 2515 E Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 29 1931

Age	Years	Months	Days	If LESS than 1 day hrs. or min.
		7	10	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (City or town) (State or country) Baltimore Md

NAME Martin Holthaus

BIRTHPLACE (City or town) (State or country) Md

MAIDEN NAME Edwarda Grimm

BIRTHPLACE (City or town) (State or country) Carroll Co Md

FORMER RESIDENCE (City or town) (State or country) Md

Address 2515 E Chase St

BURIAL, CREMATION, OR REMOVAL Redeemer Cemetery Date Dec 22nd 1932

UNDERTAKER Wm Cook

Address 217 St Paul St

Filed Dec 22 1932 Harvey Jones M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1932 to Feb 19, 1932

I last saw him alive on 2-19-32, 7:30 a.m. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
A Lobar Pneumonia, right	Feb 10 32

Other contributory causes of importance:

Name of operation None Date of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fred Rueckert M.D. M. D.
Registrar 2-20-32 (Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

E 76880

CERTIFICATE OF DEATH

46 E 76880

. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 312 S. East Ave St. 1-2 Ward)

gth of residence in city or town where death occurred 50 yrs. mos ds. How long in U.S. If of foreign birth? yrs mos ds.

FULL NAME Anna Z. Kowalewska

(a) Residence: No. 312 S. East Ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
(or) WIFE of Andrew Kowalewska

ATE OF BIRTH (month, day, year) Unknown 1850

LE	Years	Months	Days	If LESS than 1 day, hrs or min.
Last	82	0	0	

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Poland

. NAME Wojciech Pawlak

. BIRTHPLACE (city or town) (State or country) Poland

. MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) Unknown

FORMANT Pelagia Hetmanski

Address) 312 S East Ave

RIAL, CREMATION, OR REMOVAL

lace Holy Rosary Date Feb 22 1932

DERTAKER Wm. Schroeder

Address) 1611 Eastern Ave

LED 1932 C. PAUL JONES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16, 19 32

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1932 to Feb. 18, 1932

I last saw h.. alive on Feb. 16, 1932 death is said to have occurred on the date stated above, at 10 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas	
Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

2/0 (Signed) Andrew Thurgood, M. D.
-32 (Address) 7979 Eastern Ave.

ACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

76881

CERTIFICATE OF DEATH

154 E 76881

Registered No.

1. PLACE OF DEATH St. Agnes' Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1 Caton Ave. St.) (24 Ward)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Magdalena Lucke

3. (a) Residence: No. 1613 Carlton St., Ward.

(Usual place of abode) (If not resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Nicholas

6. DATE OF BIRTH (month, day, year) Dec. 27, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	1	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME OF FATHER Charles Jordig

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Son - Walter A. Lucke

Address) 1501 E. Fort Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Feb 23 1932

19. UNDERTAKER Chas. J. Glynn

Address) 1501 E. Fort Ave.

FILED Feb. 23, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1932 to Feb. 20, 1932

I last saw her alive on Feb. 20, 1932 death is said to have occurred on the date stated above, at 11 55 a.m.

The principal cause of death and related causes of importance were as follows:

(a) Cerebral Hemorrhage

Date of onset 2 days

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible], M. D.

(Address) St. Agnes Hospital

ACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

76882

131 E 76882

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1206 N. Schuster St. 16-68 Ward)

Length of residence in city or town where death occurred 2 yrs mos da How long in U.S. If of foreign birth? yrs mos da

FULL NAME Clara A. Hurtt

(a) Residence: No. 2403 Calvert Heights Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed or divorced HUSBAND of (or) WIFE of Linwood T. Hurtt

7. DATE OF BIRTH (month, day, year) Jan 7/1869

8. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	61	1	12	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

11. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER Terry

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME OF MOTHER Mahoney

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Linwood T. Hurtt

Address 2403 Calvert Heights Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk Date 2/22/ 1932

19. UNDERTAKER Philip Young

Address 2606 Edmondson Ave

20. FILED 1932 Registrar. C. RAMPON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from for several years, 19 17? to Feb 19, 1932

I last saw her alive on Feb 18, 1932 death is said to have occurred on the date stated above, at 9 45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-nephritis disease	To my knowledge about 8 or 10 yrs
Chr Interstitial nephritis.	

Other contributory causes of importance:

Hypertension &c

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. W. Keown, M. D.

(Address) 1938 Linden Ave

ACo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-E 76883

E 76383

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH University Hospital - 16
TY OF BALTIMORE: (No. ..... St., ... Ward)

gth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Christina Boschke

(a) Residence: No. 1515 Patterson Park Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Boschke

ATE OF BIRTH (month, day, year) Dec 18, 1899

GE Years	Months	Days	If LESS than 1 day, hrs or min.
32	2	1	2

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0.7
8. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

IRTHPLACE (city or town) (State or country) Balto

NAME Frank Kemnek

BIRTHPLACE (city or town) (State or country) Austria

MAIDEN NAME Mary Hajek

BIRTHPLACE (city or town) (State or country) Austria

FORMANT Charles Boschke

(Address) 1515 Pattersonpk Ave

RIAL, CREMATION, OR REMOVAL

lace Holy Redeem Date Feb 23, 1932

DERTAKER Frank Brockstop

(Address) 1906 Eastern Ave

C. HUNTER JONES, M. D.

LED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1932, to Feb. 20, 1932

I last saw her alive on Feb. 20, 1932 death is said to have occurred on the date stated above, at 12.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2/9/32

Other contributory causes of importance:

Right Pyopneumothorax	Unknown

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph F. Deringa M. D.

(Address) University Hospital

E 76884 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76884

48

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: No 2226 Ward ST. 14-5 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susan Coates

(a) RESIDENCE NO. 2226 Ward ave ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

4 COLOR OR RACE: Col

5-Single, Married, Widowed, or Divorced (write the word): Widowed

6 If married, widowed, or divorced, HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Dont Know

AGE: Years About 78 Months Days

If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Calvert Co Md

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) " "

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " "

Informant (Address) Chas Coates 513 So Eutaw St

Filed 1932 C. HAWKINS JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-19 1932

17 I HEREBY CERTIFY, That I attended deceased from Aug 1931 to 2-19 1932

that I last saw h alive on 2-18 1932

and that death occurred, on the date stated above, at 11.50 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Since Aug 1931 to my knowledge

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H K Corscadden, M. D.

(Address) 117 N Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: 2/21 1932

20 UNDERTAKER: Mrs Geo. H. Kollas

ADDRESS: 1601 Druid Hill

A&Co. S-H 2-08

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76885

CERTIFICATE OF DEATH

108 E 7.6885

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1924-E. Fairmount Av. St., 6-9 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U.S. If of foreign birth 50 yrs. ... mos. ... ds.

2. FULL NAME John Schmitt

(a) Residence: No. 1924-E. Fairmount Ave. St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret (Kraus)

DATE OF BIRTH (month, day, year) 9/26/1856

AGE Years	Months	Days	If LESS than 1 day, hours or ... min.
75	4	23½	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -0-
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Germany

3. NAME John Schmitt

4. BIRTHPLACE (city or town) (State or country) Germany

5. MAIDEN NAME Unknown

6. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Anna Bauers
(Address) 1924-E. Fairmount Ave.

BURIAL, CREMATION, OR REMOVAL
Place Holt Funeral Home Date 2/21 19 32

UNDERTAKER Thos. J. Holt Jr.
(Address) 1924 E. Fairmount Ave.

FILED 2-23-32 19 ... C. HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1932 to Feb 18, 1932

I last saw him alive on Feb 18, 1932 death is said to have occurred on the date stated above, at 3 00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2/16/32

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Physical evidence Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Geo. B. Seybert, M. D.

(Address) 2802 Harford Ave.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

76886 23 E 76886

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 1823 Madison ave 14-10
CITY OF BALTIMORE: (No. 1823 Madison ave St., 14-10 Ward.
Length of residence in city or town where death occurred 5 yrs. — mos. — ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Hester Moore

(a) Residence: No. 1823 Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) Dec 13, 1910

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21 —	2	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. H. W.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) 8-1-31
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Warrenton Va

13. NAME Colbert Moore

14. BIRTHPLACE (city or town) (State or country) Warrenton Va

15. MAIDEN NAME Minnie Nelson

16. BIRTHPLACE (city or town) (State or country) Warrenton Va

17. INFORMANT Mother, Minnie Gray
(Address) 1823 Madison

18. BURIAL, CREMATION, OR REMOVAL
Place Cremation Va. Date 2/22 1932

19. UNDERTAKER Interstate Undertaking Co.
(Address) 1823 Madison St.

Feb 21 1932 19 H. IMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1931, to Feb 19, 1932
I last saw he alive on Feb 18, 1932 death is said to have occurred on the date stated above, at 10:15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocarditis	2-14-32
Other contributory causes of importance: Pulmonary T. B.	

Name of operation — Date of —
What test confirmed diagnosis? Mark Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Luther P. Fultz, M. D.
(Address) 1409 Edmondson Ave

pec.—9-30—A. & O.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76887

CERTIFICATE OF DEATH.

46 **E 76887**

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No) 92[illegible] N. Fulton St. (Ward) 16 2 6

2. FULL NAME James William Murphy

(a) RESIDENCE NO. 92[illegible] N. Fulton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 65 yrs. 2 mos. 26 ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie D. Murphy

DATE OF BIRTH (month, day, and year) Nov. 25 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	2	26 25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

BIRTHPLACE (city or town) Winchester

(State or country) Virginia

NAME OF FATHER John A. Murphy

BIRTHPLACE OF FATHER (city or town) Martinsburg

(State or country) W. Va.

MAIDEN NAME OF MOTHER Emma Driscoll

BIRTHPLACE OF MOTHER (city or town) Martinsburg

(State or country) W. Va.

Informant (Address) Mrs. Annie D. Murphy (wife) 92 N. Fulton Ave.

Filed [illegible] 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 20 - 32

17

I HEREBY CERTIFY, That I attended deceased from Dec 19, 1931, to Feb. 20, 1932

that I last saw him alive on Feb. 20, 1932

and that death occurred, on the date stated above, at 7.30 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) ~

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? G. I Series & K. Ray.

(Signed) J. Thomas Gibson M. D.

1932 (Address) 1001 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Feb 22 1932

20 UNDERTAKER: J. Stewart Timmons — ADDRESS: Forest

pec.—9 30—A. A. Co.—250 Blks.

76888 E 76888

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 3900 Gwynn Oak Av St.) 78-6th WARD

2 FULL NAME Edward Clinton Myers

(a) RESIDENCE No. 3900 Gwynn Oak Av St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. 1 mos. 28 ds. How long in U. S., if of foreign birth? 63 yrs. 1 mos. 28 ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lillian C. Myers

DATE OF BIRTH (month, day, and year) July 24 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	1	28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Insurance Adj

(b) General nature of industry, business, or establishment in which employed (or employer): Insurance

(c) Name of employer: Self.

BIRTHPLACE (city or town) Balto. (State or country) Maryland

10 NAME OF FATHER Edward Myers

11 BIRTHPLACE OF FATHER (city or town) Tazewell (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary Griffith

13 BIRTHPLACE OF MOTHER (city or town) Balto Co. (State or country) Maryland

Informant Mrs. Allyn Myers (sister)
(Address) 3900 Gwynn Oak Av

Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 21/32

17

I HEREBY CERTIFY, That I attended deceased from July 1, 1931, to Feb 21, 19 32

that I last saw h im alive on Feb 19, 1932

and that death occurred, on the date stated above, at 2.25 A m.

The CAUSE OF DEATH* was as follows:

Coronic Insufficiency
from Bronchial Emphysema.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? I dont know

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Stethoscopic

(Signed) H. Hurt Pierce M. D.

, 1932 (Address) Glyndon Md.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dove M. Mundlemeling — DATE OF BURIAL: Feb 23/ 19 32

20 UNDERTAKER: Stewart & Co — ADDRESS: Balto

Co. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76889

E 76889

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 27-55 Ward)

Length of residence in city or town where death occurred 61 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Frank Wiesig

(a) Residence: No. 3726 Greenmount Boulevard St., Ward.
(If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs Frank Wiesig

DATE OF BIRTH (month, day, year) Jan 26, 1871

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	—	24 25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manufacturer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Spinning
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 05

BIRTHPLACE (city or town) (State or country) Md

18. NAME Mary Wiesig

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mia Bernheimer

16. BIRTHPLACE (city or town) Md

INFORMANT Father
(Address)

BURIAL, CREMATION, OR REMOVAL Loudon Pk Date Feb 4 1932

UNDERTAKER Stewart Morris Co.
(Address) 1021 Mosher Ave.

FILED ... 19 32 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-21-1932

22. I HEREBY CERTIFY, That I attended deceased from 1-13 —, 1932, to 2-21, 1932

I last saw h[illegible] alive on 2-21, 1932 death is said to have occurred on the date stated above, at 10.45a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	1-31 32
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard Trance, M. D.
(Address) Union Memorial Hosp.

ACo. 5-31 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

B 76890

76890

CERTIFICATE OF DEATH

Registered No. 115

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Womans Hospital 20-21 (Ward)

Length of residence in city or town where death occurred 5 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

FULL NAME Leah Brown

(a) Residence: No. 4225 Old Fredricks Rd Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

DATE OF BIRTH (month, day, year) Nov. 10, 1920

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	3	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Riverside New Jersey.

NAME J. Rogers Brown.

BIRTHPLACE (city or town) (State or country) Howard County Maryland.

MAIDEN NAME Bessie B. Miller

BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

INFORMANT Jacob A Miller.
Address 104 S. Augusta ave.

BURIAL, CREMATION, OR REMOVAL
Edmondson Ave Date 2/22/32 19

UNDERTAKER [illegible]
Address [illegible]

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1932, to Feb. 19, 1932

I last saw her alive on Feb. 19, 1932 death is said to have occurred on the date stated above, at 10 15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicaemia – Streptococcus	2/18/32
Other contributory causes of importance Streptococcus sore throat otitis media	2/13

Name of operation Paracentesis-Drum Date of 2/15/32

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm A Straus M. D.

(Address) 1901 Guilford Ave

ACo. 5-11 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

76891 .

CERTIFICATE OF DEATH

127 E 76891

. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... St. ..... Ward) Womans Hospital

gth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? 67 yrs. ... mos. ... ds.

FULL NAME Annie Geneva Turnbaugh.

(a) Residence: No. Owings Mills. md Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	married.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of George P. Turnbaugh.

ATE OF BIRTH (month, day, year) July 16, 1874.

.E.	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	7	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home.
10. Date deceased last worked at this occupation (month and year) Jan. 1932 | 11. Total time (years) spent in this occupation 40

IRTHPLACE (city or town) (State or country) Baltimore Co. Maryland.

NAME ? Hare.

BIRTHPLACE (city or town) (State or country) unknown.

MAIDEN NAME unknown.

BIRTHPLACE (city or town) (State or country) unknown.

FORMANT Bessie Espey.
Address) Owings Mills.

RIAL, CREMATION, OR REMOVAL
Place Balto Md Date 2/24/ 1932

DERTAKER Wm Cook
Address) 1217 E Fort Ave

LED 2-22 1932 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 21, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1932 to Feb. 21, 1932
I last saw her alive on Feb 21, 1932 death is said to have occurred on the date stated above, at 5-20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary embolism.	Feb. 21. 1932.
Other contributory causes of importance: Ventral hernia	15 years ago.

Name of operation Herniorraphy Date Jan 29, 1932
What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 19 ...
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Rudolph J. Schorr M. D.
(Address) Womans Hospital

ACo. 5-31 250R

76892 HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 76892

1. PLACE OF DEATH Womans Hospital

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 11-24 Ward)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Mary McKenna

(a) Residence: No. 202 Dolfuin St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If ~~married~~ widowed, ~~or divorced~~ (or) WIFE of Felix McKenna

7. DATE OF BIRTH (month, day and year) Mar 17th 1845

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	11	4	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
11. Date deceased last worked at this occupation (month and year) ... 12. Total time (years) spent in this occupation ...

13. BIRTHPLACE (city or town) (State or country) Balto Md

14. NAME OF FATHER John Coulter

15. BIRTHPLACE (city or town) (State or country) Balto Md

16. MAIDEN NAME OF MOTHER Mary (Unknown)

17. BIRTHPLACE (city or town) (State or country) Balto Md

18. INFORMANT Mrs Charles McKenna
Address 2812 Lake Ave.

19. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 2/24 1932

20. UNDERTAKER [illegible]
Address [illegible]

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1932 to Feb 21, 1932

I last saw her alive on Feb 21, 1932 death is said to have occurred on the date stated above, at 3.12 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia ?	2/19/32
Other contributory causes of importance	
Acute cardiac dilatation	2/19/32

Name of operation — Date of —

What test confirmed diagnosis Clinical? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Marius P. Johnson M. D.
(Address) Womans Hospital.

...—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 76893 131 E 76893

1—PLACE OF DEATH

REGISTERED NO. 16-67

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1509 Hilton Street ST. WARD)

2—FULL NAME Robert H. Mac Lea

(a) RESIDENCE NO. 1509 Hilton Street ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (Write the word)
Male	white	married

6 If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie Mac Lea

7 DATE OF BIRTH (month, day, and year) Nov. 27, 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	69	2	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chesapeake Bay Pilot

(b) General nature of industry, business, or establishment in which employed (or employer) 086

Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

10 NAME OF FATHER William H. Mac Lea

11 BIRTHPLACE OF FATHER (city or town) Scotland

(State or country)

12 MAIDEN NAME OF MOTHER Esther Lidard

13 BIRTHPLACE OF MOTHER (city or town) Maryland

(State or country)

14 Informant Mrs Annie Mac Lea

(Address) 1509 Hilton Street

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 20 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb. 18th, 1932, to Feb. 19th, 1932, that I last saw h[illegible] alive on Feb. 19th, 1932, and that death occurred, on the date stated above, at 2,40 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis X

Chronic Myocarditis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute dilation of heart a

Pulmonary Edema (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Isaac E. Dickson, M. D.

Feb. 21 1932 (Address) 3055 N. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Feb. 22, 1932

20 UNDERTAKER E. Leroy Stiffler, Inc.

ADDRESS 125 E. North Ave.

aCo. 1-31 2508

76894 HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. E 76894

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 76-1 Ward)

Length of residence in city or town where death occurred ... yrs ... mos ... ds How long in U.S. If of foreign birth? ... yrs ... mos ... ds

2. FULL NAME Marcela Olszewski

(a) Residence: No. ..... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Wid

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 16 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	1	11	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME OF FATHER John Olszewski

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME OF MOTHER Helen Bielut

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT John Olszewski
(Address) 3219 Dillon St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy ... Date Feb. ... 19...

19. UNDERTAKER F. H. Gaszewski

Address 1930 E. Eastern Ave.

FILED Feb 22 1932 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20 19 32

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1932 to Feb. 20 1932

I last saw her alive on Feb. 20, 1932 death is said to have occurred on the date stated above, at 5:20 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia

Date of onset Feb. 14, 1932

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) John J. Kaye, M. D.

(Address) 1627 Eastern Ave.

AACo. 11 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

E 76895

CERTIFICATE OF DEATH

E 76895

PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Gen. Hosp. (Ward) 16-37

Registered No. 49 E 76895

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

1. FULL NAME Florence Coale

(a) Residence: No. 608 Appleton St., Ward.

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced

(or) WIFE of Geo. Hamilton Coale

6. DATE OF BIRTH (month, day, year) Oct 31, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	3	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 6 mos ago

11. Total time (years) spent in this occupation (?)

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME of father Luther Schipp

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME of mother Anna Murr

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT (Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL Place 9/22/32 Western Cemetery Date

19. UNDERTAKER (Address) J. Thomas Boath

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/19, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2/12, 1932, to 2/19, 1932

I last saw her alive on 2/19, 1932 death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Carcinoma of Abdominal cavity involving all organs	(?)
Other contributory causes of importance:	
Bronchopneumonia	2/18/32
Chronic Nephritis	(?)

Name of operation Abdominal Paracentesis Date of 2/15/32

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) , M. D.

(Address)

A&Co. S-81 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

76896

93-003

CERTIFICATE OF DEATH

E 76896

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1442-Fillmore Street St., 9-16 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? 50 yrs. mos. ds.

2. FULL NAME Anna C. Kelley

(a) Residence: No. 1442-Fillmore Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas Kelley

6. DATE OF BIRTH (month, day, year) 5/4/1849

If LESS than 1 day: Years	Months	Days	Hours or Min.
82	9	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

13. NAME John Christmas

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Ada M. Kelley
(Address) 1442-Fillmore Street

18. BURIAL, CREMATION, OR REMOVAL
Place St. Marys-Hampden 2/22/1932

19. UNDERTAKER
(Address)

FILED 2-22 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/20/32

22. I HEREBY CERTIFY, That I attended deceased from 2/13/32, 19, to 2/20/, 1932

I last saw h er alive on 2/20/32 death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

Myocardial Degeneration — Date of onset 1/1/32

Other contributory causes of importance:

None

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Frederick L. Herrmann, M. D.

(Address) 2155 Eutaw Place

-30—M & T—100 B—50L

E 76897

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-001

E 76897

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 109 Loudon Ave ST. 20-71 WARD)

2-FULL NAME Myrtle L. Harriss

(a) RESIDENCE NO 109 Loudon Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Bernard L. Harriss

DATE OF BIRTH (month, day, and year) Feb 11,1889.

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	43	-	9	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Deleware, Md.

10 NAME OF FATHER Chas Johnston

11 BIRTHPLACE OF FATHER (city or town) (State or country) Deleware, Md.

12 MAIDEN NAME OF MOTHER Ina Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Bernard L. Harriss

(Address) 109 Loudon Ave

Filed ... 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/20/32.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows: Suicide by Illuminating Gas

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Guy N. Cromwell, M. D. Coroner

2/22 1932 Address 203 Patapsco Ave, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 2/23/32.

ADDRESS

20 UNDERTAKER F. B. Wippert-1850 W. Baltimore St

AaCo. 5-31 250B

76898 HEALTH DEPARTMENT—CITY OF BALTIMORE 76898

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH Union Memorial Hosp. St. 14-20 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ength of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick S. Grafflin

(a) Residence: No. 1414 Mc Culloh St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

If married, widowed, or divorced HUSBAND of (or) WIFE of Jane Mary Skinner

6. DATE OF BIRTH (month, day, year) June 6 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	8	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.
13. NAME John C. Grafflin
14. BIRTHPLACE (city or town) (State or country) Md.
15. MAIDEN NAME Susan Keener
16. BIRTHPLACE (city or town) (State or country) Md.
17. INFORMANT Edith B. Grafflin
Address 1414 Mc Culloh St.
18. BURIAL, CREMATION, OR REMOVAL Green Mount Date 2/23/32 19
19. UNDERTAKER John C. Mudd Sons
Address 1700 Eutaw Place
20. FILED C. [illegible] JONES M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 21 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20 1932, to Feb. 21 1932
I last saw h[illegible] alive on Feb. 20 1932 death is said to have occurred on the date stated above, at 12 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis.	
c Uremia.	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? N-PN. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John S. Fowler M. D.
(Address) Union Memorial Hospital

Spec.—9-30—A. & Co.—250 Blks.

E 76899 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76899.

CERTIFICATE OF DEATH.

131

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No.) 4214 Hickford Road (St.) 27-46 (WARD)

2 FULL NAME Gertrude B. Denmead

(a) RESIDENCE NO. 4214 Wickford Road ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 8 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Adam Denmead

DATE OF BIRTH (month, day, and year) June 6- 1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	8	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Wm. H. Hood

11 BIRTHPLACE OF FATHER (city or town) (State or country) A.A. Co Md.

12 MAIDEN NAME OF MOTHER Mary J. Garner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant James W. Denmead
Address 4214 Hickford Road

Filed 2-22, 19 32 Registrar John O. Mitchell Undertaker

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 21st 1932

17

I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1932, to Feb 22nd, 1932

that I last saw h alive on Feb 21st, 1932

and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Hemiplegia (Rt. side)

(duration) — yrs. — mos. 20 ds.

CONTRIBUTORY (Secondary) Ch. Valv. Endocarditis
Cerebral Emphysema
(duration) Unknown ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No date of

Was there an autopsy? No

What test confirmed diagnosis? C

(Signed) Hopkins Bucke M. D.

2/24 19 32 (Address) 5. Club Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount DATE OF BURIAL Feb 23 19 32

20 UNDERTAKER John O. Mitchell ADDRESS Pikesville

H. D. B. 1268-9

76900 HEALTH DEPARTMENT—CITY OF BALTIMORE 76900

CERTIFICATE OF DEATH

117-001

Registered No. 16-68

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2321 W. Lanvale St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara E. Packham

(a) Residence: No. 2321 W. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced WIFE of (or) HUSBAND of: Harry Packham

DATE OF BIRTH (month, day, year): Dec 11 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	2	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

13. NAME: M. R. J. Stamp

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Mary A. McKee.

16. BIRTHPLACE (city or town) (State or country): Maryland

INFORMANT: Mr Harry Packham

(Address) 2321 W. Lanvale St.

BURIAL, CREMATION, OR REMOVAL: Woodlawn Cem. Date Feby 22. 1932

UNDERTAKER: John C. Mitchell & Sons

(Address) 1900 Eutaw Place

FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feby 19. 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 21. 1931. to Feb 19. 1932

I last saw h alive on Feb 18. 1932. Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Secondary anemia	July 1930
arteriosclerosis	
Myocarditis — since Dec 1931	
Other contributory causes of importance: Cystitis chron	1931

Name of operation: none Date of

What test confirmed diagnosis? physical & laboratory Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter Stabler M. D.

(Address) 220 Garrison Ave

AsCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

76901 — E 76901

CERTIFICATE OF DEATH

66-0

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) University Hospital St., 44-26 Ward)
Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Blanche Moton

(a) Residence: No. 2001 Madison Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Negro
5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Clegg Moton

6. DATE OF BIRTH (month, day, year) June 29-1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	7	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Harrison Ford

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Mary Foles

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Beatrice Goodwin
Address 2001 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date Feb 12 1932

19. UNDERTAKER Archibald Co Inc
Address 1201 Druid Hill Ave

FILED ..... 19..... Registrar.

C. HAMPSON JONES, M. D.

FEB 13 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb, 5, 1932 to Feb. 19, 1932
I last saw h C R alive on Feb. 19 1932 death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Chronic Diffuse Glomerular Nephritis	Unknown
2) Cardiac hypertrophy and dilatation with decompensation	
3) Thyrotoxicosis	

Other contributory causes of importance:

1) Uremia	2/15/32
2) Pericardial Effusion	2/17/32
3) Terminal Bronchial Pneumonia	

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Louis F. Brenga, M. D.
(Address) University Hospital

AACo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76902

CERTIFICATE OF DEATH

121 E 76902

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Sinai Hospital
CITY OF BALTIMORE: (No. 15-21 St. ..... Ward)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Beverly Machanson

(a) Residence: No. 1717 N. Payson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1919

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	13			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME OF FATHER Samuel Machanson

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME OF MOTHER Rose Lepofsky

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Samuel Machanson
(Address) 1717 N Payson St

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Home Run Date Feb 22, 1932

19. UNDERTAKER Freeman Bro
(Address) 1717 Pulaski St

20. FILED Feb 23 1932 C. [illegible] JONES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from February 13, 1932 to February 22, 1932
I last saw h[illegible] alive on February 22 1932 death is said to have occurred on the date stated above, at 5:30 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Feb 13 1932

Other contributory causes of importance:

Name of operation Appendectomy Date of Feb 13 1932
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... (If so, specify)

(Signed) Archie Robert Cohen M. D.
(Address) Sinai Hospital

AaCo. 5-11 250P

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76903 | CERTIFICATE OF DEATH | 108 E 76903

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St. 21-29 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. yrs. mos da. How long in U S. If of foreign birth? yrs mos da

Length of residence in city or town where death occurred 5 yrs. mos da. How long in U S. If of foreign birth? yrs mos da

2. FULL NAME Mary Monger

(a) Residence: No. 711 Woodvil St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 00
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Carolina
13. NAME David Monger
14. BIRTHPLACE (city or town) (State or country) N. Carolina
15. MAIDEN NAME Sarah Seymore
16. BIRTHPLACE (city or town) (State or country) N. Carolina
17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL
18. BURIAL, CREMATION, OR REMOVAL Place Johnson cem. Date Feb 24 1932
19. UNDERTAKER Edward Bryan
(Address) 1631 Orleans St
20. FILED 19 C. H. JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-21-1932

22. I HEREBY CERTIFY, That I attended deceased from 2-16-, 1932 to 2-21-, 1932

I last saw her alive on 2-21- 1932 death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
LOBAR PNEUMONIA	2-14-32
SEPTICEMIA, PNEUMOCOCCUS	2-20-32

Other contributory causes of importance:

OTITIS MEDIA, ACUTE	2-14-32

Name of operation none Date of —

What test confirmed diagnosis? X ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) [illegible] M. D.
(Address) Johns Hopkins Hospital

A&Co. 5-31 250B

76904 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 31

E 76904

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

15-66

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2207 Mt Holly St. St. ..... Ward)

Length of residence in city or town where death occurred 87 yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie E. Gawthrop.

(a) Residence: No. 2207 Mt Holly St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Benjamin F. Gawthrop.

6. DATE OF BIRTH (month, day, year) May 13, 1844

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	87	9	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Asa H. Smith,

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT R. Hart Gawthrop
(Address) 2207 Mt Holly St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date FEB 23 1932 19

19. UNDERTAKER Robert S. Little
(Address) 1724

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 21 1932 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1932 to Feb 21, 1932

I last saw h[illegible] alive on Feb 19 1932 death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial nephritis	4 yrs.
Other contributory causes of importance: age. Arteriosclerosis	-

Name of operation ..... Date of 19

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) 2020 N. Charles

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

76905

CERTIFICATE OF DEATH

E 76905

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1534 N. Patterson Park Ave (ST.) 8-16 (WARD)

2-FULL NAME Capitola Lee McCarter

(a) RESIDENCE NO Annapolis, Md. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of William J. McCarter

DATE OF BIRTH (month, day, and year) April 17/1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	10	1	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None- Athome
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Annapolis, Md,

10 NAME OF FATHER Joseph Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Matilda Eades

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Elizabeth H. Jenkins
(Address) 526 E. North Ave

Filed ..... 1932 C. HAMPTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 18/1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Myocardial Insufficiency

(duration) yrs. mos da.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. K. Dallas Coroner, M. D.

2/19/1932 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem

20 UNDERTAKER John Ellrich

DATE OF BURIAL Feby 22 1932

ADDRESS 2008 Eden

-20—M. & T.—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

76906 — 001

76906 — E 76906

CERTIFICATE OF DEATH

REGISTERED NO. 1886

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 812 N. Carey ST. 16-23 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jas Harper

(a) RESIDENCE NO. 812 N. Carey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — 4 COLOR OR RACE: Col — 5 Single, Married, Widowed, or Divorced (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary —

DATE OF BIRTH (month, day, and year): 1871

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	60			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Barber
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (City or town) (State or country): Cleveland Ohio

10 NAME OF FATHER: Jas Harper

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary Crissop

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Ohio

Informant: Mrs. E. Johnson

(Address): 812 N. Carey

Filed ..., 192... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Feb 19 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) 3 yrs. mos 3 da.

CONTRIBUTORY (Secondary): Influenza

(Duration) 2 yrs. mos. da.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. A. Bloom M. D.

Coroner

Feb 19 1932 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Auburn Cemetery

DATE OF BURIAL: 2-23 1932

20 UNDERTAKER: Joseph A. Lively

ADDRESS: 409 N. Mount St.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

76907

CERTIFICATE OF DEATH

V 23 E 76907

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 729 W Saratoga St. 18-26 (Ward)

Length of residence in city or town where death occurred yrs 30 mos ds How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Howard Boardley

(a) Residence: No. 729 W Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced
HUSBAND of (or WIFE of): Lodie Boardley

DATE OF BIRTH (month, day, year): March 24 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	10	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Construction
10. Date deceased last worked at this occupation (month and year): 1929
11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Essex Co Va

12. NAME OF FATHER: John Boardley
13. BIRTHPLACE (city or town) (State or country): Balty Md
14. MAIDEN NAME OF MOTHER: Florence Hayes
15. BIRTHPLACE (city or town) (State or country): Essex Co Va
16. INFORMANT: Effie Munroe
(Address): 729 W Saratoga St

BURIAL, CREMATION, OR REMOVAL
Place: Mt Auburn Cem Date: Feb 22, 1932

UNDERTAKER: [illegible]
(Address): 3220 [illegible] St.

FILED: [illegible] 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feby 19, 1932

I HEREBY CERTIFY, That I attended deceased from Feb 17, 1932 to Feb 19, 1932
I last saw him alive on Feb 19, 1932 11.40 A.M. death is said to have occurred on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Phthisis Pulmonalis	32

(Other contributory causes of importance:)

Name of operation ..... Date of .....
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) W. O. Howell M. D.
Coroner's Physician

Dec.—1-30—M. & T.—250 Blks

76908 E 76908

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95-002 1 2 15

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2829 Remington Ave ST. 12-51 (WARD)

2-FULL NAME Rosa C. Brown

(a) RESIDENCE NO. 2429 Remington ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of William C. Brown

6 DATE OF BIRTH (month, day, and year) Mch. 30, 1881

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	10	20	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Oxford Md.

9 NAME OF FATHER John Warner

BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

MAIDEN NAME OF MOTHER Mary Nelson

BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Emma Bell Naylor

Address 440 East 23 St

Filed Feb 22 1932 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 19. 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1932, to Feb 19, 1932

that I last saw her alive on Feb 19, 1932

and that death occurred, on the date stated above, at 12:10 P. m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease Indefinite
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza and Pneumonia
(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Ex.

(Signed) H. Garland Mitchell, M. D.

(Address) 1534 - Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary

DATE OF BURIAL Feb 22 1932

20 UNDERTAKER Mrs. R. A. Elliott

ADDRESS 1723 Eutaw Pl

M. D. R. 1205-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76909

CERTIFICATE OF DEATH

1314

E 76909

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 108 N Bradford St. 6-10 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martin Ellen neither

(a) Residence: No. 108 N Bradford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna Ellenneither

7. DATE OF BIRTH (month, day, year): Mar 16-1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	11	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Fruit Cutter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 056
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore
13. NAME: Peter Ellenneither
14. BIRTHPLACE (city or town) (State or country): Germany
15. MAIDEN NAME: Margaret Gebhart
16. BIRTHPLACE (city or town) (State or country): Balto City
17. INFORMANT: Anna Ellenneither
(Address) 108 N. Bradford St.
18. BURIAL, CREMATION, OR REMOVAL: Holy Redeemer
Place: Feby 23rd 1932
19. UNDERTAKER: Geo M. Fritz & Son
(Address) 844 E. Lexington St.
20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feby 20th, 1932

22. I HEREBY CERTIFY, That I attended deceased, from Dec 1-31 to Feb 20 32
I last saw him alive on Feb 19 1932 Death is said to have occurred on the date stated above, at 7 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Regurgitation	
Chronic Nephritis	Dec 1 31
Hypertension	

Other contributory causes of importance:

Cystitis Prostatic Enlargement

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Howard Lusby M. D.
(Address) 800 N. Howard St.

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76910

CERTIFICATE OF DEATH

E 76910

Registered No. 15-68

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2137 West North Ave. St. (Ward)

Length of residence in city or town where death occurred Life yrs. mos ds. How long in U.S. If of foreign birth? yrs. mos ds.

2. FULL NAME John Gordon Hantske

(a) Residence: No. 2137 West North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 6th 1931

AGE	Years	Months	Days	If LESS than 1 day... hrs. or min.
		7	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME OF FATHER Frederick Hughes Hantske

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

15. MAIDEN NAME OF MOTHER Mary Alice Jean

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Frederick H. Hantske
(Address) 2137 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb 22 1932

19. UNDERTAKER [illegible]
(Address) 1003 N. Eutaw Street

FILED Feb 22 1932 19 HARRY JONES, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 21 1932.

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15 1932 to Feb. 21 1932

I last saw him alive on Feb. 21 1932 death is said to have occurred on the date stated above, at 1.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	Feb 15-32

Other contributory causes of importance:

Exhaustion

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) I. H. Hartsell M. D.

(Address) 2707 W. North Ave

Feb 22 1932

Cor—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76911

E 76911

CERTIFICATE OF DEATH.

94-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3410 Rosedale Street St. 15-61 Ward)

2-FULL NAME Emmit M. Sipple

(a) RESIDENCE NO. 3410 Rosedale Street St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (Write the word): Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Mamie Sipple

DATE OF BIRTH (month, day, and year): January 3rd 1880

AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	52	1	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Principal

(b) General nature of industry, business, or establishment in which employed (or employer): Park School

(c) Name of employer: Park School Bucklin

BIRTHPLACE (city or town)

(State or country): Missouri

10 NAME OF FATHER: Lacy Sipple

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Kentucky

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Unknown

Informant (Address): Mrs. Mamie Sipple 3410 Rosedale St.

Filed ..... 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): February 21st 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows*:

Angina Pectoris

Sudden

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

(Signed) (Coroner) M. D.

Feb 24 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laclede Missouri

Date of Burial: Feb. 22 1932

20 UNDERTAKER: Chas. H. Cook

ADDRESS: 1003 W. Balto

Spec—9-30—A. & Co.—250 Blks

76912 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 76912

CERTIFICATE OF DEATH

95-002

1 PLACE OF DEATH Levindale

CITY OF BALTIMORE: (No. Belvedere & Greenspring St. 27-54 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Sarah Meyer

(a) RESIDENCE NO. Levindale ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or Town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
70				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

Interment (Address): Sigmund Rothschild Belvedere & Greenspring

Filed ..., 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 22/32

17 I HEREBY CERTIFY, That I attended deceased from Dec 20th, 19 31 to February 22 19 32

that I last saw her alive on February 22, 19 32

and that death occurred, on the date stated above, at 2.20 P.M.

The CAUSE OF DEATH* was as follows:

Chronic cardio vascular disease.

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary): Hemiplegia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Edmund Levin M. D.

19 (Address) Levindale

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship — DATE OF BURIAL: 2/23/1932

20 UNDERTAKER: Reid Sondheimer & Lor — ADDRESS: 1902 Eutaw Place

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE E 76913

CERTIFICATE OF DEATH

122-001

76913

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 6-9 (Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S. If of foreign birth? 18 yrs. mos. ds.

2. FULL NAME Ida Wasserman

(a) Residence: No. 1815 E. Fairmount Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Abraham

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Russia
(State or country)

13. NAME Israel Wasserman

14. BIRTHPLACE (city or town) Russia
(State or country)

15. MAIDEN NAME Hilla ?

16. BIRTHPLACE (city or town) Russia.
(State or country)

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 2-22 19 32

UNDERTAKER Leach Funeral Home

(Address) 1439 E. Fayette St.

FILED 2-22-1932 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from January 28, 1932 to February 21, 1932

I last saw her alive on February 21, 1932 death is said to have occurred on the date stated above, at 6:25 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Femoral Hernia	Jan 27
Intestinal Obstruction	Feb. 9
Bronchopneumonia	4 days.

Other contributory causes of importance:

Name of operation Herniotomy 1/28/32 Date of Laparotomy 2/4/32.

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Simon Bogel, M. D.

(Address) Mercy Hospital

AaCo. 5-11 250R

76914 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 76914

CERTIFICATE OF DEATH

107-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3906 Pk. Hts. Ave. St. 15-54 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Wells Amstutz

(a) Residence: No. 3906 Pk. Hts. Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lemuel M. Amstutz

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country) Russia

13. NAME Israel Wenig

14. BIRTHPLACE (city or town)
(State or country) Russia

15. MAIDEN NAME Rachael Kohn

16. BIRTHPLACE (city or town)
(State or country) Russia

INFORMANT Mrs. L. Feldman (Son)
(Address) 3922 Edmondson Ave.

BURIAL, CREMATION, OR REMOVAL
Place Hebrew Mt. Carmel Date 2-22- 1932

UNDERTAKER Jacob Reiss, Inc.
(Address) 1439 E. Balto. St.

FILED 2-22- 1932 J. [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-22- 1932

22. I HEREBY CERTIFY, That I attended deceased from March - 1932 to Feb - 22 - 1932
I last saw her alive on Feb - 21 - 1932 death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-renal sclerosis	
Broncho-Pneumonia	2/20/32

Other contributory causes of importance:
Chronic infectious arthritis

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) Herman Seidel, M. D.
(Address) 2404 Entaw Pl

AACo. 5-11-2908

1331 E North Ave

76915 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76915

CERTIFICATE OF DEATH

Registered No. 93-E 76915

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 30 N. Eden st St., 5-8 Ward)

Length of residence in city or town where death occurred 45 yrs. mos ds. How long in U.S. If of foreign birth? 45 yrs mos ds

2. FULL NAME Nathan Schapar

(a) Residence: No. 30 N Eden st St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	80			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

3. NAME Jacob Schapar

4. BIRTHPLACE (city or town) (State or country) Russia

5. MAIDEN NAME Reba

6. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Myer Saskin
(Address) 1736 N. Fulton

BURIAL, CREMATION, OR REMOVAL
Place Greenlawn Cemetery Date 2-22 1932

UNDERTAKER Jack Levin & Son
(Address) 1433 E. Baltimore St

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-21- 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1930 to Feb 21, 1932

I last saw him alive on Feb. 21, 1932 death is said to have occurred on the date stated above, at 1 30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Dec '29
Other contributory causes of importance: Generalized Arteriosclerosis	?

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel B. Wolfe, M. D.

(Address) 1331 E. North Ave

1-30—M. & T.—100 B—50L

E 76916

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76916

CERTIFICATE OF DEATH

93-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1604 Lancaster ST. 2-4 WARD)

2-FULL NAME Mamie Westkamp

(a) RESIDENCE NO. 1604 Lancaster ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of John Westkamp

DATE OF BIRTH (month, day, and year) Sept 17 1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47?	5	4	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) At Home 037
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto.

10 NAME OF FATHER George Schlegel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Minnie Bonnett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

Informant Mrs. Kastner

(Address) 3015 Phila. ave

Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 21 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Heatony

(Signed) C P Herzog M.D., M. D.
Coroner

2/21, 1932 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cem. DATE OF BURIAL Feb 23 1932

20 UNDERTAKER M. W. E. Rippelmeyer ADDRESS 37 Lanvale

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76917.

6917

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1518 W. Lexington ST. 19-27 WARD)

2-FULL NAME Gladys Worrell

(a) RESIDENCE NO. 1518 W. Lexington ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	Colored	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) May 25, 1930

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	8	26	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

BIRTHPLACE (city or town) Baltimore
(State or country) Md.

10 NAME OF FATHER Sawyer Worrell

11 BIRTHPLACE OF FATHER (city or town) Newsom
(State or country) Va.

12 MAIDEN NAME OF MOTHER Jennie Garris

13 BIRTHPLACE OF MOTHER (city or town) Franklin
(State or country) Va.

Informant Sawyer Worrell

(Address) 1518 W. Lexington St.

Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 21st 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Whooping-cough

(duration) ..... yrs. mos. 3 5 ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Cromwell, M. D. Coroner

2/22 1932 (Address) 203 Patapsco Ave, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carburn

DATE OF BURIAL 2-22-1932

20 UNDERTAKER Chas. G. Cooper

ADDRESS Catonsville

AACo. S-H 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76918

CERTIFICATE OF DEATH

11-0.0

E 76918

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2918 Elliott St. 1-1 Ward)

Length of residence in city or town where death occurred 22 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? 22 yrs. ... mos. ... ds.

2. FULL NAME Walter Iwaniewicz

(a) Residence: No. 2918 Elliott St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	married.

If married, widowed, or divorced
HUSBAND of ~~(or WIFE of)~~ Alexandra Iwaniewicz

DATE OF BIRTH (month, day, year) 1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	47			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 034
10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Austria

12. NAME John Iwaniewicz

13. BIRTHPLACE (city or town) (State or country) Austria

14. MAIDEN NAME ...

15. BIRTHPLACE (city or town) (State or country) Austria

INFORMANT Alexandra Iwaniewicz
(Address) 2918 Elliott Street

BURIAL, CREMATION, OR REMOVAL
Place Ft. Hamilton Cem. Date Feb. 24th. 1932.

UNDERTAKER Henry A. Weber
(Address) 705 E. Lanvale St.

FILED Feb 22 1932 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 21st. 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 9 — 1932 to Feb 21 — 1932

I last saw him alive on Feb 21 — 1932 death is said to have occurred on the date stated above, at 3:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Feb 9 — La Grippe	
Broncho - Pneumonia -	Feb 15 - 32

Other contributory causes of importance

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? ✓ Date of injury ... 19...

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Hans A. Bruer, M. D.

(Address) 145 S. Broadway

AaCo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76919 E 76919

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 5-8 Ward)

Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lena Fisher

(a) Residence: No. 1 Durham St., ... Ward. (Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	—

If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 3-10-31

AGE. Years	Months	Days	If LESS than 1 day, hrs. or min.
—	11	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Md.

12. NAME Edward Fisher

13. BIRTHPLACE (city or town) (State or country) N. Carolina

14. MAIDEN NAME Lena Hatfield

15. BIRTHPLACE (city or town) (State or country) N. Carolina

16. INFORMANT Dr. Cooke (Address)

17. BURIAL, CREMATION, OR REMOVAL Place Cat Spring Md. Date Feb 22 1932

18. UNDERTAKER Lyon Wright (Address) 1318 McCulloh St

FILED 2-1932 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-21-1932

22. I HEREBY CERTIFY, That I attended deceased from 2-17-1932, to 2-21-1932

I last saw her alive on 2-21-1932 death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	2/10/32
Other contributory causes of importance: Pulmonary Tuberculosis	—

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) H. H. Richards M. D.

(Address) Johns Hopkins Hospital

c—1-30—M. & T.—250 Bks.

E 76920 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76920

CERTIFICATE OF DEATH.

REGISTERED NO. 50

1-PLACE OF DEATH

TY OF BALTIMORE: (No. Esplanade Apts-5G. ST. 13-59 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosa Froehlich.

(a) RESIDENCE NO. Esplanade Apts. Eutaw Pl ST., WARD

(Usual place of abode) (If non resident give city or town and State)

ngth of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Widowed

married, widowed, or divorced HUSBAND of or) WIFE of Gustav Froehlich

TE OF BIRTH (month, day, and year) Sept 14th 1853

E Years	Months	Days	If LESS than 1 day, hrs. or min.
78	5	7	

CUPATION OF DECEASED

) Trade, profession or rticular kind of work None

) General nature of industry, siness, or establishment in hich employed (or employer)

) Name of employer

THPLACE (city or town) Richmond. Va.

NAME OF FATHER Henry Wechler

BIRTHPLACE OF FATHER (city or town) (State or country) Richmond Va.

MAIDEN NAME OF MOTHER Mina Newman

BIRTHPLACE OF MOTHER (city or town) (State or country) Richmond Va.

nformant Sylvan Froehlich.

Address) New York City.

2 1932. 19 HAMP[illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 21 1932

17 I HEREBY CERTIFY, That I attended deceased from April 16, 1931, to Feb 21, 1932.

that I last saw h[illegible] alive on Feb 21, 1932.

and that death occurred, on the date stated above, at 7.10 P.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Right Breast

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) General arteriosclerosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? mouse

(Signed) Edwin F. Mayer, M. D.

2/22 19 32 (Address) The Esplanade

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Har Sinai Cem

DATE OF BURIAL 23 Feb 23-32

20 UNDERTAKER J. Aherne Co

ADDRESS [illegible] Registrar

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76921 E 76921

CERTIFICATE OF DEATH

Registered No. 137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 1-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isaac J. Pulliam

(a) Residence: No. Sykesville Md St., Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lucinda Pulliam

DATE OF BIRTH (month, day, year) Febry 28 1845

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	11	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation 50

BIRTHPLACE (city or town) (State or country) Md.

13. NAME John Pulliam

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT (Address) Beulah Cogill Sykesville Md.

BURIAL, CREMATION, OR REMOVAL Place Oakland Md. Date Feb 24 1932

UNDERTAKER (Address) Warfield & Son Sykesville Md.

FILED Feb 25 1932 Reg Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from July fourteenth, 1931, to February 22, 1932

I last saw him alive on February 21 1932 death is said to have occurred on the date stated above, at 1.05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic hypertrophy	
ascending Pyelonephritis	
Other contributory causes of importance:	
Senile, Arteriosclerosis	
Emphysema	

Name of operation Supra pubic Prostatectomy Date of Sept 10/31

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) A. L. Goldsborough, M. D.

(Address) Colonial Arts Bldg

20—M. & T.—100 H—50L

E 76922

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 76922

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 21-24 WARD)

2-FULL NAME Damea Walsh.

(a) RESIDENCE NO. 1251 Sargeant. ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. 0 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White	Single.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) February 5th 1915

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	0	15	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Stock Boy.
(b) General nature of industry, business, or establishment in which employed (or employer): Underwear Factory
(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto Md.

NAME OF FATHER: John J. Walsh.

BIRTHPLACE OF FATHER (city or town) (State or country): Pennsylvania.

MAIDEN NAME OF MOTHER: Mary Ogden

BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland.

Informant: Mrs John J. Walsh. (Address) 1251 Sargeant St

Filed _____ 19__ _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 20th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gunshot wound of head.
Accidental death

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 614 Washington Blvd

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. J. Fehrl, M. D.
Coroner

19 32 (Address) 239 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem.

DATE OF BURIAL: 2-24-1932

UNDERTAKER: Bernard. C Hahn

ADDRESS: 1040 S Paca St

HAMPSON JONES M.D.

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 76923 46 **E 76923**

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1010 N Barre St. 21-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elwin J. Jockel JOCKEL

(a) RESIDENCE NO. 1010 N Barre St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Minnie Jockel

6 DATE OF BIRTH (month, day, and year): Nov. 27 1892

7 AGE: Years 39 Months 2 Days 25 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Furniture

(b) General nature of industry, business, or establishment in which employed (or employer): Refinisher

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: John S Jockel

11 BIRTHPLACE OF FATHER (City or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Magdalena Noack

13 BIRTHPLACE OF MOTHER (city or town) (State or country): New Orleans

14 Informant (Address): Minnie Jockel 1010 N Barre St

Filed 2-6 1932 H. [illegible] JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): February 22 19 32

17 I HEREBY CERTIFY, That I attended deceased from Feby 1 1932 to Feby 22 1932

that I last saw alive on Feby 21 1932 and that death occurred, on the date stated above, at 10.30 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? Hos. Johns Hopkins Hospital

Did an operation precede death? No Date of ?

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John L. Weatherwax M. D.

2/22 1932 (Address) 642 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Paul (Violetville) Date of Burial 2-24 1932

20 UNDERTAKER: Mrs Chas A G Robb 2327 ADDRESS Edmondson Ave

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-004

E 76924

76924

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1717 N. Chapel ST. 8-17 WARD)

2-FULL NAME Margaret Virginia Wurtzburger

(a) RESIDENCE NO 1717 N. Chapel ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward Wurtzburger

7 DATE OF BIRTH (month, day, and year): April 8th, 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	10	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

10 NAME OF FATHER: James Kinsella

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Hannah Moffutt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa.

Informant: Edward Wurtzburger

(Address) 1717 N. Chapel St

Filed FEB 3 1932 192 H. M. KELLY JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/20/ 19 32.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) ..... Coroner, M. D.

2/22/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet Cemetery

DATE OF BURIAL: 2/23/ 1932

20 UNDERTAKER: F. B. Wippert-1300 Eutaw

ADDRESS Place

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

76925

CERTIFICATE OF DEATH.

13-1 E 76925

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2316 Essex Street St., 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John . Burca

(a) RESIDENCE NO. 2316 Essex Street St. 1 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? 56 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Maryanna . Burca

DATE OF BIRTH (month, day, and year) June 1865

AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	67	8		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Poland

(State or country)

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

Informant Mrs. Maryanna . Burca

(Address) 2316 Essex Street

Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) B. P. Herzog M.D. M. D.

(Coroner)

2/23, 1932 (Address) 1305 N. Pattison Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Holy Rosary Cem.	Feb. 23 1932

20 UNDERTAKER John M Weber ADDRESS 401 S. Charles St

1932 C. HARRISON JONES, M.D.

AaCo. 5-31 250B

76926

HEALTH DEPARTMENT—CITY OF BALTIMORE 76926

CERTIFICATE OF DEATH

Registered No. 23

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 27 N Spring St. 5-9 Ward)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Diana Foster

(a) Residence: No. 27 N Spring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	C	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Alvie Foster

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	Appox 32	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Dorchester Co Md

12. NAME John R Esmel

13. BIRTHPLACE (City or town) (State or country) Dorchester Co

14. MAIDEN NAME Mary Hooper

15. BIRTHPLACE (city or town) (State or country) Dorchester Co

16. INFORMANT Evelyn Payton (sister)

(Address) 817 N Carlton st

17. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem Date 2-23 1932

18. UNDERTAKER Jas Jr. Stamper

(Address) 1022 E. Fraser St

FILED 2-23-1932 WILLIAM H. HARRISON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1931, to Feb 21, 1932

I last saw h e alive on Feb 20 1932 death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Tuberculosis	unknown
Other contributory causes of importance:	
Phthisis	unknown

Name of operation — Date of

What test confirmed diagnosis Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R J Young M. D.

(Address) 1429 E Monument St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

76927. CERTIFICATE OF DEATH 192E 76927.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1535 Penna Ave St. 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Augustus White

(a) Residence: No. 1535 Penna Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mamie White

6. DATE OF BIRTH (month, day, year) 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tile Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mamie White

(Address) 1535 Penna Ave.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 2/23 '32

UNDERTAKER Samuel Hemsley

(Address) 58 N. Eden St.

FILED 2-23-1932 C. HAMPTON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1930, to Feb 20, 1932

I last saw him alive on Feb 20, 1932. Death is said to have occurred on the date stated above, at 1 A.M. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	1930

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. William Frey, M. D.

(Address) 1928 Penna Ave

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76928

CERTIFICATE OF DEATH

E 76928

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) 2114 Druid Hill Ave. WARD 14-59

REGISTERED NO. 186-001
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel W. Smyth

(a) RESIDENCE No. 2114 Druid Hill ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE Col'd | 5 Single, Married, Widowed, or Divorced (write the word) Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Dec 11 1899

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
37	33	2	8	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Porter 010
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) Balto Md
(State or country)

10 NAME OF FATHER Samuel E Smyth

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Margaret Conway

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

Informant Saml E Smyth
(Address) 2114 Druid Hill Ave

Filed ..., 192... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Contusion of Head (duration) ... hrs. ... mos. ... ds.
(Secondary) Fell down steps (duration) ... hrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) ..... M. D.
Coroner
Feb 9 1932 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. National Cem. DATE OF BURIAL 2/23 1932

20 UNDERTAKER Samuel Hawley ADDRESS 598 N Eden

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

76929 E 76929

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6519 Rosemont St. [illegible] Ward)

Length of residence in city or town where death occurred 60 yrs. 5 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles. Walther

(a) Residence: No. 6519 Rosemont Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. ~~Single~~ Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Susie. E. Walther

DATE OF BIRTH (month, day, year) Sept 25 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	5		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Molder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Helper
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME George Walther

14. BIRTHPLACE (City or Town) (State or country) Germany

15. MAIDEN NAME Fredericka Horst

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs Susie. E Walther
(Address) 6519 Rosemont Ave

BURIAL, CREMATION, OR REMOVAL
Place Inglesburg Date Feb 24 1932

UNDERTAKER Jos Joerdens Son
(Address) 2128 E. Pase

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21 1932

22. I HEREBY CERTIFY, That I attended deceased from March 24 1931 to Feb 21 1932

I last saw h[illegible] alive on Feb 20 1932, death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1 yr.
Other contributory causes of importance: Acute intestinal nephritis	2 week

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
(Address) [illegible]

A&Co. 5-31 250B

76930 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76930

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., 9-S-b ..... Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Collins

(a) Residence: No. 501 E. 21st St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frank Collins

DATE OF BIRTH (month, day, year) Oct. 11, 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	4	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 60

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) Baltimore
(State or country) Md.

12. NAME Unkrown

13. BIRTHPLACE (city or town) Unknown
(State or country)

14. MAIDEN NAME Unknown

15. BIRTHPLACE (city or town) Unknown
(State or country)

INFORMANT Records of
(Address) Baltimore City Hospitals

BURIAL, CREMATION, OR REMOVAL
Place Pale Cemetery Date 2/24/ 1932

UNDERTAKER W. M. Cook
(Address) 121 E. Paul St

FILED ..... 19 ..... HANSON JONES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/28/31, 19 , to 2/22/32, 19

I last saw her alive on 2/22/32 19 death is said to have occurred on the date stated above, at 12:55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, Chr	Nov 1931

Other contributory causes of importance:

Arteriosclerosis	
Hypertension	Unknown
Bronchopneumonia	3 days

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jas. Hanson Jones M. D.

(Address) City Hosp.

E 76931

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-E 76931

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 N. Calvert St. 11-7 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Raymond B. Smith

(a) Residence: No. 608 N. Calvert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of Eleanor Smith

DATE OF BIRTH (month, day, year) May 15th 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	9	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Samuel B Smith

14. BIRTHPLACE (city or town) (State or country) Penna

15. MAIDEN NAME Mary E. McHenry

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Edith A. Chatfield
(Address) 1130 E. Hanover St

BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 2/23/ 1932

UNDERTAKER Wm Cook
(Address) 217 St Paul St

FILED ... 1932 ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21st, 1932

22. I HEREBY CERTIFY, That I attended deceased from February 1, 1922, to February 20, 1932
I last saw h[illegible] alive on 2/ 27th, 1932 death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Mitral Insufficiency

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Jos. L. Mueller, M. D.
(Address) 3417 Eastern Ave Md.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76932

CERTIFICATE OF DEATH

E 76932

1. PLACE OF DEATH Jenkins Memorial Hospital

CITY OF BALTIMORE: (No. 100 Eaton Avenue St. 10-14 Ward)

Registered No. 131

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ann McCart

(a) Residence: No. 1127 Sherwood Ave. St., Ward.

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) May 17, 1848

AGE	Years	Months	Days	If LESS than 1 day... hrs. or min.
	83	11	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ireland

12. NAME Mother

13. BIRTHPLACE (city or town) (State or country) Ireland

14. MAIDEN NAME Catherine Dawson

15. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Jenkins Memorial Hospital

(Address) 100 Eaton Avenue

BURIAL, CREMATION, OR REMOVAL

Place St. Vincents Date Feb 24, 1932

UNDERTAKER Rita Mudefield

(Address) 914 Hammonds Ave

FILED Feb 23, 1932 WILSON JONES, M. D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1929 to Feb 21, 1932

I last saw h[illegible] alive on Feb 21, 1932 death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	
Bronchial pneumonia	Feb 10 '32

Other contributory causes of importance:

Cardio vascular renal syndrome

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George Kovalas, M. D.

(Address) St Agnes Hospital

AaCo. 5-31 250B

HEALTH DEPARTMENT CITY OF BALTIMORE

76933

CERTIFICATE OF DEATH

107-001 E 76933

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 6-10 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos ds. How long in U. S. If of foreign birth? yrs. mos ds.

2. FULL NAME Leah Fields

(a) Residence: No. 413 N. Carrollton Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Unknown

DATE OF BIRTH (month, day, year): Sept. 23, 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	4	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): ? Va.

13. NAME: Thomas Custis

14. BIRTHPLACE (city or town) (State or country): ? Va.

15. MAIDEN NAME: Millie Custis

16. BIRTHPLACE (city or town) (State or country): ? Va.

INFORMANT: Records of

(Address): Balto. City Hosp.

BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Cem. Date 2-23, 1932

UNDERTAKER: Danl Carlson

(Address): 916 Pa ave

FILED 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1931 to Feb. 20, 1932

I last saw her alive on Feb. 20, 1932 death is said to have occurred on the date stated above, at 6:20 A.M.

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia — Date of onset 3 days

Other contributory causes of importance:

Senility — Duration

Name of operation: Date of

What test confirmed diagnosis: Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [signature] M. D.

(Address) Balto. City Hosp.

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

76934 + 93 E 76934

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 12-48 Ward)

Length of residence in city or town where death occurred yrs 1 mos 2 ds How long in U. S. If of foreign birth? yrs mos da

2. FULL NAME Mrs. Edward L. Davis

(a) Residence: No. Elkridge, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

If married, widowed, or divorced
HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, year) June 19, 1875

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	8	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ? Broken
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) New York State

13. NAME Arthur B. Davis

14. BIRTHPLACE (city or town) (State or country) N. Y.

15. MAIDEN NAME Mary Bostwick

16. BIRTHPLACE (city or town) (State or country) N. Y.

INFORMANT Hospital Record
(Address) Union Memorial

BURIAL, CREMATION, OR REMOVAL Grace Church
Place Elkridge Md. Date Feb 23, 1932

UNDERTAKER Henry H. Jenkins Sons
(Address) McCulloh & Orchard St.

FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) 2-21, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-13, 1932 to 2-21, 1932

I last saw him alive on 2-21, 1932 death is said to have occurred on the date stated above, at 2:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Chronic non-valvular heart disease	?
Arteriosclerosis	
	years
Other contributory causes of importance:	
Coronary Occlusion	1/21/32

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) R Frazier, M. D.

(Address) Union Memorial Hosp.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76935

CERTIFICATE OF DEATH

46

E 76935
REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 219 N. Rose St. 6-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Elizabeth K. Norfolk

(a) RESIDENCE NO. 219 N. Rose ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 1 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Harry Norfolk

DATE OF BIRTH (month, day, and year) Jan. 1. 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	1	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Jesse Twilley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Martha Eccelston

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

Informant (Address) Harry Norfolk 219 Rose st.

Filed ..... 19 ..... Registrar

C. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 21 1932

17 I HEREBY CERTIFY, That I attended deceased from May, 1930, to Feb 21, 1932

that I last saw h e alive on Feb 21, 1932

and that death occurred, on the date stated above, at 11-30 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cachexia - anemia

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? clinical & Laboratory

(Signed) M. A. Jacobs M. D.

, 19 (Address) 1730 E. Pratt St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore Cemetery

DATE OF BURIAL Feb 24 1932

20 UNDERTAKER William G. Schaefer

ADDRESS 1816 Monument

FEB 23 1932

AaCo. 5-31 2'08

76936 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 76936

CERTIFICATE OF DEATH

Registered No. 82-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Sisters Memorial Hosp
CITY OF BALTIMORE: (No. 120 Caton Ave) St., 16-26 Ward)
Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma J. Daly
(a) Residence: No. 43 North Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 24 1866

AGE Years	Months	Days	If LESS than 1 day, hrs or min.
65 yrs	6	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) New York

13. NAME John Daly
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Ann Cullen
16. BIRTHPLACE (city or town) (State or country) Ireland
INFORMANT Sisters Memorial Hosp
(Address) 120 Caton Ave
BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 2/24/1932
UNDERTAKER John J. Conway & Son
(Address) 901 Hollins St.
FILED 1932 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 24 1932

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1931, to February 24, 1932
I last saw h[illegible] alive on Feb 22, 1932 death is said to have occurred on the date stated above, at 2:05 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atheroma of Aorta. Malignant Hypertension	1929
Other contributory causes of importance Cerebral Hemorrhage Residue	1929

Name of operation Clinical Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.
(Address) St. Agnes Hospital

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

93 E 76937

CERTIFICATE OF DEATH

E 76937

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 19-3 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maggie Johnson

(a) Residence: No. 1629 W. Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles

DATE OF BIRTH (month, day, year) June 10, -?-

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	8	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Of?
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country) Shadyside, Md.

13. NAME Joseph Smith

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Maria ?

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT (Address) Records of Balto. City Hosp.

BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 2/23, 1932

UNDERTAKER (Address) Thomas E. Kelson 1202 Pennsylvania Ave

FILED 1932 H. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-20, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-5, 1931, to 2-20, 1932

I last saw her alive on 2-20, 1932 death is said to have occurred on the date stated above, at 8:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chr	1930

Other contributory causes of importance:

Hypertension & Arteriosclerosis	Unk

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hos C [illegible] C. [illegible] M. D.
(Address) Balto. City Hosp.

A&Co. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

76938 DEATH

Registered No. E 76938

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 15-21 Ward)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vernon Hill

(a) Residence: No. 1514 Presstman St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Jan. 12, 1916

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16 yrs.	1	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Roland Hill

14. BIRTHPLACE (city or town) (State or country) Balto., Md

15. MAIDEN NAME Minnie Howard

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT (Address) Records of Balto. City Hosp.

BURIAL, CREMATION, OR REMOVAL. Place Mt Auburn Cem. Date Feb 23, 1932

UNDERTAKER (Address) Thomas E. Kelgan. 1303 Presstman st

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/20, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-19, 1932 to 2-20, 1932

I last saw him alive on 2-20 1932 death is said to have occurred on the date stated above, at 5.10 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia.	Feb 13, 1932

Other contributory causes of importance:

Empyema left (Pneumococcus)	about 5 days

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
(Address) Balto. City Hosp.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

76939

CERTIFICATE OF DEATH

√46 E 76939

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4743 Alhambra ave St., 27-46 Ward)

Length of residence in city or town where death occurred 71 yrs. 6 mos. 29 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Hupfeld

(a) Residence: No. 4743 Alhambra Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~) of Eliza F. Hupfeld

DATE OF BIRTH (month, day, year) July 23 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	71	6	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Frederick Hupfeld

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

INFORMANT Mrs. Eliza F. Hupfeld

(Address) 4743 Alhambra Rd

BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cemet. Date Feb. 25, 1932

UNDERTAKER Henry Troeck Sons, Inc.

(Address) 1301 E. Eager St.

FILED ..... 19..... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10th, 1931, to Feb. 22, 1932

I last saw h[illegible] alive on Feb. 22, 1932 death is said to have occurred on the date stated above, at 10.30 P.m.

The principal cause of death and related causes of importance were as follows:

Extraction x
Toxaemia

Date of onset

Other contributory causes of importance:

Carcinoma of Liver
(Probably Primary in Pancreas)

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Claud Jones, M. D.

(Address) 47 N Hartford Road

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76940 CERTIFICATE OF DEATH E 76940

Registered No. 10-14726

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Ruppert

(a) Residence: No. 1022 E Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced (or) WIFE of Alphonse Ruppert

7. DATE OF BIRTH (month, day, year) August 8 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	7	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME John Deitz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Deitz

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL. Place Holy Redeemer Cemy Date Feb 25 1932

UNDERTAKER Henry Hirsch Sons Inc.
(Address) 1301 E Lanvale St

FILED Feb 22 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/22 1932

22. I HEREBY CERTIFY, That I attended deceased from 8/22/32 1932 to 2/22 1932

I last saw her alive on 2/22 1932. Death is said to have occurred on the date stated above, at 4P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Empyema of gall bladder	7 days
Cholelithiasis	8 yrs.

Other contributory causes of importance:

Pulmonary Embolism	18 days
Bronchopneumonia	14 "
Coma	

Name of operation Cholecystectomy & Appendectomy Date of Operation 1/26/32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. J. Gershman M. D.

(Address) Mercy Hospital

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76941 | CERTIFICATE OF DEATH | 91 E 76941

Registered No. 13-52

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 3030 Keswick Road St., 13 Ward)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H. Hampshire

(a) Residence No. 3030 Keswick Road St., 13 Ward. (If non resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E. Hampshire

DATE OF BIRTH (month, day, year) March 17-1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	11	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman 63

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mercantile Trust Co.

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

13. NAME Fillmain D. Hampshire

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Elizabeth Baublitz

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT (Address) Mrs. Sarah E. Hampshire 3030 Keswick Road.

BURIAL, CREMATION, REMOVAL Place Grace M.E. Balto. Co. Feb. 24, 1932

UNDERTAKER (Address) Horace A. Burgee 3631 Falls Road

FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb —, 1917, to Feb 22, 1932

I last saw h— alive on Feb. 21, 1932 death is said to have occurred on the date stated above, at 5 A. m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral arteriosclerosis	2 yrs.

Other contributory causes of importance:

Cardiac asthenia

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) [illegible], M. D.

(Address) 3429 Chestnut Ave

AACo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76942

CERTIFICATE OF DEATH

V 92 E 76942

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3314 Spaulding Ave St., 27-56 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. 1 mos. 13 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles F. Eisel

(a) Residence: No. 3314 Spaulding Ave St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 7. 1916

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	16	1	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Frederick Eisel

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Irene Cherry

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Irene Eisel
(Address) 3314 Spaulding Ave

BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb 23 1932.

UNDERTAKER Mc-Ins. John N Teufel & Son
(Address) 801 N Fayette St.

FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20. 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1932, to Feb 20 1932

I last saw h[illegible] alive on Feb 20 1932 death is said to have occurred on the date stated above, at 11 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation.	
Pulmonary Embolus	

Other contributory causes of importance:

Myocarditis & Endocarditis (chronic)	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? 0 If so, specify ...

(Signed) Claud Brunk, M. D.

(Address) 4706 Harford Rd

M. D. R. 1268-9

E 76943

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76943

CERTIFICATE OF DEATH

Registered No. 107

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1725 W Pratt St., 19-28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose M Miller

(a) Residence: No. 1725 W Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 27 1875

7. AGE: Years 56 | Months 5 | Days 25 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Frank Miller

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Teresa Miller

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Wilbur Miller

(Address) 1725 W Pratt st

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date 2/24, 1932

UNDERTAKER George A Fahey

(Address) Frederick Maryland

FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 18 1932, to Feb 21, 1932.

I last saw her alive on Feb 21, 1932. Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Feb 18/32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm Conrad Bode, M. D.

(Address) 1900 Maryland ave.

Spec.—9 30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 76944

76944

CERTIFICATE OF DEATH.

REGISTERED NO

(If death occurred in a hospital or institution give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1131 Hull St ST 7 WARD)

2 FULL NAME Anna Rothenberg (ROTHENBURG)

(a) RESIDENCE NO 1131 Hull St ST 7 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Rothenberg

7 DATE OF BIRTH (month, day, and year): 1/17/1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	1	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: Fred. Franke

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant (Address): Ida Hoppe 1131 Hull St

Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 21-1932

17

I HEREBY CERTIFY, That I attended deceased from Sept 20, 1931, to Feb 21, 1932

that I last saw h alive on Feb 20, 1932

and that death occurred, on the date stated above, at 12:10A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings.

Signed T. H. Campbell M. D.

Feb 21, 1932 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill

DATE OF BURIAL: 2/24/32

20 UNDERTAKER: John F. Lahey

ADDRESS: 318 Light

1-30—M & T—100 B—50L

E 76945

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76945

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST 26-37 WARD)

2-FULL NAME Frances A Casolingo

(a) RESIDENCE NO 304 S Conklin ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs 7 mos da How long in U. S., if of foreign birth? yrs mos da

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 4/31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		8	15	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Pennsylvania

10 NAME OF FATHER Francis Casolingo

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna

12 MAIDEN NAME OF MOTHER Amelia Laucello

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna

Informant Amelia Casolingo (Mother)

(Address) 304 S. Conklin St

Filed FEB 23 1932 HARRY W. JONES Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19/32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Entero-colitis- probablt dysentery

over

(duration) yrs. mos da.

CONTRIBUTORY (Secondary)

(duration) yrs mos. da

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes at Hopkins

What test confirmed diagnosis?

(Signed) [signature] Coroner, M. D.

2/23/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem

20 UNDERTAKER Lilly & Zeiler Inc.

DATE OF BURIAL Feb 23 1932

ADDRESS 403 S. Wolfe St

AACo. 5-11 2408

76946 HEALTH DEPARTMENT CITY OF BALTIMORE 76946

CERTIFICATE OF DEATH

160 V 28

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1427 N Milton Ave St. 8-16 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Segard Olsen

(a) Residence: No. 1427 N Milton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) Feb 15 1932

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			7	

8. Trade, profession, or particular kind of work done, as ploner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as stlk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Segard Olsen

14. BIRTHPLACE (city or town) (State or country) Norway

15. MAIDEN NAME Rose Polesne

16. BIRTHPLACE (city or town) (State or country) Ger

INFORMANT Mrs Rose Olsen
(Address) 1427 N Milton

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb 25 19 32

UNDERTAKER John Ullrich
(Address) 2008 Orleans St

FILED Feb 25 1932

... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1932 to Feb 22, 1932

I last saw him alive on Feb 22, 1932

to have occurred on the date stated above, at 8.15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Louis Thompson Jones M. D.

(Address) 1211 Cathedral St

AaCo. 3-31 250B

76947 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76947.

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Sinai Hosp

CITY OF BALTIMORE: (No. ..... St., 15-67 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Arnold Bronner

(a) Residence: No. 3604 Herbert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie

DATE OF BIRTH (month, day, year) 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Collector
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept Store
10. Date deceased last worked at this occupation (month and year) January 07
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Abraham Bronner

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Hannah

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Sam Bronner
(Address) 1732 Appleton St

BURIAL, CREMATION, OR REMOVAL
Place Hebrew Rosehill Date Feb 23 1932

UNDERTAKER Sol Levinson & Bro
(Address) 1121 E Balto St

FILED FEB 23 1932 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1932 to Feb 23, 1932

I last saw h[illegible] alive on Feb 23 1932 death is said to have occurred on the date stated above, at 12:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Coecum	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Milton B Kirsh, M. D.

(Address) Sinai Hosp

1-30—M & T—100 B—50L

E 76948

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76948

CERTIFICATE OF DEATH

1082

REGISTERED NO. 22-33

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 713 S.Charles St. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Annie R.Duvall.(C)

(a) RESIDENCE NO 713 S.Charles St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. 10 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow.

6a If ~~MARRIED, widowed or DIVORCED~~

(or) WIFE of William Duvall.(C)

7 DATE OF BIRTH (month, day, and year) April 18, 1851

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	10	1	

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None. 00
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Aaron Ockmey.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Matilda Gilbert.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

Informant Joshua Duvall.(C) son.

(Address) 713 S.Charles St.

Filed 2 23 1932 RAMSAY JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) February 19, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Wm M Steinhardt Coroner, M. D.

2/20/32 19 (Address) 917 S.Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson Cemtery

DATE OF BURIAL 2/23 1932

UNDERTAKER Wells & Spriggs

ADDRESS 139 W. Hamby St.

AACo. 8-31 250P

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

76949 × 53V E 76949

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

Length of residence in city or town where death occurred yrs mos 10 ds How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME Mrs Edward C. Mann

(a) Residence: No. 28 N. Ballidene Ave Ward York, Pa
(Usual place of abode) (If not resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6. If married, widowed, or divorced
~~WIFE~~ HUSBAND of Annie ?

DATE OF BIRTH (month, day, year) Nov. 30, 1884

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	47	2	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Pa. —

13. NAME John P. Mann (d.)

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Elizabeth (?) (d.)

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT H. Sleeyer - Son
(Address) York Pennsylvania

BURIAL, CREMATION, OR REMOVAL
Place Union Cemetery Date Feb 26 1932

UNDERTAKER Mehrmen Cook
(Address) 1217 St Paul St.

FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1932 to Feb. 22, 1932
I last saw him alive on Feb. 22, 19.. death is said to have occurred on the date stated above, at 2:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor (pituitary)	

Other contributory causes of importance:

Name of operation Excision tumor Date of 2/18/32

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Blackford M. D.
(Address) Union Memorial Hospital.

1-30—M. S. T.—200 B—501.

E 76950

HEALTH DEPARTMENT—CITY OF BALTIMORE

210-002

E 76950

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced dead at

CITY OF BALTIMORE: (No. St. Agnes Hospital. ST 16-22 WARD)

2-FULL NAME Maurice Arrington.

(a) RESIDENCE NO. 904 McKean Ave. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. ---mos.--- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed or divorced, HUSBAND of [illegible] Mae Clara Arrington.

6 DATE OF BIRTH (month, day, and year) December 14, 1908

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	2	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Motorman
(b) General nature of industry, business, or establishment in which employed (or employer): U. Ry & E. Co.
(c) Name of employer

BIRTHPLACE (city or town) (State or country): Carroll Co. Md.

10 NAME OF FATHER: Amos Arrington.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Carroll Co. Md.

12 MAIDEN NAME OF MOTHER: Carrie Carr.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md.

Informant: Mae Clara Arrington. (wife)

(Address) 904 McKean Ave.

Filed ..... 192 ..... Registrar

FEB 23 1932 HAMILTON JONES M

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 21, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull, Crushed about the chest, caused by hitting culvert at foot of hill, with automobile he was operating at the time

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Accidental Death (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Catonsville, Md.

Did an operation precede death? No. Date of February 21, 1932

Was there an autopsy? No.

What test confirmed diagnosis? Inquest.

(Signed) Otto M. Steinhardt X, M. D. Coroner

2/22/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loving Ridge Cemetery

DATE OF BURIAL: Feb. 23 1932

20 UNDERTAKER: George L. Schwab

ADDRESS: 2201 Fulton Ave.

Size—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

6951

CERTIFICATE OF DEATH.

E 76951

1-PLACE OF DEATH

Registered No.

City of BALTIMORE: (No. 2737 Maryland Ave. St. 12-51 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Philip Diehl

(a) Residence No. 2737 Maryland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: white

5-~~WHETHER~~ Married, Widowed, ~~Divorced~~ (WHETHER ~~WIDOW~~)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Varie T. Diehl

6-DATE OF BIRTH (month, day and year) Jan. 6. 1847

7-AGE: 85 yrs. 1 mos. 15 ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): (Retired)
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Fremont Ohio

10-NAME OF FATHER: Philip Diehl

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Unknown

(Informant): Frank Diehl
(Address): 2737 Maryland Ave

Filed 193 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Feb. 21. 1932

I HEREBY CERTIFY, That I attended deceased from Jan. 10 1932 to Feb. 21 1932

that I last saw h~~im~~ alive on Feb. 20 1932

and that death occurred, on the date stated above, at 6:00A M.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary): Chron. Bright's Disease

(Duration) ? yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jessie L. Wilson M. D.

19 (Address) 3 W. Biddle St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Lansing, Mich. DATE OF BURIAL, Feb. 23, 1932

20-UNDERTAKER: Hughes Jones Inc ADDRESS 424 N. Broadway

A&Co. 5-H 2508

E 76952 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76952

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3510 Auchentoroly Ter St. 13-59 Ward)

Registered No. 93

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U.S. if of foreign birth 40 yrs. mos. da.

2. FULL NAME Bertha Sheetar

(a) Residence: No. 3510 Auchentoroly St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. Color or Race: W.

5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Isaac Sheetar

7. DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Make

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Phillip Sheetar

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Sheetar

16. BIRTHPLACE (city or town) (State or country): Russia

INFORMANT: Mr Nathan Sheetar

(Address) 3510 Auchentoroly

BURIAL, CREMATION, OR REMOVAL

Place Hebrew Friendship Date 2-23 1932

UNDERTAKER: Isaac Levi Jr

(Address) 1427 E. Pratt St

FILED 2-23 1932 19 J.C.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21 1932 to Feb. 21 1932

I last saw her alive on Feb. 21 1932 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis	
Embolism	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. J. Baylin M. D.

(Address) 2040 Eutaw

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 ✓

E 76953

CERTIFICATE OF DEATH

E 76953

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1103 E. 30th St. ST., 9-46 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Frederick Ortman

(a) RESIDENCE NO. 1103 E. 30th St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. 6 mos. 17 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Alice Ortman

DATE OF BIRTH (month, day, and year) Aug. 3, 1901

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	6	19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk Confectionery

(b) General nature of industry, business, or establishment in which employed (or employer) 019

(c) Name of employer Mr. Henry Ortman Inc.

BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

10 NAME OF FATHER Mr. Henry Ortman

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Christina Stumpf

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

Informant Mrs. Alice Ortman

(Address) 1103 E. 30th St.

Filed 3 1932 19 BAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22, 1932.

17 I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1931, to Feb 22, 1932.

that I last saw h alive on Feb 22nd 1932 11 a.m.

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Apoplexy due to embolism

(Primary)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Bamberger, M. D.

2/22/32, 19 (Address) 4706 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Emmanuel Cem

DATE OF BURIAL 2/25/1932

20 UNDERTAKER Louis Neuman

ADDRESS 313 Bluxom

AaCo. 5-31 250B

76954 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH

108 E 76954

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2139 W. Saratoga St. 20-64 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice May Craft

(a) Residence: No. 2139 W. Saratoga St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	W	Married

6a. If married, ~~widowed~~, or ~~divorced~~ ~~HUSBAND OF~~ (or) WIFE of Oliver T. Craft

7. DATE OF BIRTH (month, day, year) Dec 11/1878

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
53	2	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME — Pierce

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT (Name) Mary Craft

(Address) 2139 W. Saratoga St.

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery. Date Feb. 24 - 1932.

UNDERTAKER Charles L. Schwab.

(Address) 505 N. Monroe St.

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 - 21 - 1932

22. I HEREBY CERTIFY, That I attended deceased from 2/18 1932, to 2/21 1932

I last saw h[illegible] alive on 2/21 1932 death is said to have occurred on the date stated above, at 11:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	2/18
Other contributory causes of importance:	
ch Hypertention &	
ch Nephritis	

Name of operation — Date of —

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. H. Hirnstein, M. D.

2/22/32 (Address) 733 Risquith St

FEB 23 1932 C. HARRISON JONES, M. D.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76955

CERTIFICATE OF DEATH

131

E 76955

REGISTERED NO.

1—PLACE OF DEATH 5241 Stockton St

CITY OF BALTIMORE: (No. ST. 18-26 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Carrie Todd

(a) RESIDENCE NO. 5241 N. Stockton ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	colored	widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) year of 1871

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Do

(c) Name of employer

BIRTHPLACE (city or town) Cambridge,
(State or country) Md

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Informant Julia Smith (daughter)

(Address) 5241 Stockton St

Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/20/32

17 I HEREBY CERTIFY, That I attended deceased from 2/1, 1932, to 2/20, 1932,

that I last saw h alive on 2/20, 1932

and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis
Chronic Nephritis

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY
(Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? urine

(Signed) Leonard J. Terry, M. D.

2/23, 1932 (Address) 910 W. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL
Mt Auburn Cemetery

DATE OF BURIAL
Feb. 23, 1932

20 UNDERTAKER
Mrs. Katie R. Williams

ADDRESS 3221 Schroeder St.

Co. 5-11 250B

76956

HEALTH DEPARTMENT—CITY OF BALTIMORE

76956

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1122 N. Fulton Ave. St. ..... Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Ellsworth Riley Buell

(a) Residence: No. 1122 N. Fulton Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Riley

6. DATE OF BIRTH (month, day, year) June 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	8		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M. E.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Chambersburg Pa

13. NAME John Buell

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Rebecca Boles

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mrs. Annie Riley Buell

(Address) 1122 N. Fulton Ave.

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Feb. 24 1932

UNDERTAKER Wm. Tucker Sons

(Address) North & Pennsylvania Ave.

FILED Feb 23 1932 H. A. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22nd 1932

22. I HEREBY CERTIFY, That I attended deceased from July 21st, 1932 to July 22, 1932

I last saw h[illegible] alive on July 21st 1932 death is said to have occurred on the date stated above, at 6:30 a m.

The principal cause of death and related causes of importance were as follows:

Hypostatic pneumonia, bronchial type, 1 day duration

Date of onset .....

Other contributory causes of importance: Hypertrophy arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. Grant Hill, M. D.

(Address) 1605 N. North Ave.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

76957

CERTIFICATE OF DEATH

E 76957.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 12-49 WARD)

2-FULL NAME Russell McKinney.

(a) RESIDENCE No 1019 E. Hayes St. York Pa. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) November 19, 1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	3	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Mill worker.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania.

10 NAME OF FATHER Clement McKinney.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania.

12 MAIDEN NAME OF MOTHER Elsie Feiffert.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania.

Informant J. M. Hindler.

(Address) [illegible] York, Pa.

Filed ..... 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 22, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of the skull (Homicide)
Struck & knocked dpwn by an
Automobile on York Rd

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Hereford, York Rd. Febuary 21, 1932

Did an operation precede death? Yes. Date of Feb. 21, 1932

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy & inquest.

(Signed) Otto Feinfeldt, M. D.
Coroner

2/23/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: York Pa

DATE OF BURIAL: Feb 23 1932

20 UNDERTAKER: H. E. Beckenstein

ADDRESS: York Pa

1-30—M & T—100 B—50L

E 76958

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210 - 15-22

E 76958

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Edmondson Ave.& Carey St. ST., 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Columbus Woodland.(C)

(a) RESIDENCE NO 1341 N.Stricker St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. 0 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed or divorced HUSBAND of (or WIFE of) Daisey Woodland.(C)

6 DATE OF BIRTH (month, day, and year) February 2,1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	0	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Chauffeur.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER T. Woodland.(C)

11 BIRTHPLACE OF FA (city or town) (State or country) Charles Co. Md.

12 MAIDEN NAME OF MOTHER Frances Johnson.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

Informant John T. Woodland.(C) father.

(Address) 1637 Division St.

Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 20, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquest find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull, Thrown from automobile in which he was a passenger, while in collision with another automobile

Duration yrs. mos. ds.

CONTRIBUTORY (Secondary) Accidental Death (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquest

(Signed) [illegible], M. D. Coroner

2/22/32, 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL 2.25 1932

20 UNDERTAKER Thomas. E. Kelson

ADDRESS 503 Freeman St

E. HAMPSON JONES, M. D.

2-3-1932

Spec.—8-16-29—L. F. S.—100 Bks.

E 76959

HEALTH DEPARTMENT—CITY OF BALTIMORE

51

E 76959

CERTIFICATE OF DEATH

1—PLACE OF DEATH Edgewood Sanitarium REGISTERED NO.

CITY OF BALTIMORE: (No. 6000 Belair ave ST. 12-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Loney

(a) RESIDENCE NO. Wabbert Apts ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Loney

7 DATE OF BIRTH (month, day, and year) Sept 19 [illegible]

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	5	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None do

(b) General nature of industry, business, or establishment in which employed (or employer) -

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

10 NAME OF FATHER Francis B Loney

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Ann Loney

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

Informant C S E Davis

(Address) 38 of Junipero Rd

Filed [illegible] 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-22-32

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1930 to Feb. 22. 1932.

that I last saw him alive on Feb. 22 1932

and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Urinary Bladder

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Gen. Carcinomata

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) K C Keese, M. D.

2-22 1932 (Address) 5600 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount

DATE OF BURIAL Feb 24 1932

20 UNDERTAKER F Vernon Keehner

ADDRESS 153 Hollins

A&Co. 5-31 2500

E 76960 **HEALTH DEPARTMENT CITY OF BALTIMORE** E 76960

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3704 Greenmount Ave. Ward) 49

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bernard Harry Hernig

(a) Residence: No. 3704 Greenmount Ave. St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Sept 21 1902

AGE	Years	Months	Days	If less than 1 day hrs. or min.
	29	5		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ironing
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Van Buens
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto City
13. NAME Joseph S. Hernig
14. BIRTHPLACE (city or town) (State or country) Balto City
15. MAIDEN NAME Caroline E. Hanlon
16. BIRTHPLACE (city or town) (State or country) Balto
17. INFORMANT Joseph Hernig
(Address) 3704 Greenmount Ave
18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 2/24 1932
19. UNDERTAKER Wm. A. Bruns
(Address) 3000 E. Balto St.

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1932, to Feb 21, 1932
I last saw him alive on Feb 20, 1932 death is said to have occurred on the date stated above, at 1.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Valvular Heart Disease	?
Other contributory causes of importance:	
Ac. Cardiac Dilatation	Feb 20

Name of operation ... Date of ...
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Herbert Coleman M. D.
(Address) 1116 E. Preston

AACo. 4-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

E 76961 ✓

E 76961 34

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 1-W Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME John Eney

(a) Residence: No. 253 S. Robinson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary E. Eney

7. DATE OF BIRTH (month, day, year) Mar. 18, 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	11	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. of 2
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

13. NAME Thos. H. Eney

14. BIRTHPLACE (city or town)
(State or country) Md.

15. MAIDEN NAME Susan Stickels

16. BIRTHPLACE (city or town)
(State or country) Md.

INFORMANT Records of
(Address) Baltimore City Hospitals

BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date 2/24 1932

UNDERTAKER John A. Hogan
(Address) 3006 E. Balto St.

FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 21. 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/7/30, 19, to 2/21/32, 19

I last saw him alive on 2/21/32 19 death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chr	month 1932

Other contributory causes of importance:
Syphilis? Cir. S. Tabes Dorsalis Senility
Hypertension

Name of operation none Date of
What test confirmed diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) , M. D.
(Address)

Spec.—2-29-28—L. F. S.—600 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

57-803 E 76962

CERTIFICATE OF DEATH ~~STILL BIRTH~~

E 76962

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2608 McElroy ST. 7-19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Robert

(a) RESIDENCE NO. 2608 McElroy St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Feb 22-1932

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore, Md
(State or country)

10 NAME OF FATHER Joseph Robert

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Ruth Lynch

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

Informant Joseph Robert

(Address) 2608 Mc Elroy St

Filed 2-23 1932 H. LEE JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-22-32

17 I HEREBY CERTIFY, That I attended deceased from 2-22, 19 32, to 2-22, 19 32

that I last saw h[illegible] alive on 2-22, 19 32

and that death occurred, on the date stated above, at 10 00 m.

The CAUSE OF DEATH* was as follows:

Congenital malformation of the Heart

(duration) yrs. 1 mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Syndicate

(Signed) Harold Rhynedance M. D.

19 32 (Address) 800 N Wolfe St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Soicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Patterson Park Cemetery	2/23/1932
20 UNDERTAKER J. G. Moan	ADDRESS 3000 E Balto.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76963

CERTIFICATE OF DEATH

54 - E 76963

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) - Mercy Hospital St., 9-47 (Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred / yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Ruth Peters

(a) Residence: No. - 3609 Fremont Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Peters

6. DATE OF BIRTH (month, day, year) March 23, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME George Hildebrandt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Minnie Burner

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place York Pa. Date Feb 24, 1932

19. UNDERTAKER Harry A. Cunningham Sons
(Address) 4704 Ridgewood Ave.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/23/32, 19

22. I HEREBY CERTIFY, That I attended deceased from 2/14/32, 19, to 2/23/32, 19

I last saw her alive on 2/23/32, 19 Death is said to have occurred on the date stated above, at 1.10 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
1) Septicemia	6 days
2) Uterine Fibroids	

Other **contributory causes** of importance:

Name of operation Hysterectomy Date of 2/14/32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. L. Chamberlain, M. D.
(Address) Mercy Hosp.

1-30—M & T—100 B—50L

76964

HEALTH DEPARTMENT—CITY OF BALTIMORE

183 E 76964

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Pier No.4 Pratt St. ST. 5-9 WARD)

2-FULL NAME William Clark.(C)

(a) RESIDENCE NO. 1407 St.Matthew Ct. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colofed	Do not know.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Scow-man.
(b) General nature of industry, business, or establishment in which employed (or employer): Atlantic Transport
(c) Name of employer: Company.

9 BIRTHPLACE (city or town) (State or country): Do not know.

10 NAME OF FATHER: Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Do not know.

12 MAIDEN NAME OF MOTHER: Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Do not know.

Informant: Mr.Fleagle.

(Address): Atlantic Transport Co.

Filed ..... 1932. G. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): February 9, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.

Occidental fall from a scow.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) C. A. Weinhardt, Coroner, M. D.

2/22/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: 2/24 1932

20 UNDERTAKER: Samuel Bailey

ADDRESS: Balto

Spec.—1-30—M. & T.—250 Bks.

E 76965 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76965

CERTIFICATE OF DEATH.

REGISTERED NO. 157

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. ____ St. 13 Ward 7)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Whitehead

(a) RESIDENCE NO. Sinai Hospital St. ____ Ward ____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 27 ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

6 If married, widowed, or divorced HUSBAND of or) WIFE of none

DATE OF BIRTH (month, day, and year) January 26, 1932

AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
			27/24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER John Whitehead

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER Maggie

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Informant Margaret Whitehead
(Address) 1532 Baechtree St

Filed ____, 19 ____ C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/28/32

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 1932, to Feb 21, 1932

that I last saw her alive on Feb 21, 1932

and that death occurred, on the date stated above, at 5:55 A. m.

The CAUSE OF DEATH* was as follows:

Hydrocephalus, Spina Bifida
Myelocele
Transverse Myelitis

(duration) ____ yrs. ____ mos. 27 ds.

CONTRIBUTORY (Secondary) ____ (duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? ____ Date of ____

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy - Clinical

(Signed) Archie Robert Cohen, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL — DATE OF BURIAL FEB 23 1932

20 UNDERTAKER ____ ADDRESS ____

A4Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76966

E 76966

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St. 14-20 Ward)
Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Foy Taylor

(a) Residence: No. 604 W. Lafayette Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	20			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 09
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) N. C.
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Dispensary Hospital
(Address) Loanhead, Green St.

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19...

19. UNDERTAKER
(Address)

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1932 to Feb 17, 1932
I last saw h 17 alive on Feb 17, 1932 death is said to have occurred on the date stated above, at 1245 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, right lung	2/5/32
Typhoid fever	2/5/32
Other contributory causes of importance:	
Pulmonary Edema	2/16/32
Cardiac Failure	

Name of operation None Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Joseph F. Luzenga M. D.
(Address) University Hospital

UNIVERSITY OF MARYLAND FEB 2 1932

G. HAMPSON JONES, M.D.

1-30—M. & T.—100 B—50L

E 76967

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76967

CERTIFICATE OF DEATH

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST., 9-46 WARD)

2-FULL NAME Albert Clinton Nagle

(a) RESIDENCE NO 1502-Carswell Street ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 20 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Ethel (Butler)

6 DATE OF BIRTH (month, day, and year) 3/17/1887

7 AGE Years	Months	Days	If LESS than 1 day, give hrs. or min.
44	11	6	xxxxxx

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Mechanic
(b) General nature of industry, business, or establishment in which employed (or employer) Auto Works.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harford Co. Md. Forest Hill Md.

10 NAME OF FATHER Samuel L. Nagle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harford Co. Md.

12 MAIDEN NAME OF MOTHER Margaret(Boyd)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harford Co. Md.

Informant Samuel Nagle
(Address) 1502-Carswell St.

Filed _____ 192 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10 A.M. Feb23/32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage-Apoplexy

(duration) _____ yrs. _____ mos _____ ds.

CONTRIBUTORY (Secondary)
(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) _____, M. D.
Coroner

2/23/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Forest Hill Harford Co. Md.

DATE OF BURIAL 2/26/32

UNDERTAKER George J. Talbott & Son

ADDRESS 1730 Harford

1932 C. HERMON JONES, M. D.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76968

CERTIFICATE OF DEATH

E 76968

REGISTERED NO. 1/22 201

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph Hospital ST. 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John F. Harman

(a) RESIDENCE NO 1719-E.Lafayette Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - - - - - - - - -

6 DATE OF BIRTH (month, day, and year) 4/9/1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	10	12	xxxx xx

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk 009
(b) General nature of industry, business, or establishment in which employed (or employer) Newark Shoe Store
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER George Harman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary O'Grady

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

Informant Mrs. John W. Hahn

(Address) 3612-Hickory Ave.

Filed 3 1932 C. HAMPSON JONES, M. D. Registrar

Per R. C. H.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10.30 P.M. Feb 21/32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock- Strangulated Hernia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Feb 21/32

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John F. Hahn, M. D. Coroner

2/23/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL 2/24/32

20 UNDERTAKER George J. Ruth & Son

ADDRESS 1705 Harford

1-30—M. & T.—100 B—50L

E 76969

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76969

CERTIFICATE OF DEATH

93-004

REGISTERED NO. 8-45

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2215 Lake Ave ST., 8 WARD

2. FULL NAME George E. Petts

(a) RESIDENCE NO. 2215 Lake Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret A.Petts,

6 DATE OF BIRTH (month, day, and year) July 11/1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	7	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work General Manager
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Baltimore Brick Co.

9 BIRTHPLACE (city or town) (State or country) Indiana

10 NAME OF FATHER James Petts

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Sarah Wall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

Informant Geo E. Little

(Address) 2700 Edmondson Ave

Filed 2/23 1932 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22/32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Insufficiency

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John H. Weis, M. D. Coroner

2/23/32 (Address) 5-8 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood

DATE OF BURIAL FEB 24 1932

20 UNDERTAKER Geo W Little

ADDRESS 2700 EDMONDSON AVE.

AACo. 5-31 250B

E 76970

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76970

CERTIFICATE OF DEATH

1001

X107

Registered No. 26-37

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred [illegible] yrs. 8 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charlesanna Rigg

(a) Residence: No. ..... Rosedale, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

7. DATE OF BIRTH (month, day, year) June 2, 1849

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	6	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chestertown Pa.

13. NAME Robert Rigg

14. BIRTHPLACE (city or town) (State or country) ? Pa.

15. MAIDEN NAME Letitia Bromell

16. BIRTHPLACE (city or town) (State or country) ? Pa.

INFORMANT (Address) Records of Balto. City Hosp.

BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date Feb. 24 1932

UNDERTAKER (Address) John C. Miller 2236 E. Oliver St.

FILED [illegible] 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1931, to Feb. 20, 32

I last saw her alive on Feb. 20, 1932 death is said to have occurred on the date stated above, at 2a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis, General	
Hypertension	
Uremia, Secondary	more than 1 year
Other contributory causes of importance:	
Bronchopneumonia	10 days

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jas Thomas, M. D.

(Address)

A&Co. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

76971

93 E 76971

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 15-7 Cole St. 19-24 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Farris Gosnell

(a) Residence: No. 15-7 Cole St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Foot.

6. DATE OF BIRTH (month, day, year) Nov. 10 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	3	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME OF FATHER James Gosnell

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME OF MOTHER Mt. Kenny

16. BIRTHPLACE (city or town) (State or country) Balt. Md.

17. INFORMANT (Address) Mrs. Marion Russell 405 S. Fremont St.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Feb. 26 1932

19. UNDERTAKER (Address) William Cook 12 N. 7 St. Phone

FILED Feb 23 1932, 19... R.P.B. Registrar

C. BRAMSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1932, to Feb 22, 1932

I last saw him alive on Feb 21, 1932 death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	...

Other contributory causes of importance

Name of operation none Date of ...

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elliott Spencer Jr., M. D.
(Address) Fredericksburg Virginia

AACo. 5 M 2500

76972 **HEALTH DEPARTMENT CITY OF BALTIMORE** E 76972

CERTIFICATE OF DEATH

76972 X 35

Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Woman's Hospital 4-20 (Ward)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U.S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Louise Heck.

(a) Residence: No. 14 Selma ave. St., Ward Hampden, Md.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Oct 2, 1908

7. AGE

Years	Months	Days	If LESS than 1 day hrs or min.
23	4	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dressmaking factory.

10. Date deceased last worked at this occupation (month and year) Oct 1931

11. Total time (years) spent in this occupation 2 yrs.

12. BIRTHPLACE (city or town) (State or country) Belaire Maryland.

13. NAME Chester Heck.

14. BIRTHPLACE (city or town) (State or country) Hanover Pennsylvania

15. MAIDEN NAME Sarah Hildebrand

16. BIRTHPLACE (city or town) (State or country) Hanover Pennsylvania

17. INFORMANT Mr. Chester Heck.
(Address) 504 Garrison Ave.

18. BURIAL, CREMATION, OR REMOVAL Zion (Belair) Cemetery Date 2/25/1932

19. UNDERTAKER Wm Cook
(Address) 1212 St Paul St

C. THOMPSON JONES, M.D.
Registrar

FILED 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1932 to Feb 23, 1932 death is said to have occurred on the date stated above, at 2.34 P. m.

I last saw her alive on Feb 23, 1932

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Peritonitis	2/18/32
Ruptured Appendix	July 1931
Bilateral tubo ovarian abscesses	July 1931
	ovw
Other contributory causes of importance: Secondary anemia	Jan. 1932

Name of operation Laparotomy. Date of 2/18/32

What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ____, 19 ✓

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓

(Signed) Rudolph J. Schork M. D.

(Address) Woman's Hospital

1-20—M & T—100 B—50L

E 76973

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76973

CERTIFICATE OF DEATH

186-201

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital. ST. 8-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

2-FULL NAME George Heiss Jr.

(a) RESIDENCE NO 1216 N. Elwood Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. 4 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed or divorced, HUSBAND of Annie L. Heiss.

6 DATE OF BIRTH (month, day, and year) October 16, 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	4	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Rigger.
(b) General nature of industry, business, or establishment in which employed (or employer): City of Baltimore.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER George Heiss Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Amanda Bond.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

Informant Annie L. Heiss. (wife)

(Address) 1216 N. Elwood Ave.

Filed [illegible] 1932 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) February 22, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull. Accidental fall from top of Chase St. Bridge to floor of same

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? February 20, 1932 Chase St. Bridge.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [signature] Coroner, M. D.

2/28/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL 2/24/1932

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

76974

CERTIFICATE OF DEATH

E 76974

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 703 Sarah Ann ST. (WARD) 4-7

2-FULL NAME Harry F. Grover

(a) RESIDENCE NO 703 Sarah Ann ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Coal dealer 045
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer self

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER John H. Grover

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Martha Frances

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Towson Md

Informant Mrs John F. Grover

(Address) Towson Md

Filed [illegible] 1932 C. HAMPSON JONES, M. D. Registrar

R. F. H.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/22 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Gilbert, M. D. Coroner

2/23 1932 (Address) 3971 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fork M.E. Cemetery DATE OF BURIAL 7 Feb 28 1932

20 UNDERTAKER Balto Co. ADDRESS

Fred Lassahn & Son 1401 Belair Ave

1-30—M & T—100 B—50L

E 76975

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-804 E 76975

CERTIFICATE OF DEATH

REGISTERED NO

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1646 Holbrook St (St.) (Ward) 9-18

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas N. Ratcliff

(a) RESIDENCE NO 1646 Holbrook St (St.) (Ward)

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Marie Orton Ratcliff

6 DATE OF BIRTH (month, day, and year): Aug 21/1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
71	80n	6	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Charles Co., Md.

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Scotland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Scotland

Informant: Marvin Ratcliff (Son)

(Address): 1646 Holbrook St

Filed 2/23 1932 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 22/32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility- Arteriosclerosi

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jos. Orton, M. D. Coroner

2/23/32 19 (Address) 606 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Towson Md Prospect Hill Cemetery

DATE OF BURIAL: 2/25/1932

20 UNDERTAKER: Wm Cook 1217 St Paul st.

ADDRESS

1-30—M. & T.—100 B—50L

E 76976

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76976

CERTIFICATE OF DEATH

REGISTERED NO. 20-72

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2693 Wilkins ave ST.) (WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Freedenburg.

(a) RESIDENCE NO. 2693 Wilkins Ave ST., WARD (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertie Freedenburg

6 DATE OF BIRTH (month, day, and year) March 21, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	11	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Lithographer do
(b) General nature of industry, business, or establishment in which employed (or employer) Md. Litho Co.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS:

10 NAME OF FATHER Jacob Freedenburg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Mrs Bertie Freedenburg

(Address) 2693 Wilkins ave

Filed ..... 192 ..... Registrar

R. P.H.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 22, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) suddenly yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Guy N. Cromwell, M.D. Coroner

2/23, 1932 (Address) 223 Patapsco Ave., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem.

DATE OF BURIAL Feb 25 1932

20 UNDERTAKER Fred. A. Krause & Son

ADDRESS 703 Hanover St

Spec.—1-12-33—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76977.

CERTIFICATE OF DEATH.

E 76977

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) U.S. Marine Hosp. (St.) Balto Md (Ward) 51

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellsworth Hall

(a) RESIDENCE NO. Bel Air Md St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Negro	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 26, 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	5	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bel Air Maryland

PARENTS

10 NAME OF FATHER Henry Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Maggie Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant David R Andrews

(Address) U.S. Marine Hosp. Balto. Md

15 Filed 2 3 1932, 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/23 1932

17 I HEREBY CERTIFY, That I attended deceased from Oct 13, 1931, to Feb 23, 1932,

that I last saw him alive on Feb 23, 1932,

and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of liver

(duration) 1 yrs. 3 mos. [illegible] ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 1 yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Physical examination

(Signed) David R Andrews, M. D.

Feb 23, 1932 (Address) U S Marine Hosp Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Herndon Hall Md DATE OF BURIAL July 25 1932

20 UNDERTAKER Dean & Sisler ADDRESS Bel Air Md

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

E 76978

CERTIFICATE OF DEATH

E 76978

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 310 N. Calhoun ST. 19-27 (WARD)

2-FULL NAME Debby Meyers

(a) RESIDENCE NO 310 N. Calhoun ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Dennis Meyers

6 DATE OF BIRTH (month, day, and year) ? ? 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	65	?	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Mount Airy Maryland

PARENTS

10 NAME OF FATHER Samuel Simms

11 BIRTHPLACE OF FATHER (city or town) Mt. Airy (State or country) Maryland

12 MAIDEN NAME OF MOTHER Charlotte ?

13 BIRTHPLACE OF MOTHER (city or town) Mt. Airy (State or country) Maryland

14 Informant Jessie Meyers

(Address) 310 N. Calhoun St.

15 Filed 2-23 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 20 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) suddenly yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Guy Y. Cromwell M. D. Coroner

2/23 1932 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Airy, Md.

DATE OF BURIAL Feb 24, 1932

20 UNDERTAKER Rose Katie R. Williams

ADDRESS 322 N. Schroeder St.

AaCo. 5-H 2508

76979 HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 76979

CERTIFICATE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 433 E Lanvale St. 13-14 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William J Colbert

(a) Residence: No. 433 E Lanvale St. Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Julia Colbert

6. DATE OF BIRTH (month, day, year) 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Texas Md

13. NAME William Colbert

14. BIRTHPLACE (city or town) (State or country) Texas Md

15. MAIDEN NAME Mary A Keefe

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs W. J. Colbert
(Address) 433 E Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral (Cem.) Date Feb. 24, 1932

19. UNDERTAKER Mary M Medford
(Address) 601 E 22nd St

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1932 to Feb 22, 1932

I last saw him alive on Feb 22, 1932 death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis Pulmonary. — Date of onset 1 yr

Other contributory causes of importance: Bronchial Pneumonia Feb 22

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? NV Date of injury — 19
Where did injury occur? NV
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Geo. L. Zimmerman M. D.
2/23/32 (Address) 2858 Hartford Rd.

AaCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

76980 E 76980

76980

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 E 21st St. St. 12-14 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Teal

(a) Residence: No. 419 E 21st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME John Teal

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. M. C. Mead
(Address) 2231 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Catholic Cemetery Date Feb 25 1932

19. UNDERTAKER Mary M. Mumford
(Address) 371 E 22nd St.

20. FILED 2-24-1932 C. HUMPHREYS, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/22 1932

22. I HEREBY CERTIFY, That I attended deceased from 2/17 1932 to 2/22 1932

I last saw her alive on 2/22 1932 death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	2/17/32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. Bernard Wirts M. D.

2/25/32 (Address) 1216 E. Calvert St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76981

CERTIFICATE OF DEATH.

121 E 76981

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1608 Gough Street ST. 3-4 WARD)

2-FULL NAME Wiktorya D. Licharowicz

(a) RESIDENCE NO. 1608 Gough Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? 51 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Henry A. Licharowicz

6 DATE OF BIRTH (month, day, and year) Dec. 24 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	50	1	28 27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.... Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER George . Grutkowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Mary . Laba

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mr. Henry A. Licharowicz

(Address) 1608 Gough Street

15 Filed 3 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 21 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb. 14 1932 to Feb. 21 1932

that I last saw her alive on Feb. 21 1932

and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Chronic Inter. Nephritis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Val. Dis Heart

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) C. D. Neer, M. D.

2/23/32 (Address) 408 Poplar

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem. DATE OF BURIAL: Feb. 24 1932

20 UNDERTAKER: John H Weber ADDRESS: 401 S. Chester St

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

76982

E 76982

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1408 E. Fayette ST. 19-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Dorothy B Tillett

(a) RESIDENCE NO. 1408 E. Fayette ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 2 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 12-5-'27

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	2	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Thomas Tillett

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C

12 MAIDEN NAME OF MOTHER Anne Howley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C

Informant Thomas Tillett

(Address) 1408 E. Fayette

Filed 2-24 1932 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-23-32

17

I HEREBY CERTIFY, That I attended deceased from 2-22-, 1932, to 2-23-, 1932

that I last saw h alive on 2-23- , 1932

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Scarlet fever

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) [illegible] M. D.

2-23-1932 (Address) 611-N. Carolina

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: John M. Cemetery A. A. Co. DATE OF BURIAL: 2-24 1932

20 UNDERTAKER: Edward Bryan. ADDRESS: 1631 Orleans st

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 76983 ~~107-801~~ E 76983

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2834 W.Lanvale St. 16-68 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 11 mos. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George Chester Leppo Jr.

(a) Residence: No. 2834 W.Lanvale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 12, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Child~~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md. (State or country)

FATHER

13. NAME George Chester Leppo

14. BIRTHPLACE (city or town) Carroll Co. Md. (State or country)

MOTHER

15. MAIDEN NAME Doris B.Ogle

16. BIRTHPLACE (city or town) Balto. Md. (State or country)

17. INFORMANT Mrs. Doris B.Ogle

(Address) 2834 W.Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Feb. 25 1932

19. UNDERTAKER Robert A. Little

(Address) 2700 Edmondson Ave

H. LUMPKIN JONES, M. D.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1932, to Feb 23, 1932

I last saw h. alive on Feb 23 1932, and death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Feb 17
Other contributory causes of importance: Cerebral Congestion (Infantile convulsions)	1 day.

Name of operation none. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. Michel, M. D.

(Address) 2901 Edmondson Ave

1-30—M. & T.—100 B—50L

E 76984

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76984

CERTIFICATE OF DEATH

REGISTERED NO. 218-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital. (St.) 28-71 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amelia E. Brandt.

(a) RESIDENCE NO. 4705 Frederick Ave. ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 53 mos. ds. How long in U. S., if of foreign birth? 55 yrs. ---- mos. ---- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a If married, widowed, or divorced (or) WIFE of John F. Brandt.

6 DATE OF BIRTH (month, day, and year) August 16, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	6	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Gotfried Heckert.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Elizabeth Bluemke.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Margaret Lampe. (daughter)
(Address) 4705 Frederick Ave.

15 Filed 2-7 1932 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) February 21, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of both femurs, both Tibia & Fibula, both Ulna & Radius, left Clavicle, Shock. Struck and knocked down by an automobile while crossing the street

CONTRIBUTORY (Secondary) Accidental Death (Duration) yr. mos. ds.

18 Where was disease contracted if not at place of death? Frederick Ave & Leechfield Ave February 21, 1932

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquest

(Signed) Ella M. Steinhardt, M. D. Coroner

2/22/32 19 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem. DATE OF BURIAL: Feb 24th 1932

20 UNDERTAKER: E. Schloman & Son ADDRESS: 1039 Hanover

AdCo. 5-31 250B

Clarence E Bates

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76985

CERTIFICATE OF DEATH

79 E 76985

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St. 16-23 Ward)

Length of residence in city or town where death occurred ... yrs. 6 mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bates, Clarence Edward.

(a) Residence: No. 716 Carrollton Ave St., ... Ward. Baltimore
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Bates

6. DATE OF BIRTH (month, day, year) June 27, 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	8	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co

13. NAME Clarance Bates

14. BIRTHPLACE (city or town) (State or country) Howard Co

15. MAIDEN NAME Betty Bates

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Clarance M Tibbs
(Address) 716 Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place St Rufus Cem Date Feb 26 1932

19. UNDERTAKER J. F. Cline & Sons
(Address) Westminster Md

20. FILED ... 19... [illegible] Registrar.

H. HOXTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1932, to Feb. 24, 1932.

I last saw him alive on Feb. 20, 1932 death is said to have occurred on the date stated above, at 12 45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebellar Abscess.	12/1/31
Prob. cerebral Meningitis	2/23/32

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Milford A. Spreeher M. D.
(Address) University Hospital.

1-20 M & T 100 B 50L

76986

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-08

E 76986

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 953 Druid Hill Av ST., 11-24 WARD)

2-FULL NAME Nathan Hess

(a) RESIDENCE NO 838 Tyson ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Col 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Hess

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 040
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington D C

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mary Hess 838 Tyson (Address)

15 Filed ..... 192 ..... Registrar

FEB 24 1932 C. HOWARD JONES

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, year) Feb 21 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Acute Myocardiac Failure

(duration) Sudden

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 953 Druid Hill

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) Harry Leigh Corner, M. D.

Feb 23 1932 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL 2/24/ 1932

20 UNDERTAKER Eugene Payne

ADDRESS 1721 Edmondson Ave

AaCo. 5-31 2508

76987

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-083 E 76987

CERTIFICATE OF DEATH

Registered No. 15-58

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2513 Shirley Ave, St. 15-58 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U.S. if of foreign birth 45 yrs. mos. ds.

2. FULL NAME Minnie L. Friedman

(a) Residence: No. 2513 Shirley St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Lida Friedman

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Herman Friedman

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Lida Cohen

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. (Address) 1-29 E. Lafayette St

18. BURIAL, CREMATION, OR REMOVAL. Place Harris & Sons Date 2-24 1932

19. UNDERTAKER Arthur Louis Lee (Address)

20. FILED 2-24 1932 By C. FAYSON JONES, II. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-13 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 26 1932 to Feb 13th 1932

I last saw h[illegible] alive on Feb 12th 1932 death is said to have occurred on the date stated above, at 5:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Partial)	Feb. 13th 32

Other contributory causes of importance:
Hypertension
M of Carditis

Name of operation — Date of

What test confirmed diagnosis? Clinical findings. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Michael A. Abramson, M. D.

(Address) 2360 Eutaw Place

1-30—M & T—100 B—50L

E 76988

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76988

CERTIFICATE OF DEATH

108

REGISTERED NO. 15-68

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St. (Ward)

2-FULL NAME Frances Rubin

(a) RESIDENCE NO 1713 Ruxton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5/12 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Junw 22/32

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		8	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Melvin R. Rubin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sadie Weiner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Melvin Rubin

(Address) 1713 Ruxton Ave

15 Filed 2-24-1932 192 H. L. JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 23/32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (Septic?)

(duration) yrs. mos 1 da

CONTRIBUTORY (Secondary) Cervical Adenitis

(duration) yrs. mos. 4 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Incision Date Feb 22/32

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature] M. D. Coroner

2/24/32 (Address) 506 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rest Rd

DATE OF BURIAL 2/24 32

20 UNDERTAKER Jack Lewis Inc

ADDRESS 1139 E Balto

AoCo. 5-31 2'08

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76989 E 76989

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. ..... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis C Schmick

(a) Residence: No. 1202 Ave Parkville, Md St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 16th 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Self
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Philip Schmick

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Emma Bruff

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Elizabeth Miller
(Address) Texas Ave, Parkville Md

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cemetery Date 2/25/1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED FEB 24 1932 H. PHILSON JAMES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1932, to Feb. 22, 1932

I last saw h.. alive on Feb. 22 1932 death is said to have occurred on the date stated above, at 9 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	
Pulmonary embolism	Feb. 22.
Other contributory causes of imporiance:	
Peritonitis, true adhesions	2 yrs
Partial Intestinal Obstruction	2 mo

Name of operation Exploratory laparotomy of Feb. 17 Was there an autopsy? No

What test confirmed diagnosis? Clin

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Myrtle M Faw M. D.
(Address) University Hospital

AaCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76990

93-E 76990

CERTIFICATE OF DEATH

Registered No. 26-37

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Hubbard

(a) Residence: No. 3713 Eastern Ave. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Tressa

6. DATE OF BIRTH (month, day, year) Nov. 3, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	3	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel construction

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Henry Clay

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Margaret Sintz

16. BIRTHPLACE (city or town) (State or country) ? Germany

17. INFORMANT Records of

(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Feb 24 1932

19. UNDERTAKER George W. Zickler

(Address) 1137 E. Eager St.

FILED FEB 24 1932 HARRY JONES, M.D. 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1932 to Feb. 22, 1932

I last saw him alive on Feb. 22, 1932 death is said to have occurred on the date stated above, at 11:10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, due to Coronary Occlusion	2 months. 2-10-32

Other contributory causes of importance: Arteriosclerosis, chronic nephritis

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. E. Thomas M. D.

(Address) Balto. City Hosp.

M. D. E. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

76991 E 76991

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4410 St. George Ave St. (If outside City limits, name County) Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Maggie Lineland

(a) Residence: No. 4410 St. George Ave St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Lineland

6. DATE OF BIRTH (month, day, year) 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME David Lowry

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Adline Miller

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Maurice O'Lineland

(Address) 4410 St George Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Feb 24, 1932

19. UNDERTAKER H. H. Elliott

(Address) 1101 Eutaw Place

20. FILED FEB 24 1932, 10. HAMPSON JONES, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21st, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 20th, 1932, to Feb 21st, 1932

I last saw her alive on Feb 21st, 1932. Death is said to have occurred on the date stated above, at 8.15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Arteriosclerosis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Grant Loeb M. D.

(Address) 521 W. Preston St.

Instructions on back of certificate.

AaCo. 5-31 2508

E 76992 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76992

CERTIFICATE OF DEATH

Registered No. 127

1. PLACE OF DEATH St. Joseph's Hospital
CITY OF BALTIMORE: (No. 4 Cheswolde St., Ward 8th) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosa Greul
(a) Residence: No. 1813 N. Mellon St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of The late Joseph Greul

6. DATE OF BIRTH (month, day, year) Jan 26 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Josefine Kiliani

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Max Drebbel
(Address) 1813 N. Mellon Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb 25 1932

19. UNDERTAKER Lilly & Zieler Inc
(Address) Chas S. Wolfe Mgr

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-24-1932

22. I HEREBY CERTIFY, That I attended deceased from 2-19-32, 19..., to 2-24-32, 19...
I last saw h. alive on 2-21-32, 19..., death is said to have occurred on the date stated above, at 12:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema Gall Bladder - Myocarditis	
Other contributory causes of importance: Pulmonary Oedema	

Name of operation None Date of None
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. Humphreys M. D.
(Address) 1 Wyndhurst Road

FEB 24 1932 C. HERBERT JONES

1-30—M. & T.—100 B—50L

E 76993

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76993

CERTIFICATE OF DEATH

REGISTERED NO. 92

1.-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 808 Reservoir ST. 13-54 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2.-FULL NAME Fielton Smith

(a) RESIDENCE NO. 808 Reservoir ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of xd

6 DATE OF BIRTH (month, day, and year) May 7 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
48 49		9	19 20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Farmer 70
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Greenville South Carolina

10 NAME OF FATHER Nathaniel Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Greenville South Carolina

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Lora Moseley Henderson

(Address) 426 Widerth St. Balto

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/22 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tubercular Disease of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thos J Mooney M. D. Coroner

2/23, 1932 (Address) 2632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bellevue N. C. DATE OF BURIAL 2/24 1932

20 UNDERTAKER Samuel F. Kemp ADDRESS 57 N Eden

FEB 24 1932

Spec.—6-5-19—H. P. Co.—1000 Bks.

E 76994

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76994

CERTIFICATE OF DEATH.

REGISTERED NO. 16-23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No 826 N Fremont ave ST. WARD

2-FULL NAME George Anna Rosier

(a) RESIDENCE. NO. 826 N Fremont ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Married

3a If married, widowed, or divorced, HUSBAND of (or) WIFE of: James Wright Rosier

6 DATE OF BIRTH (month, day, and year): Oct 28-1882

7 AGE — Years: 49 Months: 3 Days: 23 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Centreville Md

PARENTS

10 NAME OF FATHER: John Benson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Centreville Md

12 MAIDEN NAME OF MOTHER: Anna Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Annapolis Md

14 Informant: James Wright Rosier
(Address) 826 N Fremont ave

15 [illegible] 19[illegible]

Registrar

B 24 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): February 21 1932

17 I HEREBY CERTIFY, That I attended deceased from November 15, 1930, to February 21, 1932, that I last saw h[illegible] alive on Feb. 21, 1932, and (that death occurred, on the date stated above, at 4.47 A. m.

The CAUSE OF DEATH* was as follows:

Uterine Carcinoma

(duration) 1 yrs. 3 mos. 6 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical X-Ray —

(Signed) Wm H Wright, M. D.

2/21, 1932 (Address) 1209 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem.

DATE OF BURIAL: 2/24 1932

20 UNDERTAKER: Samuel D. Heensley

ADDRESS: 28 N Bdle

ABCo. 5-31 250B

E 76995 HEALTH DEPARTMENT—CITY OF BALTIMORE E 76995

CERTIFICATE OF DEATH

Registered No. 137

1. PLACE OF DEATH Maryland General Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., (Ward) 15 bal

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr Max Solomon

(a) Residence: No. 3206 Hilton St Bal. Ward
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Alterman d

6. DATE OF BIRTH (month, day, year) July 10 1861

7. AGE	Years	Months	Days	If LESS than 1 day.... hrs. or ....min.
	71	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Eugene Solomon

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Hosp records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Ark Friendship Date 2/24/ 1932

19. UNDERTAKER David Sondheim & Son
(Address) 1902 Eutaw Place

20. FILED FEB 24 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/23/32

22. I HEREBY CERTIFY, That I attended deceased from 2/1/32, 19..., to 2/23, 1932

I last saw him alive on 2/22/32 19 death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	2 yrs
Other contributory causes of importance: Uremia	1 month

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Robert F Chenault M. D.
(Address) Jewish Hospital

C. H. PERSON JONES, M. D.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76996 E 76996

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Fayette & Calhoun Sts.) 20-72 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theresa Knight

(a) Residence: No. 2224 Eager St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced ~~Wife~~ (or) WIFE of August E Knight

6. DATE OF BIRTH (month, day, year) Aug 9, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49 ~~50~~	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Joseph Meyer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Theresia Land

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna M. Paul

(Address) 3122 Wilkens Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Feb 26 1932

19. UNDERTAKER Vernon Keehner

(Address) 1532 Hollins St

20. FILED Feb 26 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1932, to Feb. 23, 1932

I last saw her alive on Feb. 23, 1932 death is said to have occurred on the date stated above, at 3:30 p m.

The principal cause of death and related causes of importance were as follows:

Diabetic Gangrene — Date of onset Feb. 1

Septicemia — Feb. 16

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? None. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury 19

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Morris B. Schreibe M. D.

(Address) Franklin Square Hospital

Spec.—12-9-25—A Co.—200 Blks.

E 76997

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76997

CERTIFICATE OF DEATH.

REGISTERED NO. 31

1-PLACE OF DEATH Home for the aged of the M. E. Church

City of BALTIMORE: (No. 2211 Rogers Ave St. 27-54 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Harriett Dawson

(a) RESIDENCE NO. Home for the Aged of the M.E. Church (Ward)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of George Dawson

6 DATE OF BIRTH (month, day, and year) Dec 27- 1849.

7 AGE: Years 82 | Months 1 | Days 26 | If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer ✓

9 BIRTHPLACE (city or town)

(State or country) England.

10 NAME OF FATHER Edward Lansdale

11 BIRTHPLACE OF FATHER (city or town)

(State or country) England.

12 MAIDEN NAME OF MOTHER Priscilla Hakon

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) England.

14 Informant Etta Cuddy

(Address) 2211 Rogers Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Febry 23-1932

17 I HEREBY CERTIFY, That I attended deceased from Jany 3, 1932, to Febry 23, 1932,

that I last saw her alive on Febry 22, 1932,

and that death occurred, on the date stated above, at 5a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 6 yrs. 6 mos. ✓ ds.

CONTRIBUTORY (Secondary) Arteria Sclerosis

(duration) ✓ yrs. — mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical methods

(Signed) Geo. E. Shannon, M. D.

2/23, 1932 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery — Date of Burial: Feb 25 1932

20 UNDERTAKER: George J. Smith — ADDRESS: 1 Edmondson

1-30—M & T—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76998

CERTIFICATE OF DEATH

-23

E 76998

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1630 Baker ST. 15-21 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Jones

(a) RESIDENCE NO. 1630 Baker ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Aug 28-1914

7 AGE Years 17 Months 5 Days 24 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Richard Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Christine Berry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Richmond Va

14 Informant Richard Jones

(Address) 1630 Baker

15 Filed ..... 193 ..... Registrar

E. HAMPTON JONES M.D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 21st 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

(duration) ... yrs. 7 mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) ... M. D. Coroner

(Address) ...

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL 2/24 1932

20 UNDERTAKER Thomas E. Kalas

ADDRESS 1303 Hartman St

M. D. E. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 76999

CERTIFICATE OF DEATH

E 76999

Registered No. 1932 E 76999

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St. 27-354 Ward)

Length of residence in city or town where death occurred 71 yrs. 3 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Aquilla Johnson

(a) Residence: No. 3314 Rockemp Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Katherine Johnson

6. DATE OF BIRTH (month, day, year) Nov. 1, 1859 (59)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Thomas Johnson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Martha A. Gray

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Son (Thomas W. Johnson)
(Address) 3314 Rockemp Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore cemetery Date Feb 27, 1932

19. UNDERTAKER Chas. J. Black
(Address) 772 W. North ave.

20. FILED Feb 27, 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1932 to Feb 23, 1932

I last saw him alive on Feb 23, 1932 Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis left leg	Jan 16, 1932
Other contributory causes of importance: Bronchopneumonia	Feb 10th 1932

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. W. Bruce, M. D.

(Address)

AaCo. 5-31 250B

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 77000 — 93-003 — E 77000

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. [illegible] Ward)

Length of residence in city or town where death occurred 40 yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Powell Miller

(a) Residence: No. None St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	~~Single~~ Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month day year) - - 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

10. Date deceased last worked at this occupation (month and year) -

11. Total time (years) spent in this occupation -

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Anna -?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL JOHNS HOPKINS HOSPITAL

Date ..... 19.....

19. UNDERTAKER .....
(Address)

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day year) 2-21 . 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-16 . 1932, to 2-21 . 1932

I last saw h[illegible] alive on 2-21 . 1932 death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chr	1928
Other contributory causes of importance:	
arteriosclerosis	unk.

Name of operation ..... Date of .....

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] Arnold Jr. M. D.

(Address) City Hosp.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77001

CERTIFICATE OF DEATH 407-00

E 77001

1 PLACE OF DEATH Baltimore City Hospl. REGISTERED NO.

CITY OF BALTIMORE: (No. 12 Balto. Md St. 16-22 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Lorena Jones

(a) RESIDENCE NO. (Usual place of abode) 113 N. Stricker St. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Separated

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years: 31 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer): Maid

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Peter Berndon

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. Carolina

12 MAIDEN NAME OF MOTHER: Ella Bennett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant (Address): Record's Balto City Hospl.

15 Filed FEB 24 1932 12 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/21/32

17 I HEREBY CERTIFY, That I attended deceased from 9/24/, 1928, to 2/21/, 1932 that I last saw h[illegible] alive on 2/20, 1932 and that death occurred, on the date stated above, at 7.45 A.m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Schizophrenia, catatonic type (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Harry Goldsmith M. D.

2-22 1932 (Address) Baltimore City Hospl.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL DATE OF BURIAL: FEB 24 1932

20 UNDERTAKER: Joseph Fusting Address: 409 N Mount St

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-11 2508

E 77002

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77002

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 96-27 (07-801)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Smith.

(a) Residence: No. no home St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, year): Feb. 11, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
76	75		8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at (this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER FATHER

13. NAME: Louis

14. BIRTHPLACE (city or town) (State or country): ? Germany

15. MAIDEN NAME: Catherine ?

16. BIRTHPLACE (city or town) (State or country): ? Germany

17. INFORMANT: Records of

(Address): Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL: Taken

Place Date 19

19. UNDERTAKER

(Address)

Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1932 to Feb. 19, 1932

I last saw h in alive on Feb. 19, 1932 death is said to have occurred on the date stated above, at 8:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4 days
Other contributory causes of importance: Starvation & Arteriosclerosis	Chronic

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E. J. Arnold, M. D.

(Address) Balto. City Hosp.

JOHNS HOPKINS HOSPITAL FEB 24 1932 H. A. JONES, M. D.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo 5-31 2500

E 77003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47 E 77003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 7-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Karl Carroll

(a) Residence: No. 626 S. Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-29-1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Karl Carroll
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Maria Karlavia
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records J Balto City Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place OPKINS HOSPITAL FEB 24 1932 Date 19

19. UNDERTAKER
(Address)

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-15, 1932, to 2-20, 1932

I last saw him alive on 2-20 1932 death is said to have occurred on the date stated above, at 11:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lung	5 wks
Other contributory causes of importance: Contributory	unk

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify)

(Signed) Thos Johnson Jr M. D.

(Address) Balto City Hosp.

20. FILED 19 Registrar

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 77004

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77004

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH Baltimore City Hospitals

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 4-6 ..... Ward)

Length of residence in city or town where death occurred 42 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry Johnson

(a) Residence: No. 730 E. Pratt St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 31, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	72	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Andrew

14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER

15. MAIDEN NAME Becker Babcock

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT Records of
(Address) Balto. City Hos.

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date FEB 24 1932 19

19. UNDERTAKER .....
(Address)

20. FILED ..... 19 ..... C. HUBERT JONES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 3, 1929 to Feb. 22, 1932

I last saw him alive on Feb. 22, 1932 death is said to have occurred on the date stated above, at 7:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver (Primary)	Dec 1931

Other contributory causes of importance:

Anemia (secondary to malignancy)	Dec

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) Balto. City Hos.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77005

CERTIFICATE OF DEATH

23 E 77005

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 Robert St. 14-30 Life)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bernice A. Tucker

(a) Residence: No. 506 Robert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 9 1912

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
19	20	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Leonard Tucker

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Edith Thornton

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Edith Tucker
(Address) 506 Roberts

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 2/25/ 32

19. UNDERTAKER Geo. H. Holland
(Address) 60 Lanvale

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 . 1932 to Feb 22 . 1932

I last saw h[illegible] alive on Feb 21 . 1932 death is said to have occurred on the date stated above, at 9:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	6 mo.

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis Physical (there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. J. Young, M. D.

(Address) [illegible]

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 1932 C. P. JAMES JONES, M. D.

AaCo. 5-31 2508

E 77006 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77006

CERTIFICATE OF DEATH

87-001

Registered No. 9-46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2714-Mathews Street St., Ward)

Length of residence in city or town where death occurred life mos ds How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME Clarence H. Gosnell

(a) Residence: No. 2714-Mathews Street St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Amelia (Hyson)

6. DATE OF BIRTH (month, day, year) 8/19/1877

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
54	6	3	xxxxxx

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Milk & Bread
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George Gosnell
14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Elizabeth Conoway
16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Amelia Gosnell
(Address) 2714-Mathew Street.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 2/24 19 32

19. UNDERTAKER Geo. J. Pfeifer & Son
(Address) 1735 W. Baltimore St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby. 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feby. 14, 1932 to Feby. 22, 1932

I last saw him alive on Feby 22 1932 death is said to have occurred on the date stated above, at 11.50 A. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Oedema — Date of onset 2/21/32

Other contributory causes of importance:

Cerebral Hemorrhage

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Frank Pillsbury M. D.

(Address) 415 Cedarcroft Rd

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77007

CERTIFICATE OF DEATH

131 E 77007

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 714 W. Lanvale St., 7th Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Caroline Fuller

(a) Residence: No. 714 W. Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Andrew P. Fuller

6. DATE OF BIRTH (month, day, year) Jan. 26 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Penty
14. BIRTHPLACE (city or town) (State or country) Prussia

MOTHER

15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT William E. Fuller
(Address) 714 W. Lanvale

18. BURIAL, CREMATION, OR REMOVAL
Place MP Cemetery Date Feb. 26, 1932

19. UNDERTAKER Mc L. Miller & Son
(Address) 2352 Jefferson St

C. HAMPSON JONES, M. D.
Registrar.

20. FILED FEB 24 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1931 to Feb 22, 1932

I last saw h alive on Feb 22 1932 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Exhaustion	Few days
Other contributory causes of importance: (b) Senile Debility	
(c) Chronic Nephritis	many yrs

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Richardson M. D.

(Address) 112 W. 25th St

Information should be carefully supplied. Age should be stated EXACTLY. Particulars should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T—100 B—50L

E 77008

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 77008

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1308 Harlem St. 16-23 Ward

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur Morrissey.

(a) RESIDENCE NO. 1308 Harlem St. Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Col

5 Single, Married, Widowed or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 1896

7 AGE — Years 35 — Months — Days — If LESS than 1 day, ... hrs. or ..... min.

36

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Arthur Thomas

(Address) 1308 Harlem

15 Filed ..... 19 ..... Register

HAMPSON JONES M.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and hour) Feb 22nd 19 32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) Inquest thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) and from the evidence obtained by said Inquest find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular Medical

(Signed) ..... M. D. Coroner

Feb 24 19 32 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Feb 25 19 32

20 UNDERTAKER Samuel H. Chase & Son

ADDRESS 6311 Belair

NOTE.—WRITE LEGIBLY. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MAR 14 1932

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77009 Colored X, 57 E 77009

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-9 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 4 mos 14 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sabina Pepp

(a) Residence: No. Hendrix Mews Ward. .....
(Usual place of abode) (If non-resident give city or town and State) Md

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/31/37

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		6 weeks		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Nelson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Pearl Johnson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date February 20 1937

19. UNDERTAKER Joseph A Shultz
(Address) 402 W Mount St

20. FILED 2-20-1937 C. HAMPSON JONES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-22-1937

22. I HEREBY CERTIFY, That I attended deceased from 1-29-1937 to 2-22-1937

I last saw h... alive on 2-23-1937 death is said to have occurred on the date stated above, at 5:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Hyaline Membranes	
AND	3 weeks

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) John H. Washington, M. D.

(Address) Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 77010

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94002 V

E 77010

1—PLACE OF DEATH

REGISTERED NO. 17-50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. 340 E. Fayette St. WARD)

2—FULL NAME Michael J. O'Brien.

(a) RESIDENCE NO. 340 E. Fayette ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of: Annie McCormick

6 DATE OF BIRTH (month, day, and year): Feb. 11, 1867

7 AGE — Years: 65 — Months: — — Days: 11 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Plumber. 059

(b) General nature of industry, business, or establishment in which employed (or employer): Pipe fitting

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Richmond Va.

PARENTS

10 NAME OF FATHER: Martin O'Brien

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown.

14 Informant: Mr. Brendon O'Brien

(Address) 340 E. Fayette St.

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 22. 1932

17 I HEREBY CERTIFY, That I attended deceased from Dec. 21, to Feb. 27, 32

that I last saw him alive on Feb 22. 1932

and that death occurred, on the date stated above, at 11.55 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary): Coronary Thrombosis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Examination

(Signed) George M. Gripe, M. D.

2/24. 1932 (Address) 2435 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral cem.

DATE OF BURIAL: Feb. 26. 1932

20 UNDERTAKER: Hornberger & Gross

ADDRESS: Balto. Md

C. HAMPSON JONES, M. D.

B 24 1932

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 ✓

E 77011

CERTIFICATE OF DEATH

E 77011

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1703 McCulloh St. H-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carrie Brown

(a) RESIDENCE NO. 1703 McCulloh St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write tha word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1868

7 AGE: Years 64 Months 1 Days 1 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Crisfield (State or country): Md

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (City or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Hattie Townsend

(Address) 1703 McCulloh St

15 Filed . 19 Registrar

NTS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 23 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb 16, 1932 to Feb 23, 1932

that I last saw her alive on Feb 21, 1932

and that death occurred, on the date stated above, at 4:40 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Medical Exam

(Signed) W. Clive Jones M. D.

. 19 (Address) 1123 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem

Date of Burial: 2/25 1932

20 UNDERTAKER: Samuel H. Lemley

ADDRESS: Balto

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB 24 1932 CLAYTON JONES, M. D.

Spec.-7-17-26—A Co.—200 Bks.

E 77012

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 V

E 77012

CERTIFICATE OF DEATH

REGISTERED NO. 2644

1-PLACE OF DEATH

City of BALTIMORE: (No. 635 N Paca St. 17-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Clinton Sucker

(a) RESIDENCE NO. 635 N Paca St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred / yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb 6 1913

7 AGE: Years 18 Months 18 Days

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Porter 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ~~Johnson~~ N.C.

(State or country) Vultare N.C.

PARENTS

10 NAME OF FATHER Clint Brown

11 BIRTHPLACE OF FATHER (City or town) I

(State or country)

12 MAIDEN NAME OF MOTHER Melain Johnson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Vultare N C

14 Informant Frank Wilkins

(Address) 635 N paca St

15 Filed ..... 19 .. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Feb 24, 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb 21, 1932 to Feb 24, 1932

that I last saw him alive on Feb 23, 1932

and that death occurred, on the date stated above, at 4:00 A m.

The CAUSE OF DEATH* was as follows: Myocarditis

(duration) 1 yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted

If not at place of death? Philadelphia Pa

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? medical & test

(Signed) W. Atwell Jones M.D.

19 (Address) 1123 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pikesville Cem. Co.

Date of Burial 2/25 1932

20 UNDERTAKER: Samuel F Hawsley

ADDRESS 2 E Biddle St

FEB 24 1932

C. HAMPSON JONES M.D.

Registrar

N. B.—WRITE PLAINLY, WITH ENFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DISEASE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

77013

HEALTH DEPARTMENT—CITY OF BALTIMORE

77013

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Kirkleigh Villa. St. 27-49 WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Lizzie Healy

(a) RESIDENCE NO. 4301 Roland Ave. St. WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 31st. 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64		24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Norfolk Va.

PARENTS

10 NAME OF FATHER Thomas Healy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ann Mclaughlin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Family Records.

15 Filed FEB 24 1932, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 24th. 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1932, to Feb 24, 1932

That I last saw h alive on Feb 23, 1932

and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows: —

Thrombosis Coronary

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Intus obstruction

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. Hayward M. D.

19 (Address) 1124 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery.

DATE OF BURIAL: Feb. 26 1932

20 UNDERTAKER: Chas P. Marchetson ADDRESS 1810 N Regal Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 77014

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 77014

N. B.—WRITE PLAINLY, WITH USUAL INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 623 St. John Rd St., 27 Ward) Registered No. 97-53

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. — mos. — ds. How long in U. S. If of foreign birth? 60 yrs. — mos. — ds.

2. FULL NAME Fannie Southgate Gray

(a) Residence: No. 623 St. Johns Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rev. Wm. C. Gray

6. DATE OF BIRTH (month, day, year) Feby 14 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) NO

11. Total time (years) spent in this occupation NO

12. BIRTHPLACE (city or town) (State or country) Mexico

FATHER

13. NAME Rev. Wm. Southgate

14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER

15. MAIDEN NAME Harriet E. Abbott

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Wm S Belch (son-in-law)

(Address) 623 St Johns Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date Feb 15 1932

19. UNDERTAKER Herbert Gibbs Co

(Address) 1515 W Baltimore St.

20. FILED FEB 24 1932 19 [illegible] Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/23, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2/15, 1932 to 2/22, 1932

I last saw him alive on 2/22, 1932 Death is said to have occurred on the date stated above, at 2:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	1925
Uraemia	
Debility	1930

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Nora Southgate M. D.

(Address) 1403 Park

Spec.—12-8-25—A Co.—200 Blks.

E 77015

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

E 77015

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3306 Alto Road Ward 15-61)

2-FULL NAME Mary A Tracy

(a) RESIDENCE NO. 3306 Alto Road St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

3a If married, widowed, or divorced
HUSBAND of (or) WIFE of Clayton V Tracy

6 DATE OF BIRTH (month, day, and year) 9 1 1867

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	64	5	23 22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Maryland

PARENTS

10 NAME OF FATHER Samuel B Ivins

11 BIRTHPLACE OF FATHER (city or town)
(State or country) New Jersey

12 MAIDEN NAME OF MOTHER Sarah Irie

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) New Jersey

14 Informant Clayton V Tracy
(Address) 3306 Alto Road

15 Filed AUG 24 1932 C. PAWSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19
February 23

17 I HEREBY CERTIFY, That I attended deceased from
Feb 5 19 32 to Feb 23 19 32
that I last saw her alive on Feb 23, 19 32
and that death occurred, on the date stated above, at 10:40Pm.

The CAUSE OF DEATH* was as follows:
cerebral hemorrhage
and paralysis
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) arterio-sclerosis
hypertension
(duration) 4 yrs. mos. ds.

18 Where was disease contracted
If not at place of death? ---
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? physical

(Signed) Walter Grubbs M. D.
Feby 24 1932 (Address) 2220 Garrison Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery Date of Burial Feb 26 1932

20 UNDERTAKER Henry Fanning & Sons ADDRESS Aisquith & Madison

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 77016

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 77016

23

11-24

REGISTERED NO. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1037 N. Eutaw street (St.) (Ward)

2. FULL NAME Vanolia Sesco

(a) RESIDENCE NO. 1037 N. Eutaw street ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Negro	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank Sesco

6 DATE OF BIRTH (month, day, and year) Dec. 17th 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	10	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Unemployed
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS
10 NAME OF FATHER: Geo. Fulhun
11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.
12 MAIDEN NAME OF MOTHER: Blanch Conquest
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Richmond, Va.

14 Informant (Address): Eva Emma Sesco (Daughter) 1037 N. Eutaw st.

15 Filed ____, 19__ Registrar ____

FEB 25 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 22 '32

17
I HEREBY CERTIFY, That I attended deceased from Jan. 1st. 1932 to Feb. 22nd 1932
that I last saw h Feb. 22nd 192 on
and that death occurred, on the date stated above, at 4.p m.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

About 6 months
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exposure
? (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death
Did an operation precede death? No. Date of
Was there an autopsy? No.
What test confirmed diagnosis? Microscope

(Signed) Walter J. Jackson M. D.
19 (Address) 1631 W. Franklin st.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

21 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Zion Cemetery	Feb. 25, 1932
20 UNDERTAKER	ADDRESS 322 N. Schroeder st
Mrs. Katie R. Williams	

AACo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

77017 E 77017

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.) Registered No.

CITY OF BALTIMORE: (No. 27-24) St.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mr Charles H. Bailey

(a) Residence: No. 4010 Belleview Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Bailey

6. DATE OF BIRTH (month, day, year) Jan 31 1890

7. AGE: Years 42 | Months | Days 23,24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lobbyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc 061

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME William Bailey

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Emma Welch

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hosp. records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Feb 29 1932

19. UNDERTAKER Chas. L. Symms
(Address) 1301 E Fort Ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/23/32

22. I HEREBY CERTIFY, That I attended deceased from 2/11/32, 19 to 2/23/32, 19

I last saw him alive on 2/23/32 19 death is said to have occurred on the date stated above, at 10½ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis abscess (Enter only one cause per line for (a), (b), and (c).)	2/11/32
(a) localized peritonitis	12 hr
Other contributory causes of importance:	
Coronary Embolism	1½ hr

Name of operation Appendectomy Date of 2/12/32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) , M. D.

(Address) Md. General Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E

AACo. 5-31 250B

Maryanna Korzeniowski

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 E 77018 Registered No.

E 77018

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 1-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME ...

(a) Residence: No. ... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
		Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unk.

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Poland

FATHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT John Korzeniowski
(Address) 2024 Fleet St

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date Feb. 26 19 32

19. UNDERTAKER F. W. Ozazewski
(Address) 1930 Eastern Ave.

20. FILED ... 19 ... C. HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ... 19 ...

22. I HEREBY CERTIFY, That I attended deceased from 2/9 1932 to 2/23 1932

I last saw h[illegible] alive on 2/23 32 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Acute nephritis — Date of onset 2/5/32

Other contributory causes of importance:

Diabetes mellitus

Name of operation ... Date of ...

What test confirmed diagnosis? P.S. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased No If so, specify

(Signed) David Steuber M. D.

(Address) 3165 Fed Hill

Information should be carefully compiled, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

Spec.—9-30—A. & Co.—250 Bks.

E 77019 E 77019

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 1377 W Lafayette St. 15-22-25 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Rebecca Newman

(a) RESIDENCE NO. 1377 Walcott St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Newman

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Samuel Tolson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Melia Brooks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Fannie Brown

(Address) 1377 Walcott St

FEB 25 1932

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 23/32

17

I HEREBY CERTIFY, That I attended deceased from Feb 10, 1932, to Feb 23, 1932

that I last saw h er alive on Feb 22, 1932

and that death occurred, on the date stated above, at 7.30 A. M.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. William Frey M. D.

2/27, 1932 (Address) 1728 Kennard Av

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn DATE OF BURIAL Feb 25 1932

20 UNDERTAKER Virginia A. Brooks ADDRESS 1463 N. Carey

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

A&Co. 5-31 250B

E 77025

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77020

CERTIFICATE OF DEATH

131

13-54

I. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Rochester Court Apts. St. ..... Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry A. Weinberg

(a) Residence: No. Rochester Court Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dora Weinberg

6. DATE OF BIRTH (month, day, year) May 2, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Abraham Weinberg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Regina Blum

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Daniel Weinberg
(Address) Temple Garden Apts.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Heb. Friendship Date Feb. 26, 1932

19. UNDERTAKER Harris Sonnheim Son
(Address) 1902 Eutaw Place.

20. FILED FEB 25 1932 C. HAWSON JONES M
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1932, to Feb 24, 1932

I last saw h.. alive on Feb 24, 1932; death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1928
Tuberculous Meningitis	1931

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Henry C. Wood, M. D.

(Address) 735 N. Fulton Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T—100 B—50L

E 77021

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

154 E 77021

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 18-29 WARD

2-FULL NAME Arthur Joseph Wagner

(a) RESIDENCE NO 1203 W. Lombard ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 24/32

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
			1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Arthur Wagner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Dorothy Rupple

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Arthur Wagner

(Address) 1203 W. Lombard St

15 Filed FEB 25 1932 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25/32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) E. E. Hamm, M. D.
Coroner

2/25/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: 2/25 1932

UNDERTAKER: Frederick A. Cole

ADDRESS: 1800 W. Baltimore St.

mation should be carefully supplied. AGE should be stated in YEARS, MONTHS and DAYS. If less than one day, hours or minutes. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-31 250B

E 77022

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 15 E 77022

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-7 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lewis Price

(a) Residence: No. Cedar Hill St., Ward. A A Co Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male.	Black	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown.

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None, 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Lewis Price

14. BIRTHPLACE (city or town) (State or country) Balto. County

MOTHER

15. MAIDEN NAME Harriet Ann Haney

16. BIRTHPLACE (city or town) (State or country) Balto. County.

17. INFORMANT Hospital Record.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Feb 25, 1932

19. UNDERTAKER Mrs R. C. Elliott

(Address) 1225 Eastlandtown

20. FILED ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from February 19, 1932 to February 22, 1932

I last saw h alive on February 22 1932 death is said to have occurred on the date stated above, at 12 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Edentulism of Upper and Lower Jaws	
Accidental Scratch on Hand	
Other contributory causes of importance: Chronic Rheumatic Carditis	
Acute Glomerulo Nephritis	
Pneumonia	2 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Thomas O Draper, M. D.

(Address) Mercy Hospital

FEB 25 1932 C. HARRY KNOX, M. D. BALTIMORE, MD.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T.—100 B—50L

E 77023 ✓ E 77023

95-002

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Declared dead at Hopkins Hospital ST. 14-20 WARD)

2-FULL NAME Robert Witt

(a) RESIDENCE NO. 1733 McCubbin ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Witt

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	aboyt 68			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) King William Co., Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Wm. Witt (son)

(Address) 173[illegible] McCubbin St

15 Filed FEB 25 1932, C. HAMPSON JONES, M. D., Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 20/32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Cardio-Nephritic Disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Va

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John F. Price, Coroner, M. D.

2/25/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary

DATE OF BURIAL Feb. 25 1932

20 UNDERTAKER Mrs. A. A. Elliott

ADDRESS Baltimore

INFORMATION should be carefully supplied. Age should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec—9-30—A. & Co.—250 Blks

E 77024

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77024

93-003

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No) West Balto Gen Hosp (St) 15-68 (Ward)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Simon Kushner

(a) RESIDENCE NO 2105 Clifton Ave (St) (Ward)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Dora Kushner

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years: 55 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Insp Cons. Wire

(b) General nature of industry, business, or establishment in which employed (or employer): 019

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Dora Kushner

(Address): 2105 Clifton Ave.

15 Filed Feb 25 1932 Registrar: HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/25/32

17

I HEREBY CERTIFY, That I attended deceased from 2/23, 1932, to 2/25, 1932

that I last saw h alive on 2/25, 1932

and that death occurred, on the date stated above, at 4.30a m.

The CAUSE OF DEATH* was as follows:

Chronic Degenerative Myocarditis
c Decompensation

(duration) unknown mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) H. Kahman M. D.

. 19 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Wesley

DATE OF BURIAL: 2-25- 1932

20 UNDERTAKER: Isaac Levin, Inc. 1439

ADDRESS: Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 77025 HEALTH DEPARTMENT CITY OF BALTIMORE

258150

CERTIFICATE OF DEATH

E 77025

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 15-61 107 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joel Lasky

(a) Residence: No. 3602 Fairview ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ...
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md

FATHER
13. NAME Louis Lasky
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Rose Horwitz
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date 2-25 ... 19 32

19. UNDERTAKER ...
(Address)

20. FILED FEB 25 1932 19... C. HAMPSON JONES Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1932 to Feb 24, 1932

I last saw him alive on Feb 24, 1932 death is said to have occurred on the date stated above, at 5.50 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - Bronchial & Acidosis & Dehydration	2-23-32

Other contributory causes of importance: Congenital Spastic Diplegia Recd

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) L. L. Woodward, M. D.

2/24/32 (Address) Johns Hopkins Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250R

77026

HEALTH DEPARTMENT - CITY OF BALTIMORE

77026

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem. Hospital St. 13-59 Ward)

Registered No. 122

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Alice B Hampton

(a) Residence: No. 924 Newington Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 26, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
61		3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Newman Hampton

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Miss Alice E. Key

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Miss Alice Hampton

(Address) 924 Newington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Feb 27 1932

19. UNDERTAKER George J. Smith

(Address) 1532 Hollins

20. FILED FEB 29 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-2, 1932 to 2-25, 1932

I last saw h a alive on 2-25, 1932 death is said to have occurred on the date stated above, at 5:50 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	
Cardiac failure	

Other contributory causes of importance:

Name of operation Colotomy Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John S. Fowler, M. D.

(Address) Union Memorial Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77027

CERTIFICATE OF DEATH

10 1801 E 77027

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4608 Schenley Rd ST. 27-53 WARD)

2—FULL NAME Edmund Diemann

(a) RESIDENCE NO. 4608 Schenley Rd ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 0 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE Louise Diemann

6 DATE OF BIRTH (month, day, and year) May 24 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	9	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer Germany

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Theodore Diemann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Magdalena Freida Mayer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Louise Hundertmark

(Address) 4625 Keswick Rd

15 Filed ____, 19____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 25-32

17 I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1932, to Feb 25, 1932, that I last saw h[illegible]alive on Feb. 24, 1932 and that death occurred, on the date stated above, at 1-20A m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Cardio-debilitation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Examination

(Signed) W H Counts M. D.

Feb 26, 1932 (Address) 3429 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Prospect Hill Cem

DATE OF BURIAL Feb 28 1932

20 UNDERTAKER John Burns Sons

ADDRESS Towson.

important. See instructions on back of certificates.

1-30—M & T—100 B—501.

77028

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

E 77028

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 237 N. Amity ST. 18-26 (WARD)

2-FULL NAME John Spence

(a) RESIDENCE NO 237 N. Amity ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 16-1931

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Lee Spence

11 BIRTHPLACE OF FATHER (city or town) (State or country) Jamaica W. Indies

12 MAIDEN NAME OF MOTHER Sarah Lynch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Jamaica W. Indies

14 Informant Leah Spence

(Address) 237 N. Amity St.

15 Filed Feb 25 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 23 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Primary Broncho pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Gittel, M. D. Coroner

Feb 25, 19 32 (Address) 1 E Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery

DATE OF BURIAL Feb. 25, 1932

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 221 Schroeder St

FEB 23 1932

Before signing be careful to read every question and answer, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77029

CERTIFICATE OF DEATH

E 77029

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1211 W. Mulberry ST. (WARD) 4-7

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nina Mary Kelley

(a) RESIDENCE NO. 353 N. Calvert ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of -------

6 DATE OF BIRTH (month, day, and year) Aug. ? 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	6	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Graduate Nurse yr
(b) General nature of industry, business, or establishment in which employed (or employer) ------
(c) Name of employer ------

9 BIRTHPLACE (city or town) Lord
(State or country) Allegheny Co., Md.

PARENTS

10 NAME OF FATHER Thomas A. Kelley, Sr.

11 BIRTHPLACE OF FATHER (city or town) Bloomington
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Lula Sulser

13 BIRTHPLACE OF MOTHER (city or town) Elk Garden
(State or country) W. Va.

14 Informant Thomas A. Kelley Sr.

(Address) Luke, Md.

15 Filed 4 25 1932 Reg

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 22nd. 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Abortion- Criminal

(duration) yrs. mos. 4-5 ds.?

CONTRIBUTORY (Secondary) Septicaemia

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? Yes Date of ----

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Guy N. Bromwell, M. D. Coroner

2/25 1932 (Address) 5203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Keyser W. Va.

20 UNDERTAKER L. G. Moran

DATE OF BURIAL 2/25 1932

ADDRESS 300 E Broad

MARK WHOLE OR CERTIFIED COPY APPROVED. NOTE: CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB 25 1932

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77030

E 77030

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals ST. 2-4 210 (WARD)

2-FULL NAME David J. Harrigan.

(a) RESIDENCE NO. 1823 Gough St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs 4 mos 1 ds How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----- .....

6 DATE OF BIRTH (month, day, and year) October 21, 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	4	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Chauffeur. 073
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Michael Harrigan.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Catherine Kelly.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Catherine Harrigan. (mother)

(Address) 1823 Gough St.

15 Filed 2-29 1932, 192 . 1646 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 22, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the spinal colum involving the cord Automobile in which he was riding ran off road into a pole (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Accidental Death (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Middle River Balto. Co.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquest.

(Signed) Otto Weinhardt, M. D. Coroner

2/26/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cherbathedralbem DATE OF BURIAL 2/26 1932

20 UNDERTAKER J. J. Moran ADDRESS 200 Balto.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

A4Co. 5-31 250B

E 77031 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77031

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd General 19-27 131

CITY OF BALTIMORE: (No. 1512 Gilmor St. Ward)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lizzie Benson

(a) Residence: No. 216 N. Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

3a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Alex Benson

6. DATE OF BIRTH (month, day, year) (1877)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 42 51

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Smithfield Va

MOTHER FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Gertrude Ball (Address) 216 N. Gilmor St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date Jan 27 1932

19. UNDERTAKER Thomas E. Murphy (Address) 700 N. Carrollton Ave.

20. FILED Jan 29 1932 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/24— 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 30 1932 to Feb 24 1932

I last saw her alive on 2/24— 1932 death is said to have occurred on the date stated above, 6.25 P.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset Nov 1931

Other contributory causes of importance:

Nephritis & Arteriosclerosis

Name of operation — Date of

What test confirmed diagnosis? Clinical — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) W. R. Boykin, M. D.

(Address) 1512 Gilmor

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 2500

77032

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 107-001

E 77032

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 30-64

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Roberta Jones

(a) Residence: No. House of Good Shepherd Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 20, ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sewing ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. out of work

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Della Jones

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Records of Balto City Hospitals

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 2-25-1932

19. UNDERTAKER J. J. Fahey & Sons
(Address) 1300 Eight St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/23 1932

22. I HEREBY CERTIFY, That I attended, deceased from 4/8 1931, to 2/23/32 1932

I last saw her alive on 2/22 1932 death is said to have occurred on the date stated above, at 9.50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-19-32
Other contributory causes of importance:	

Name of operation None Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased No If so, specify .....

(Signed) C. C. Flinn M.D.

(Address) Balto. City Hospitals

State CAUSE OF DEATH in plain terms, and do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77033

CERTIFICATE OF DEATH.

E 77033

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No 2218 N. North Ave. St. 15-68 WARD)

2-FULL NAME Joseph Franklin Rhoades

(a) RESIDENCE. No. 2218 N. North Ave St. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	W.	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Rhoades

6 DATE OF BIRTH (month, day, and year) Apl. 11-1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	10	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chiropractor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Penna.

PARENTS

10 NAME OF FATHER Joseph F. Rhoades

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna.

12 MAIDEN NAME OF MOTHER Hanna McKenney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna.

14 Informant wife (Address) 2218 N. North ave.

15 Filed . 19 J. HAMPSON JONES, M. Registrar

FEB 25 1932 Fal 1018

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 24 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1932, to Feb. 24, 1932, that I last saw h alive on Feb. 24, 1932, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. K. Johnson M. D.

2-24-1932 (Address) Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemy

DATE OF BURIAL 2/27/32 19.

20 UNDERTAKER Kary & Mitzel + S. Edmondson Ave

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

E 77034

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

V 93 E 77034

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 2138 Wilkens Ave. St. 90-69 WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John H. Petz

(a) RESIDENCE NO. 2138 Wilkens Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Laura Petz(nee Krieb)

6 DATE OF BIRTH (month, day, and year) Jan. 20, 1857

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	1.	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Messenger

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer American Rlwy. Express

9 BIRTHPLACE (city or town) Balto.

(State or country) Md.

PARENTS

10 NAME OF FATHER Petz

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs. Urvosi Atkinson

(Address) 2137 Wilkens Ave.

15 Filed , 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 23-32

17

I HEREBY CERTIFY, That I attended deceased from Jan 2, 1931, to Feb. 23, 1932

That I last saw him alive on Feb. 23, 1932

and that death occurred, on the date stated above, at 1:35 P m.

The CAUSE OF DEATH* was as follows:

Acute myocardial insufficiency

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Muller M. D.

, 19 (Address) 2030 Wilkens Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: 2/26/32

20 UNDERTAKER: Harry L. Mutz — ADDRESS: 4101 Edmondson Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

2-25-1932

Spec.—9-30—A. & Cn.—250 Blks

E 77035

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 77035

43-52 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 3929 Keswick Road ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Frank G. Dorsey

(a) RESIDENCE NO. 3929 Keswick Road ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. 5 mos. 12 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie R. Goslin

6 DATE OF BIRTH (month, day, and year) Sept. 12, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	5	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Alex. Brown & Son

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER James L. Dorsey

11 BIRTHPLACE OF FATHER (city or town) ------

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah Richardson

13 BIRTHPLACE OF MOTHER (city or town) -----

(State or country) Maryland

14 Informant Miss Nannie E. Dorsey

(Address) 3929 Keswick Road

15 Filed [illegible], 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-24-32

17

I HEREBY CERTIFY, That I attended deceased from [illegible], 1928, to 2-24, 1932

that I last saw h/7 alive on 2-23, 1932

and that death occurred, on the date stated above, at 7:20 A m.

The CAUSE OF DEATH* was as follows:

CEREBRAL ARTERIOSCLEROSIS

(duration) 5+ yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? N° Date of

Was there an autopsy? N°

What test confirmed diagnosis?

(Signed) John L. Dorsey M. D.

, 19 (Address) 1129 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Federalsburg, Md.

DATE OF BURIAL 2/26 19 32

20 UNDERTAKER Henry H. Meaks Inc

ADDRESS 805 N. Calvert

FEB 5 1932 C. HAMPSON JONES, M. D.

CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificate.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77036 E 77036

161-004

CERTIFICATE OF DEATH

1. PLACE OF DEATH ... Registered No. ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Laupheimer

(a) Residence: No. 3216 Shelbourne Rd St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 24, 32

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME Charles M. Laupheimer
14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

MOTHER

15. MAIDEN NAME Margaret Ellen Reed
16. BIRTHPLACE (city or town) Salisbury, Md.
(State or country)

17. INFORMANT Charles M. Laupheimer
(Address) 3216 Shelbourne Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Feb 26 19 32

19. UNDERTAKER Harry N. Armacost & Son
(Address) 4204 Ridgewood Ave.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-25-32

22. I HEREBY CERTIFY, That I attended deceased from 2-24-32, 19..., to 2-25-32 19...

I last saw h... alive on 2-25-32, 19... death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia	
Pneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) W. Woltendrey, M. D.

(Address) Johns Hopkins Hospital

SEE CAUSE OF DEATH in plain terms, not using abbreviations or symbols. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77037

E 77037

CERTIFICATE OF DEATH

946 46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 604 Homestead St., 9-46 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry G Darling

(a) Residence: No. 604 Homestead St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary E Darling

6. DATE OF BIRTH (month, day, year) Oct 4, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Policeman 04

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Isaac Darling

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Mary E Watkins

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary E Darling

(Address) 604 Homestead St

18. BURIAL, CREMATION, OR REMOVAL Cemetery 2/27 1932

Place Presbyterian Date

19. UNDERTAKER Walter S Boulton

(Address) 2234 W Lanvale Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/25, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-2-31, 19..., to 2-25-32, 19...

I last saw him alive on 2-24-32 19... Death is said to have occurred on the date stated above, at 1.30 A m.

The principal cause of death and related causes of importance as follows:

	Date of onset
Carcinoma of Stomache	
Probably one year	
Other contributory causes of importance: Obstruction & Toxanemia	3d

Name of operation None Date of

What test confirmed diagnosis? X Ray & Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) Wm L Peltz M. D.

(Address) 3400 Oakbrook Ave.

STATE CAUSE OF DEATH in plain terms. Do not use abbreviations or OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77038

CERTIFICATE OF DEATH

E 77038

REGISTERED NO. 2331

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital WARD)

2-FULL NAME Sarah Hall.(C)

(a) RESIDENCE NO 1131 Race St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. 0 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) February 9, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	55	0	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Jacob Hall (C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Florence Carter.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Jacob Hall.(C) father.
(Address) 753 Vine St.

15 [illegible] 1932, 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 13, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Hypostatic Pneumonia, fracture of 9 & 10 ribs, right side. Struck and knocked down by automobile white crossing the street not at a crossing. Occidental death.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Cross st. & W. Creek at Race st.
Did an operation precede death? February 8, 1932 Date of
Was there an autopsy? No.
What test confirmed diagnosis? No.
Inquest.

(Signed) [illegible] M. D. Coroner
2/20/32, 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL 2/25/32

20 UNDERTAKER Samuel Hensley ADDRESS 578 N. Bdle

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—4-9-19—H. P. Co.—1000 Blks.

E 77039

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77039

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

CITY OF BALTIMORE: No 2302 N Bruce ST. 14-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Ann Tabb

(a) RESIDENCE. NO. 2302 N Bruce ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Geo Tabb

6 DATE OF BIRTH (month, day, and year): 1871 ~~February 4 1871~~

7 AGE: Years 61+ Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress 041

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Mr Backrach

9 BIRTHPLACE (city or town) (State or country): Gloucester Co Va

PARENTS

10 NAME OF FATHER: Farmer Willis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Cordelia Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: William H Willis

(Address): 2302 N. Bruce St.

15 Filed 1932 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Febry 24 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb 9 1932 to Feb. 24 1932 that I last saw h[illegible] alive on Febry 24 1932 and that death occurred, on the date stated above, at 6.05 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis (duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Age. Acute pneumonia (duration) 1 yrs. 4+ mos. ds.

18 Where was disease contracted if not at place of death? 2302 N Bruce

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Wm. A. Wright M. D.

2/25 1932 (Address) 1209 Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ft Auburn Cem — DATE OF BURIAL: 2/28 33

20 UNDERTAKER: Samuel Hensley — ADDRESS: 578 N Eden

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB 25 1932 C. HAMPSON JONES, M. D.

1-30—M & T—100 B—50L

E 77040

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77040

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 10.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 573 W Fayette ST. 17-24 WARD)

2-FULL NAME Mary Fletcher

(a) RESIDENCE NO 573 W Fayette ST. ..... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	Wh	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ed

6 DATE OF BIRTH (month, day, and year) Oct 7-1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78		16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington DC

PARENTS

10 NAME OF FATHER Lewis Fletcher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Frances Clifton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mrs Edward Fletcher

(Address) 573 W Fayette

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Thos. Claude Hamilton, M. D. Coroner

(Address) Bern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Front Royal Va

DATE OF BURIAL Feb 26 1931

UNDERTAKER Samuel Knasel

ADDRESS Washington DC

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Bks.

E 77041 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 77041

CERTIFICATE OF DEATH.

13

1 PLACE OF DEATH

CITY OF BALTIMORE. (No.) 4335 Reisterstown Rd. St. 15-54 (Ward)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Annie Eloise Johnson

(a) RESIDENCE NO. (Usual place of abode) 4335 N. Reisterstown Rd. St. WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. (if of foreign birth)? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Lyttleton T. Johnson

6 DATE OF BIRTH (month, day, and year) Dec 24 1858

7 AGE: Years 73 | Months 2 | Days 1 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Ellicott City Maryland

PARENTS

10 NAME OF FATHER: Louis Hammann

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): probably Md

14 Informant: Mr. Howard C. Johnson (son)

(Address) 2402 Eutaw Ave.

15 Filed 2 5 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/25/32

17 I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1931, to July 25, 1932

that I last saw h[illegible] alive on July 25, 1932

and that death occurred, on the date stated above, at 2a m.

The CAUSE OF DEATH* was as follows:

Mitral insufficiency
Myocarditis
Nephritis (interstitial)
(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia and coma
Cardiac dilatation (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) Edward S. Johnson M. D.

2/29, 1932 (Address) 1214 St. Paul St.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: 2/29/32

20 UNDERTAKER: Edward H. Moore & Sons — ADDRESS: Baltimore

TION is very important. See instructions on back of certificates

1-30—M & T—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 77042

CERTIFICATE OF DEATH

E 77042

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hopkins Hospital ST., 7-9 WARD

2-FULL NAME Raymond A. "ood

(a) RESIDENCE NO Beltsville, Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Ora Wood

6 DATE OF BIRTH (month, day, and year): 1909

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	23			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Carpef Layer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Washington, D.C.

PARENTS

10 NAME OF FATHER: James B. Wood

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Ella Pippen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: James T. Wood (Bro)

(Address) 1370 Kenyon Ave., N.W. Wash. D.C.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 25/32 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bichloride Mercury Poisoning
Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes at Hopkins Hospital

What test confirmed diagnosis?

(Signed) ..... M. D. Coroner

2/25/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Wash. D.C.

DATE OF BURIAL: Feb 27, 1932

20 UNDERTAKER: W W Chambers

ADDRESS: 1409 Chapin St N.W.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77043

CERTIFICATE OF DEATH

34 E 77043

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Caton & Wilkens Ave 6-10 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Mary Lisec

(a) Residence: No. 412 N Madeira St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Lisec

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Louis Lisec
(Address) 412 N Madeira Ave.

18. BURIAL, CREMATION, OR REMOVAL.
Place Holy Redeemer Date Feb 27, 1932

19. UNDERTAKER Frank Brachbar
(Address) 1600 Edmondson Ave

20. FILED 2-25-1932 C. P. SIMPSON JONES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-23, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-8, 1932, to 2-23, 1932

I last saw her alive on 2-23, 1932, death is said to have occurred on the date stated above, at 5:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral embolism	
Other contributory causes of importance:	
Cholelithiasis	5/2/31
Syphilis	
Acute emphysema Gall bl	2/16/31

Name of operation Drainage Gall bl Date of 2/18/31

What test confirmed diagnosis? Op Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Elmer S Anderson M. D.

(Address) St Agnes Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77044

CERTIFICATE OF DEATH

75

E 77044

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1417 Eastern ave St. 3-4 Ward)

2-FULL NAME Paul Gramsch

(a) RESIDENCE NO. 1417 Eastern Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	—

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2/16/72

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
60	60			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Unknown
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant
(Address)

15 Filed ..., 19 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) B B Herzog M.D. M. D.

Feb 20, 1932 (Address) 1305 E Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—9-30—A. & Co—250 Bks.

77045

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 77045

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. Johns Hopkins Hospital St. 7-13 Ward)

REGISTERED NO. 157

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Baby Sutton

(a) RESIDENCE NO. 1922 Ashland Avenue St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	.....

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) Feb. 15, 1932

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	.....	.....	1½	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Harry Edward Sutton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Emma Josephine Wolf

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant
(Address)

15 Filed ..., 19...

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 17, 1932

17

I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1932, to Feb. 17, 1932

that I last saw him alive on Feb. 16, 1932

and that death occurred, on the date stated above, at 5.30 A. m.

The CAUSE OF DEATH* was as follows:

Congenital Heart Disease

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) .....

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Pathological

(Signed) Charles H. Cushing M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: FEB 25 1932, 19...

20 UNDERTAKER: E. HAMPSON JONES, M. D.

ADDRESS: Commissioner of Health

FEB 25 1932

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

A&Co. 5-31 250B

77046 HEALTH DEPARTMENT—CITY OF BALTIMORE

257908

CERTIFICATE OF DEATH

34 E 77046

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 16-76 Ward)

Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Banks

(a) Residence: No. 740 Waesche St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	Black	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 2 - 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Daniel

14. BIRTHPLACE (city or town) (State or country) Fla

MOTHER

15. MAIDEN NAME Susie Washington

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL JOHNS HOPKINS HOSPITAL

Place ... Date ... 19...

19. UNDERTAKER ... C. HAMILTON JONES, M.D.

(Address)

20. FILED ... 19... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1932 to Feb 18, 1932

I last saw him alive on Feb 18, 1932 death is said to have occurred on the date stated above, at 840 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Syphilis	birth

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. J. Anderson M. D.

(Address) Johns Hopkins Hospital

2-25-1932

A&Co. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

77047 E 77047

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 513 Riggs at 17-25 St., (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Stinhouse

(a) Residence: No. 513 Riggs Ct. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Stinhouse

6. DATE OF BIRTH (month, day, year) Feb 20, 1872

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cat

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fountain Inn S C

FATHER

13. NAME Washington Stinhouse

14. BIRTHPLACE (city or town) (State or country) Fountain Inn S C

MOTHER

15. MAIDEN NAME Kelly

16. BIRTHPLACE (city or town) (State or country) S C

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date 19

19. UNDERTAKER
(Address)

20. FILED 8 25 1932 6662 W Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1932 to Feb 20, 1932

I last saw him alive on Feb 20, 1932 death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis + Nephritis	1930 ?
(Other contributory causes of importance)	

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Kelly, M. D.

(Address) 1919 Eutaw

AdCo. 5-11 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

77048 E 77048

CERTIFICATE OF DEATH

108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 2-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fels, Henry

(a) Residence: No. 611 So Broadway St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Stephen Rands
(Address)

18. BURIAL, CREMATION, REMOVAL
Place ... Date ... 19...

19. UNDERTAKER ... Funeral Director
(Address)

20. FILED ... 19... C. H. EMPSON JONES, M. D.
Registrar.

JOHNS HOPKINS HOSPITAL FEB 25 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1932, to Feb 22, 1932

I last saw him alive on Feb 22 1932 death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia, Type IV	
Pneumococcus Type IV	

Other contributory causes of importance

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Dexter P. Keen, M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 77049

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 77049

REGISTERED NO. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hopkins Hospital ST. 11-15 WARD)

2-FULL NAME George Cator

(a) RESIDENCE NO 803 St. Paul St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a If ~~married~~ widowed, or ~~divorced~~
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 10/1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	76	9	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Benjamin F. Cator

11 BIRTHPLACE OF FATHER (city or town) (State or country) Eastern Shore, Md

12 MAIDEN NAME OF MOTHER Sallie McNamara

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Wm C. Coleman

(Address) Eccleston, Md.

15 Filed 2-25-1932, 192 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25/32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chr. Tuberculosis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? yes at Hopkins

What test confirmed diagnosis? .....

(Signed) [signature] M. D. Coroner

19 2/25/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

DATE OF BURIAL Feb 27 1932

20 UNDERTAKER Henry Jenkins S. Co

ADDRESS Eutaw & Eutaw St

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF OCCUPA-TION is very important. See instructions on back of certificates.

Spec—9 20—A. & Co.—250 Bks

77050 HEALTH DEPARTMENT—CITY OF BALTIMORE 02 E 77050

CERTIFICATE OF DEATH. 139

REGISTERED NO. 15-63

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore General Hop. (St.) (WARD) 15

2 FULL NAME Mary Wilson

(a) RESIDENCE NO. 4302 (St.) Garrison Blvd (WARD)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, ~~widowed, or divorced~~ (or) WIFE of Winfield S. Wilson

6 DATE OF BIRTH (month, day, and year) Dec 19 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 097

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (City or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Joseph C. Franklin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Prince George Co. Md.

12 MAIDEN NAME OF MOTHER Sophia Taymaac

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Prince George Co Md

14 Informant W. Scott Wilson (Address) 4302 Garrison Blvd

15 Filed ..., 39 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25, 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1932, to Feb 25, 1932

that I last saw h[er] alive on Feb 25, 1932

and that death occurred, on the date stated above, at 3:20 A m.

The CAUSE OF DEATH* was as follows:

Right tubo-ovarian abscess

Salpingitis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Generalized Peritonitis

(duration) yrs. [illegible] mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Feb. 19, 1932

Was there an autopsy? no

What test confirmed diagnosis? operative

(Signed) H Weinman M. D.

2/26/1932 (Address) West Balto (Gen Hosp)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Annapolis, Md. Cedar Bluff Cemetery

DATE OF BURIAL 2/27/1932

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

TION is very important. See instructions on back of certificate.

A&Co. S-H 250B

77051

HEALTH DEPARTMENT—CITY OF BALTIMORE

L E 77051

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 2-1-46 Ward) 6

Length of residence in city or town where death occurred 82 yrs. 2 mos. ? ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert McLanahan

(a) Residence: No. 505 Rossiter Alley St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	widowed

3a. If married, widowed, or divorced — HUSBAND of (or) WIFE of ? (Martha McLanahan)

6. DATE OF BIRTH (month, day, year) Aug 16th 1849

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME William McLanahan

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Gertrude Ely
(Address) 505 Rossiter Ave

18. BURIAL, CREMATION, OR REMOVAL
(Place) Mt Olivet Cemetery Date 2/26/1932

19. UNDERTAKER Wm Cook
(Address) 1217 E. Paul St

20. FEB 29 1932, 19 ..... R. F. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-24, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-19, 1932 to 2-24, 1932

I last saw him alive on 2-24, 1932 death is said to have occurred on the date stated above, at 2.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic hypertrophy	
arterio sclerosis.	
Myocarditis	
Bilateral Pyelonephritis (cl)	
Other contributory causes of importance:	
Uremia	2-21-32

Name of operation ND Date of .....

What test confirmed diagnosis? Clin. Findings Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Herbert S. Lunn, M. D.

(Address) Balt. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-11 250B

Dr Settle 2635 Madison Ave Mnd 6440

E 77052 HEALTH DEPARTMENT—CITY OF BALTIMORE

97- E 77052

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 430 East North Ave. Ward 12-19)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles F. Wolf

(a) Residence: No. 430 East North Ave. Ward .....
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 3-1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	0	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Silversmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Schofield Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George W. Wolf

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Mary E Frederick

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Robert E Kelley
(Address) 2716 Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 7/27 1932

19. UNDERTAKER William Cook
(Address) 1217 St Paul St

20. FILED ... 19... H. S. H. Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1932, to Feb 24, 1932

I last saw him alive on Feb 20, 1932, death is said to have occurred on the date stated above, at 6.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic regurgitation	?
Other contributory causes of importance: Acute cardiac dilatation	1

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical examination Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo W Wolf M. D.
(Address) 2716 Maryland Ave

8 MAR 1932 THOMSON-JONES, N. Y.

1-30—M. & T.—100 B—50L Coroner Harrison Roland Ave

V-001

E 77053

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77053

CERTIFICATE OF DEATH

97-52

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3607 Chestnut Ave St.) (WARD) 43

2-FULL NAME Harry Clinton Lovell

(a) RESIDENCE NO 3607 Chestnut Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 25th 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	0	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER James Lovell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Kieffer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Union Bridge Md

14 Informant Jane Lovell

(Address) 3607 Chestnut Ave

15 Filed ..... 192.. C. HAMPSON JONES, M. D. Registrar

2 25 1932 R.P.H.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (autopsy or inquest) thereon and from the evidence obtained by said Inquest (autopsy or inquest), and from my own investigation, find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Galloping Delirium Tremens

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [signature] Coroner, M. D.

2/25/1932 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys (Hampden) Cemetery

DATE OF BURIAL 2/27/1932

20 UNDERTAKER Wm Cook 1217 St Paul St

ADDRESS

CAUSE OF DEATH to be plainly written, no abbreviations or ditto marks to be used. See instructions on back of certificates.

AACo. 5-31 250R

E 77054

HEALTH DEPARTMENT CITY OF BALTIMORE

E 77054

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 900 E Fulton Ave St. Ward)

Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Josephine L. Rhodes

(a) Residence: No. 900 E. Fulton Ave St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Joseph A. Rhodes

6. DATE OF BIRTH (month, day, year): August 1849

7. AGE: Years 82 | Months 6 | Days 12 | If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Hillsboro Md

FATHER

13. NAME: John Eppers

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Susan Deltz

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Miss M. Rhodes
(Address) 900 E. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 2/26/1932

19. UNDERTAKER: F. B. Wentworth
(Address) 150 N. Eutaw St

20. FILED 1932 C. MARTIN JONES, M. D.
Registrar.

FEB 26 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 23rd 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13th 1932 to Feb 23 1932

last saw h[illegible] alive on Feb 23 1932 death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	5 yrs. ago

Other contributory causes of importance: —

Name of operation None Date of —

What test confirmed diagnosis? No Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury —

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) H. S. Jones M. D.

(Address) 720 N. North Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AAGo. 5-31 2108

HEALTH DEPARTMENT CITY OF BALTIMORE

E 77055 — E 77055

CERTIFICATE OF DEATH

X 154

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert (Lee) McGann

(a) Residence: No. 112 Ash St St., Ward. Baraboo Wis

(Usual place of abode) (If not resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 3 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baraboo Wis

MOTHER FATHER

13. NAME John F. McGann

14. BIRTHPLACE (city or town) (State or country) Wis

15. MAIDEN NAME Mamie Cook

16. BIRTHPLACE (city or town) (State or country) Wis

17. INFORMANT JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Baraboo Wis. Date Feb. 29 1932

19. UNDERTAKER John O. Mulcahy & Sons (Address) 1300 Eutaw Place

20. FILED FEB 25 1932 1932 [illegible] Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1932 to Feb 25, 1932

I last saw him alive on Feb 25 1932 death is said to have occurred on the date stated above, at 4 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor — Left Acoustic nerve — Neuroma non-malignant	1928

Other contributory causes of importance: none

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Fred W. Weil, M. D.

(Address) Johns Hopkins Hospital

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77056

CERTIFICATE OF DEATH

E 77056

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 3633 Yolando Rd. St. 9-47 (WARD)

2 FULL NAME Albert Reese Bowdre

(a) RESIDENCE NO 3633 Yolando Rd. ST. WARD

(Usual place of abode) (If non-resident give city or town and state) Washington, Ga.

Length of residence in city or town where death occurred yrs. 2 mos. 19 ds. How long in U. S., if alien or foreign-born? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Hasseltine Sims

6 DATE OF BIRTH (month, day, and year) Dec 27, 1864

7 AGE: Years 67; Months 1; Days 28; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: retired

(b) General nature of industry, business, or establishment in which employed (or employer): salesman

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Washington Ga.

PARENTS

10 NAME OF FATHER: Benj. T. Bowdre

11 BIRTHPLACE OF FATHER (city or town) (State or country): Augusta Ga.

12 MAIDEN NAME OF MOTHER: Mary E. Weems

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Wash. Ga.

14 Informant: Robt. H. Elliott, Lieut. U.S.A.

(Address) 3633 Yolando Rd.

15 Filed ____, 19__ ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25, 1932

17 I HEREBY CERTIFY, That I attended deceased from Dec 8, 1931 to Feb. 25, 1932

That I last saw him alive on Feb. 25, 1932

and that death occurred, on the date stated above, at 3:00 P m.

The CAUSE OF DEATH* was as follows: Chronic Myocarditis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none.

(Signed) R. H. Elliott M. D.

, 19 (Address) 3600 Yolando Rd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Roanoke, Va. DATE OF BURIAL: Feb. 26, 1932

20 UNDERTAKER: John O. Mitchell & Sons ADDRESS: 1900 Eutaw Pl.

TION is very important. See instructions on back of certificate.

AdCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77057

E 77057

CERTIFICATE OF DEATH

v 46

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. Genl. Hosp (Street) 16-22 (Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Anna E. Bastol

(a) Residence: No. 1811 W. Hamilton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced
~~Husband~~ of
(or) WIFE of John D. Bastol.

6. DATE OF BIRTH (month, day, year) July 22 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cecil Co., Md.

FATHER

13. NAME John Murphy

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret Reid

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Grace Meth
Place Angel Rest Haven Date Feb 24 1932

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

FEB 25 1932

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1932, to Feb. 24, 1932

I last saw her alive on Feb. 24 1932 death is said to have occurred on the date stated above, at 2. A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon c Perforation.	Aug. 1931
Other contributory causes of importance: Metastases	
Gen. Peritonitis	Feb 19 1932

Name of operation Laparotomy Date of 2/22/32

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Talley A. R. Williams M. D.

(Address) Md. Genl. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77058

CERTIFICATE OF DEATH

13 V E 77058

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2313 Harlem Ave. St., 16-64 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George F. Ward

(a) Residence: No. 2313 Harlem Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bettie P. Bloxam

6. DATE OF BIRTH (month, day, year) Jany. 31. 1840

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	92	X	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME James Ward

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Margaret East

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT G. Frank Ward

(Address) 3603 Springdale Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 2-26.32. 19

19. UNDERTAKER John O. Mitchell & Sons

(Address) Wigee Eutaw Sts

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 24. 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11 1932 to Feb 24 1932

I last saw him alive on Feb 24 1932 Death is said to have occurred on the date stated above, at 1.15 p m.

The principal cause of death and related causes of importance were as follows:

Chr Myocarditis
Chr Nephritis

Date of onset

Other contributory causes of importance:

ugs

Name of operation none Date of

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) W. R. Lucas M. D.

(Address) 2231 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T —100 B—50L

E 77059

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001 E 77059

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. 14-20 WARD

2-FULL NAME Raymond Blackton Lewis

(a) RESIDENCE NO 721 W. North Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Vaugh

6 DATE OF BIRTH (month, day, and year) March 15/1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	11	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Electric Welder
(b) General nature of industry, business, or establishment in which employed (or employer) 029
(c) Name of employer Campbell Metal Works

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Walter G. Lewis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Catherine Terryford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Walter G. Lewis
(Address) 6 N. Carrollton Ave

15 Filed ....., 192 Feb 1 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25/32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. K. Mackenzie, M. D. Coroner

2/25/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. DATE OF BURIAL Feb 27 1932

20 UNDERTAKER John O. Middendorf's Sons ADDRESS 1900 Eutaw Place

CAUSE OF DEATH to be plainly written, so that it may be properly classified. TION is very important. See instructions on back of certificates.

1-30—M & T—100 B—50L

E 77060

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77060

CERTIFICATE OF DEATH

95

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Enroute Hopkins Hospital ST. 6-9 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Jenkins

(a) RESIDENCE NO 101 N. Dallas ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	black	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Thomas Jenkins

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	about 40			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER John Jenkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Ida Thomas Jenkins
(Address) 101 N. Dallas St

15 Filed Feb 26 1932 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24/32 3.45 P.M.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Cardio-vascular Disease.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] Coroner, M. D.

2/25/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Albury Cemetery

DATE OF BURIAL Feb 26 1932

20 UNDERTAKER John W Henderson

ADDRESS 1602 E Monument

CAUSE OF DEATH in plain terms, so that it may be properly CODED. See instructions on back of certificates.
TION is very important

AACo 5-31 250B

E 77061 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 77061

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1037 Mcdonught St. 7-13 Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles E. Dorsey

(a) Residence: No. 1037 Mcdonught St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colord	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 18/1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37 36		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ov
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md. D

FATHER
13. NAME Parker Dorsey
14. BIRTHPLACE (city or town) (State or country) Md. D

MOTHER
15. MAIDEN NAME Ida Brown
16. BIRTHPLACE (city or town) (State or country) Md D

17. INFORMANT George Dorsey
(Address) 1037 Mcdonught St

18. BURIAL, CREMATION, OR REMOVAL
Place National Cemetery Date Feb 15 1932

19. UNDERTAKER Edward Bryan
(Address) 163 Caroline St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-24-1932

22. I HEREBY CERTIFY, That I attended deceased from 2/22 1932 to 2/24 1932

I last saw h[illegible] alive on 2/24 1932 death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2/19/32
Other contributory causes of importance: Bronchitis	

Name of operation none Date of ...

What test confirmed diagnosis? Symptom Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) James R. Blake M. D.
(Address) 924 Fairmount Ave

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 77062

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77062

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Eastern Ave & 3rd St (ST.) 76-32 (WARD)

2-FULL NAME William T. Bennett

(a) RESIDENCE No 3730 E. Lombard St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Hunter Bennett

6 DATE OF BIRTH (month, day, and year) June 20 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
59	59	8	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): Self
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER William D Bennett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Catherine Warren

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Wife Ida H Bennett

(Address) 3730 E Lombard St

15 Filed ..... 192 ..... C. HARPER JONES M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 23 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No Clinical

What test confirmed diagnosis?

(Signed) H. Feringa M.D. Coroner

Feb. 1932 (Address) 1305 N Patterson Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Feb 27 1932

20 UNDERTAKER: Frank V. Pepitone

ADDRESS: 2818 E. Balto st

CAUSES OF DEATH SHOULD BE CAREFULLY STATED. GIVE DISEASE CAUSING DEATH, NOT MERELY SYMPTOMS OF TERMINATION. See instructions on back of certificates. IT IS VERY IMPORTANT

1-30—M & T—100 B—50L

E 77063

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

146 E 77063

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST. 14-59 (WARD) Harris

2-FULL NAME Gertrude Annie

(a) RESIDENCE NO. 2136 McCulloh ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) Home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Maud Montague

(Address) 2136 McCulloh St.

15 Filed ..... 192... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 23 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pregnancy with Eclampsia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute pulmonary edema

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Feller, M. D. Coroner

2/24 1932 (Address) 739 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Feb 27 1932

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1363 Pennsylvania Ave

CAUTION is very important. See instructions on back of certificates.

FEB 20 1932

AaCo. 5-31 250B

E 77064 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77064

231

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1306 Argyle Ave., 17-24 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Cooper

(a) Residence: No. 1306 Argyle Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 28, 1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ooo
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER
13. NAME John Cooper
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER
15. MAIDEN NAME Gertrude Dennis
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Nathaniel Cooper
(Address) 1306 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Cemetery Date Feb 27, 1932

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Freeman St.

20. FILED FEB 26 1932 19 HAWSON JONES Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feby 2, 1932 to Feby 25, 1932

I last saw him alive on Feby 24, 1932 death is said to have occurred on the date stated above, at 4:20A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Phthisis Pulmonalis	1931
Other contributory causes of Importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Exp Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. T. Howell M. D.

(Address) 601 McCulloh Ave

AACo. 5-31 2508

E 77065

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77065

CERTIFICATE OF DEATH

93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME .....

(a) Residence: No. ..... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
(Place) Date

19. UNDERTAKER
(Address)

20. FILED ..... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from ..... to ....., 19...

I last saw him alive on ....., 19... death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) ..... M. D.
(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

A4Co. 5-31 250B

E 77066 HEALTH DEPARTMENT—CITY OF BALTIMORE

V 46 E 77066

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5255 St Charles Ave. St. 27-65 (Ward)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Cecelia Disney,

(a) Residence: No. 5255 St Charles Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Richard Disney.

6. DATE OF BIRTH (month, day, year) May 17. 1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

FATHER

13. NAME Lewis Samuel Reed,

14. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

MOTHER

15. MAIDEN NAME Mary J. McMechen.

16. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

17. INFORMANT D. Frank Clarke
(Address) 5255 St Charles Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date FEB 27 1932 19

19. UNDERTAKER Geo H Lilla
(Address) 2700 Edmondson Ave.

20. FILED FEB 29 1932, 19.. C. HAMSON JONES, M. Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1932 to Feb 25, 1932

I last saw her alive on Feb 25, 1932 death is said to have occurred on the date stated above, at 3.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion Inanition due to intestinal obstruction due to Carcinoma of intestine	12 days
Other contributory causes of importance: Carcinoma of Intestine	1 year

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James E. Ashcraft M. D.
(Address) 4012 Park Heights Ave

AACo. 5-31 250B

E 77067 HEALTH DEPARTMENT CITY OF BALTIMORE E 77067

CERTIFICATE OF DEATH

V118

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 437 W Conway St. 22-30 Ward)

Length of residence in city or town where death occurred yrs mos 8a. How long in U.S. if of foreign birth? yrs mos da

2. FULL NAME Delroy Henry

(a) Residence: No. 437 W Conway St., Ward

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 19 1931

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	—	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Frank Henry

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Wilhelmina Hosse

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Frank Henry

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Ct Date 2/27 1932

19. UNDERTAKER Isaac L Brown Sons

(Address) 1214 W Monument St

20. FILED —, 19 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/25/32

22. I HEREBY CERTIFY, That I attended deceased from 2/24/32 to 2/25/32

I last saw h alive on 2/24/32 death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Con- vulsions	2/25/32
Other contributory causes of importance: Acute Tonsilitis	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. Bonner, M. D.

(Address) 1241 N Carrollton

1-30—M & T—200 B—50L

E 77068

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 77068

CERTIFICATE OF DEATH 115-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital. WARD 23-31)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Gaines. (C)

(a) RESIDENCE No 910 Peach Alley. ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed or divorced (or) WIFE of Do not know.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	45	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Gaines. (C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Harriett Gross. (C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Cordelia Gross. (C) aunt.

(Address) 814 Hanover St.

15 Filed _____ 192 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 21, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said autopsy & (Inquest, autopsy or inquiry) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage due to a throat operation.

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? 810 Peach Alley.

Did an operation precede death? Yes. Date of February 19, 1932

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy & inquiry

(Signed) Otto Steinhardt, M. D. Coroner

2/22/32, 19 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Lebanon Ct

DATE OF BURIAL 2/26 1932

20 UNDERTAKER Isaac L. Brown Sons

ADDRESS 1038 Montgomery

SECTION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 77069 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77069

CERTIFICATE OF DEATH

119

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1707 Marshall St. Ward) 2

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine A. Eder

(a) Residence: No. 1707 Marshall St., Ward. 2
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single
6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year): Oct. 16-1930
7. AGE: Years: 1; Months: 4; Days: 9; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER
13. NAME: David J. Eder
14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER
15. MAIDEN NAME: Anna M. Smith
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): David J. Eder 1707 Marshall St.

18. BURIAL, CREMATION, OR REMOVAL: Place: Cathedral Date: Feb. 27 1932

19. UNDERTAKER (Address): Marsh & Flynn 1417 Druid Hill Ave

20. FILED: FEB 26 1932 ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 25. 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 21. 1932 to Feb. 25. 1932
I last saw her alive on Feb. 25. 1932 death is said to have occurred on the date stated above, at 4:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ileo Colitis	1/21/32
Exhaustion	2/23/32

Other contributory causes of importance:

Name of operation: None Date of:
What test confirmed diagnosis: Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. C. Campbell M. D.
(Address) 1644 Hanover St

2/26/32

1-30—M R T—100 B—50L

77070

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77070

CERTIFICATE OF DEATH

X183

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Continental Oil Company. ST. 19-27 WARD)

Fairfield.

2-FULL NAME Elmore G. Hall.

(a) RESIDENCE NO 1429 W. Fayette St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred -- yrs. 1 mos. -- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) October 5, 1911

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	4	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Painter 050
(b) General nature of industry, business, or establishment in which employed (or employer) Sanders A. Williams
(c) Name of employer Continental Oil Co.

9 BIRTHPLACE (city or town) Altavita, Va.
(State or country)

PARENTS

10 NAME OF FATHER James E. Hall.

11 BIRTHPLACE OF FATHER (city or town) Virginia.
(State or country)

12 MAIDEN NAME OF MOTHER Sue Compton.

13 BIRTHPLACE OF MOTHER (city or town) Virginia.
(State or country)

14 Informant Charles F. Compton. (uncle)

(Address) Gretna, Va.

15 Filed FEB 26 1932 C. HAMILTON JONES, M. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 24, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.

Occidental fall into a tank of oil.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto Mittendorf X Coroner, M. D.

2/25/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Gretna Va

DATE OF BURIAL 2-26 1932

UNDERTAKER Bernard E Hank

ADDRESS 1000 S Pace St

CAUSE OF DEATH MUST BE FILLED IN. See instructions on back of certificates. THIS IS very important

AaCo. 5-31 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

77071

107-001

Registered No. E 77071

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 2 - 4 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John P. Herold

(a) Residence: No. 107 S. Durham St., Ward. (If non resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 14, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70		11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

FATHER

13. NAME George

14. BIRTHPLACE (city or town) ?
(State or country) Germany

MOTHER

15. MAIDEN NAME ~~Walburga Hart~~ Shrum

16. BIRTHPLACE (city or town) ?
(State or country) Germany

17. INFORMANT Records of
(Address) Balto. City Hos.

18. BURIAL, CREMATION, OR REMOVAL
Place Nat. Rodney Date Feb 29 1932

19. UNDERTAKER M. E. Dupuy Inc.
(Address) 37 S. Amity St.

20. FILED ..... 19 ..... Registrar .....

OCCUPATION is very important. See instructions on back of this certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 31, 1931 to Feb. 25, 1932

I last saw him alive on Feb. 25, 1932 death is said to have occurred on the date stated above, at 3:15 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Intermittent, cardiac failure, senility — from the year

Other contributory causes of importance:

Bronchopneumonia, Gangrene of right foot — 1 day, 1 week

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas. J. Kindel Jr. M. D.

(Address) Balto. City Hos.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

77072 E 77072

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 27-55

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward .....)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances Seyss

(a) Residence: No. 3804 W. Rogers Ave. St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Maintained 18?

6. DATE OF BIRTH (month, day, year) April 17 ?

7. AGE: Years 78 | Months ? 10 | Days ? | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Samuel Nichols

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Rachael James

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Milton S. Lewis

(Address) 3804 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Mem. Date Feb 29, 1932

19. UNDERTAKER George Smith

(Address) 532 Hollins St

[illegible] JONES, M.D.
Registrar

FEB 29 1932.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-20-31, 19 , to 2-25-32, 19

I last saw her alive on 2-24-32 19 death is said to have occurred on the date stated above, at 0.51 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	4
Other contributory causes of importance: Bronchopneumonia	2-22-32

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Luther E. Little (per P.S. Hill) , M. D.

(Address) Baltimore City Hospitals

Spec—9-30—A. & Co.—250 Blks.

E 77073 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77073

CERTIFICATE OF DEATH 107-001

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1411 W. Saratoga St. 19-17 WARD)

2 FULL NAME Sarah A. Houston

(a) RESIDENCE NO. (Usual place of abode) 1411 W. Saratoga St. WARD (If non-resident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

5a If married, widowed, or divorced (or) WIFE of John A Houston

6 DATE OF BIRTH (month, day, and year) 3/16/1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Homestead Carroll Co. Md.

PARENTS

10 NAME OF FATHER Wm Schubkagel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Bokea

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) John Houston (son) 1411 W Saratoga St

15 Filed ..., 19... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 24-1932

17

I HEREBY CERTIFY, That I attended deceased from 2/19, 1932, to 2/24, 1932

that I last saw her alive on 2/24, 1932

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical findings

(Signed) Anthony V. Bukevicz M. D.

2/25, 1932 (Address) 37 S. Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery DATE OF BURIAL Feb 26 1932

20 UNDERTAKER George J. Smith ADDRESS 1532 Hollins

TION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77074

CERTIFICATE OF DEATH

106-002

E 77074

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 820 N Kenwood St. 7-12 Ward)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Charles E Dieterly

(a) Residence: No. 820 N Kenwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Dieterly

6. DATE OF BIRTH (month, day, year) June 22 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs or ... min
69	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jeweler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Christopher Dieterly

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Mary Waltjen

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mrs Margaret Dieterly
(Address) 820 N Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Feby 27, 1932

19. UNDERTAKER John Sullivan
(Address) 2008 Eutaw

20. FILED FEB 29 1932 H. M. ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1932 to Feb 24, 1932

I last saw him alive on Feb 24, 1932 death is said to have occurred on the date stated above, at 4 1/2 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General debility (senility) - (4)	Yrs
myo cardial failure	
Other contributory causes of importance:	
Chronic Bronchitis	5 yrs
arterio - Sclerosis -	5 yrs
Enlarged Prostate.	5 yrs

Name of operation ... Date of ...

What test confirmed diagnosis? Hand phy exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place. —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Louis R. Krumsiek, M. D.

(Address) 722 N. Kenwood ave.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

71-061 E 77075

E 77075

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1422 N Bond St. 8-17 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth D. Schaefer

(a) Residence: No. 1122 N. Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank R. Schaefer

6. DATE OF BIRTH (month, day, year) Mar 8 - 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min
	68	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila Pa.

FATHER

13. NAME Patrick J. Carey

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Hannah Sullivan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Jno. Wilbur Schaefer

(Address) 1422 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL

Date 2/27 1932

19. UNDERTAKER Chas. P. Sauer & Son

(Address) 118 N. Howard

FILED ... 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1932 to Feb 25, 1932

last saw h e alive on Feb 23, 1932 death is said to have occurred on the date stated above, at 8.20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	1929
Paraplegia	Dec 20, 1931
Myocardial degeneration	1929

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) Eliot W. Johnson, M. D.

(Address) 3432 Frederick Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77076

E 77076

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1813 Thames St St. 2-4 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Schilling

(a) Residence: No. 1813 Thames St St., 2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas Schilling

6. DATE OF BIRTH (month, day, year) July 24 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Lindermann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Schaumacker

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Thomas Schilling(husband)
(Address) 1813 Thames St

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Park Date Feb 27 1932

19. UNDERTAKER Lilly & Zeiler Inc
(Address) 403 S Wolfe St

20. FILED [illegible] 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4 1932 to Feb 24 1932

I last saw her alive on Feb 24 1932. Death is said to have occurred on the date stated above, at 7.30a m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy — Date of onset 2/4/32

Other contributory causes of importance:

Acute Cardiac collapse — 2/24/32

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?
If so, specify

2/24/32 (Signed) Paul J. Zeugler M. D.
(Address) 1001 E. Baltimore

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

Maude E Nice

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77077

CERTIFICATE OF DEATH

13 V

E 77077

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 17 S Broadway ST. 2-4 WARD)

2—FULL NAME Maude E Nice

(a) RESIDENCE NO. 17 S Broadway ST., 3 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. 1 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of Edward Nice

6 DATE OF BIRTH (month, day, and year) 1886 4 6

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	6	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 037

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John H Bernard

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Anne Pumphrey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Anne E Pumphrey

(Address) 245 Broadway

15 Filed 3 20 1932 Registrar HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25, 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb 18, 1930, 19 . to Feb 25, 1932

that I last saw her alive on Feb 25, 1932

and that death occurred, on the date stated above, at 10 30 a. m.

The CAUSE OF DEATH* was as follows:

General Arteriosclerosis

Arterial Hypertension

Chronic Interstitial Nephritis (duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Apoplexy (duration) yrs. 1 mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Examination

(Signed) H Albert Dempsey M. D.

2-26 1932 (Address) 2028 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Feb 27 1932

20 UNDERTAKER Louis Hemmeter

ADDRESS 1215 Broadway

AaCo. 5-31 250B

E 77078 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 95 E 77078

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals) (Ward) 5-8

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Downey

(a) Residence: No. 1305 E Monument Ward. .....
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Wid.

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 1846

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45 or 6 (?)	(?)	(?)	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic. 070
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Henry & Annie.
14. BIRTHPLACE (city or town) (State or country) N.C.
15. MAIDEN NAME Lucille (?)
16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Annie Jeffreys
(Address) 1707 E Madison St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 2-27, 1931

19. UNDERTAKER Ida Snowden
(Address) 1320 E Madison St

20. FILED 2-26-1931 H. Wm. Jones M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-25-31 2-7 1931

22. I HEREBY CERTIFY, That I attended deceased from 12-7-30 1930 to 2-25 1931

I last saw h... alive on ..., 19... death is said to have occurred on the date stated above, at 12:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Hypertension	15 mo
Cardio Vascular Disease	(?)
Varicose Ulcers on Legs.	
Other contributory causes of importance:	
Acute Hart Failure	10 da
Inguinal	

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ~ Date of injury ~ 19...
Where did injury occur? ~
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ~
Manner of injury ~
Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Lucius E Jones M. D.
(Address) Balto City Hospitals

1-30—M & T—100 B—50L

E 77079

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77079

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2313 Penna Ave ST. W 54 WARD

2-FULL NAME Dolores Dunston

(a) RESIDENCE NO. 2313 Penna Ave ST. ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S., if at foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fmle

4 COLOR OR RACE Col

5 Single, Married, Widowed or Divorced (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 12-1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	11 12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Fitzhugh Burris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Carrie Dunston

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Fredericton N.B.

14 Informant Carrie Dunston
(Address) 2313 Penna Ave

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Feb 24th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) Inquest thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ... yrs. mos 3 da.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) ... M. D. Coroner

(Address) Feb 24th Home

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Feb 26 1932

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 322 N Wolfe St

TION is very important See instructions on back of certificates.

1-20—M & T—100 B—501.

E 77080

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10 6 VE 77080

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) St. Joseph Gospital ST. 4-76 (WARD)

2-FULL NAME Jacob Smith

(a) RESIDENCE NO 717 W. Sartoga ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 10/1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	36	11	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Annapolis, Md

PARENTS

10 NAME OF FATHER William Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Essex Co., Va.

12 MAIDEN NAME OF MOTHER Frances Hineman

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Annapolis, Md.

14 Informant Martha Hineman (Aunt)
(Address) 829 W. Mulberry St

15 Filed 2 6 1932, 192 — C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5 A.M. Feb 24/32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquirt (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs mos 6 ds

CONTRIBUTORY (Secondary) (duration) yrs mos ds

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) John Haines Coroner, M. D.

2/25/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: Feb 27, 1932

20 UNDERTAKER: Mrs Kate A Williams

ADDRESS 3224 Edmondson St

TION is very important See instructions on back of certificates.

AACo. 8-31 1500

E 77081 HEALTH DEPARTMENT CITY OF BALTIMORE E 77081

CERTIFICATE OF DEATH

X 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2603 E. Chase St. E-12 Ward)

Length of residence in city or town where death occurred yrs. mos 2 ds How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine E Egan

(a) Residence: No. 2603 E Chase St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced (Husband) (or) WIFE of Cuffe Francis P Egan

6. DATE OF BIRTH (month, day, year) Oct 26 1846

7. AGE: Years 65 | Months 3 4 | Days 26 | If LESS than 1 day, hrs or min

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn

FATHER

13. NAME Benj. Eberhauer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Cath Knarr

16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMANT Helen Cole

(Address) 2603 E Chase St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 2/27 1932

19. UNDERTAKER John A. Noon

(Address) 1300 Eutaw St

20. FILED 2 26 1932 19 C.C.H. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 - 25 1932

22. I HEREBY CERTIFY, That I attended deceased from 2 - 17 1932 to 2 - 24 1932

I last saw her alive on 2 - 24 1932 death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

Cardio - Vascular - Renal disease with Hypertension Generalized Arteriosclerosis — Date of onset

Other contributory causes of importance: Uremia — 2-17-32

Name of operation — Date of

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Arnim Accendt M. D.

(Address) Dundalk, Md.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

77032 E 77082

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 113 N. Lakewood Ave 10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Sommers

(a) Residence: No. 116 N. Lakewood Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Geo. H. Sommers.

6. DATE OF BIRTH (month, day, year) June 26 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Thos Schreberlein

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Seitz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs Mary E. Krug 2812 E. Chase St.

18. BURIAL, CREMATION, OR REMOVAL Place Int. Gamelton 2/27/ 19 32

19. UNDERTAKER (Address) Chas Logan 1360 E. Biddle St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 24 19 32

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10 19 32 to Feb 24, 19 32

I last saw her alive on Feb 23, 19 32 Death is said to have occurred on the date stated above, at 11.50 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	?
Other contributory causes of importance: Cardiac disease	?

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leon Sherwood M. D.

(Address) 2317 Eutaw Place

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77083

CERTIFICATE OF DEATH.

50

E 77083

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 8 E. Centre (St.) (Ward) 11-7

2-FULL NAME Miss Mary Frances Sullivan

(a) RESIDENCE NO. 8 E. Centre ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, ~~Married~~, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced: (a) HUSBAND of (or) (b) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb 10 1867

7 AGE: Years 65 | Months 0 | Days 16 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: James J. Sullivan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Ellen A Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant (Address): Mr. Angela Andrew 8 E Centre St.

15 Filed 2 29 1932 . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/26 1932

17 I HEREBY CERTIFY, That I attended deceased from 4/29 1931 to 2/26 1932

that I last saw her alive on 2/26 1932

and that death occurred, on the date stated above, at 8:15 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of breast.

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 1929

Was there an autopsy? No Exam.

What test confirmed diagnosis?

(Signed) Thos. E. Stacy Jr. M. D.

19 (Address) 40 W Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: 2-29-1932

20 UNDERTAKER: Henry W. Jenkins' Sons Co

ADDRESS: 82 West Edmondson

A4Co. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

77084 E 77084

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 Cathedral St., 11th Ward)

Length of residence in city or town where death occurred 76 yrs. 11 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Graham Whitridge

(a) Residence: No. 604 Cathedral St., 11th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm H. Whitridge

6. DATE OF BIRTH (month, day, year) Mar 25 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	11	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City

FATHER

13. NAME Wm H. Graham

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Isabella Brown

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. W. Irvine Keyser

(Address) Sparrows Md

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 2/27 1932

19. UNDERTAKER Henry W. Bosley & Sons

(Address)

20. FILED ..... 19.... .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/25 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 20 1932 to Feb 24 1932

I last saw h[illegible] alive on Feb 24 1932 death is said to have occurred on the date stated above, at 2:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	1922
Other contributory causes of importance: Thrombosis Rt Carotid Coronal Occlusion	2/20/32

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If [illegible]

(Signed) Wm H. Whitridge M. D.

(Address) 1407 Park

AaCo. 5-31 250R

77085 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45 E 77085

Registered No. 12-49

1. PLACE OF DEATH Baltimore, Maryland

CITY OF BALTIMORE: (No. 4 East Hartford St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 85 yrs. 11 mos. 3 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Lawrence Mullen

(a) Residence: No. 4 East Hartford St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Mullen

6. DATE OF BIRTH (month, day, year) March 22 1846

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	85	11	3 4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James McCausland

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Eliza Sinclair

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT (Address) Mrs. Edward Harvey 4 E. Hartford

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Green Mount Date Feb 27 1932

19. UNDERTAKER Henry H. Jenkins Sons Co (Address) McCulloh & Richards Sts

20. FILED 2-29-1932 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1931, to Feb 26th, 1932

I last saw h.e alive on Feb. 25th, 1932, death is said to have occurred on the date stated above, at 12 noon.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pharynx & Palate	1930

Other contributory causes of importance:

Senility

Name of operation None Date of —

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) J. A. Shuttard, M. D.

(Address) 300 W. Saint St., Balto. Md.

AdCo. 5-31 250B

E 77086

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77086

CERTIFICATE OF DEATH

18

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital St. 18-76 (Ward)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Calvin Bailey

(a) Residence: No. 908 N. Fayette St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/30/17

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	14	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing Factory
10. Date deceased last worked at this occupation (month and year) 2/13/32
11. Total time (years) spent in this occupation 3 yrs.

12. BIRTHPLACE (city or town) (State or country) Va.

MOTHER FATHER

13. NAME John Bailey
14. BIRTHPLACE (city or town) (State or country) Va.
15. MAIDEN NAME Gertrude Read
16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. John Bailey
(Address) 908 N. Fayette St.

18. BURIAL, CREMATION OR REMOVAL
Place ... Date FEB 26 1932

19. UNDERTAKER ... Funeral Home.
(Address) ...

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/23/32. 19

22. I HEREBY CERTIFY, That I attended deceased from 2/19/32. 19 ..., to 2/23/32. 19 ...
I last saw him alive on 2/23/32. 19 ... death is said to have occurred on the date stated above, at 9:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcic Meningitis	2/13/32

Other contributory causes of importance:

Name of operation None Date of ...
What test confirmed diagnosis? Spinal puncture. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) M. V. Jackson M. D.
(Address) Sydenham Hospital.

Spec.—9-30—A. & Co.—250 Bks

77087

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77087

CERTIFICATE OF DEATH.

REGISTERED No. 161-004

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 421 Patapsco Ave WARD 25-5

2. FULL NAME Infant Daughter of Mr+Mrs. E.R. Pickering

(a) RESIDENCE No. 421 Patapsco Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 25, 1932

7 AGE: Years — Months — Days — If LESS than 1 day 8 hrs. or 50 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Edgar R. Pickering

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Hazel M. Wolfram

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mr. Edgar R. Pickering (Address) 421 Patapsco Ave.

15 Filed 2 6 1932, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 26, 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1932, to Feb. 26, 1932

that I last saw her alive on Feb. 26, 1932

and that death occurred, on the date stated above, at 4:00 A m.

The CAUSE OF DEATH* was as follows:

Asphyxia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. H. Campbell M D

2/26 1932 (Address) 1644 Hanover St.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. JOHNS HOPKINS HOSPITAL

DATE OF BURIAL. FEB 26 1932

20 UNDERTAKER C. HARRISON JONES, M.D.

ADDRESS Commissioner Health

Reg. No. 5 [illegible]

AaCo. 5-31 250B

E 77088

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

5 V E 77088

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1233 Wall St. Ward)

Length of residence in city or town where death occurred 79 yrs. 4 mos. 12 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Sophia Ehart.

(a) Residence: No. 1233 Wall St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Anselm Ehart.

6. DATE OF BIRTH (month, day, year) Oct 11 - 1852

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	79	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — — —

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Unknown Richard Reis

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Catherine Kempel
(Address) 1233 Wall St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross a&b Date 2 - 27 - 1932

19. UNDERTAKER Ett B Hart
(Address) 115 E Mast St

20. FILED ... 2 ... 1932 C. HAWSON JONES, M. D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 27 - ... 1932, to Feb. 23 - 1932
I last saw h er alive on Feb. 22 1932 death is said to have occurred on the date stated above, at 11.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epithelioma nose eye. face.	1923

Other contributory causes of importance:

Diabetes Mellitus	not known.

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Chas. C. Conser M. D.

(Address) 1101 N. Fulton Ave.

Rev.—12-23-21—E.B.R.S.—400 Bks.

4900

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77089

E 77089

CERTIFICATE OF DEATH.

Registered No. 6-1797

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1413 N. Caroline St St., (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis A. Reddish

(a) Residence No. 1413 N. Caroline St St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: white

Married, (Write the word.)

5-If married, HUSBAND Pamela J. Reddish

6-DATE OF BIRTH (month, day and year) Oct. 22. 1848

7-AGE: 83 yrs. 4 mos. 2 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Ship-joiner
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Dorchester Co. Md.

PARENTS

10-NAME OF FATHER: William Reddish

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Dorchester Co. Md.

12-MAIDEN NAME OF MOTHER: Louisa Reddish

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Dorchester Co. Md.

14- (Informant) Miss Marion Reddish
(Address) 1413 N. Caroline St.

15- Filed 192 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 24. 1932

17- I HEREBY CERTIFY, That I attended deceased from June 20th 1931 to Feb 24 1932, that I last saw h[illegible] alive on Feby 24th 1932, and that death occurred, on the date stated above, at 6:15P m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis
Aortic Insufficiency
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritis
(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. E. Grall M. D.
Feby 25. 1932 Address 4900 Belair Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Feb. 27. 1932

20-UNDERTAKER: Hughes & Jones Co.

ADDRESS: 424 N. Broadway

Instructions on back of certificate.

THOMPSON JONES, M.

1-30—M. & T.—100 B—50L

E 77090

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77090

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST., 430 WARD)

2-FULL NAME Margaret Thomas

(a) RESIDENCE NO. 106 S. Paca ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S., If of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 30, 1924.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	2	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER James Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Emma Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mr. James Thomas
(Address) 106 S. Paca St.

15 Filed ... 1932 ... 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/24/32. 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

2nd. and 3rd. degree burns of almost entire body. Accidental death.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? 106 S. Paca St.

Did an operation precede death? ... Date of ...

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Fellers, Coroner, M. D.

2/26 1932 (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fredericksburg Va. DATE OF BURIAL 2/2... 1932

20 UNDERTAKER Wm Cook. ADDRESS 1217 St Paul

TION is very important See instructions on back of certificates.

A&Co. 5-31 250B

77091 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77091

258125

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-9 Ward)

Length of residence in city or town where death occurred ... yrs. 3 mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Marshall

(a) Residence: No. Glenburnie P.O. St., ... Ward. Oakwood Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~late HUSBAND~~ Theresa Marshall

6. DATE OF BIRTH (month, day, year) aug 5th 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Stationary

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Hempel Marshall

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Mary marshall

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT JOHNS HOPKINS HOSP. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Cemetery 2/29/1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 2 6 1932 C. E. JAMESON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1932 to Feb 26, 1932

I last saw h~~im~~ alive on Feb 26, 1932 death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lypothelioma	1900
Lypothelia of aorta	? 1928
Aortic insufficiency	? 1930

Other contributory causes of importance:

Emphysema ?

Name of operation None Date of

What test confirmed diagnosis? (Clinical symptoms) Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leander Bernstein M. D.

(Address) Johns Hopkins Hospital

Stoc.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77092 ✓ 131 E 77092

CERTIFICATE OF DEATH

E 77092

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2329 Annapolis St. 265-32 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lena C. Wood

(a) RESIDENCE NO. 2329 Annapolis St.

(Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of James T. Wood

6 DATE OF BIRTH (month, day, and year): June 3 1855

7 AGE: Years 76 | Months 8 | Days 23 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: At Home

9 BIRTHPLACE (city or town) (State or country): Dover Delaware

PARENTS

10 NAME OF FATHER: Henry Flowers

11 BIRTHPLACE OF FATHER (city or town) (State or country): Del

12 MAIDEN NAME OF MOTHER: Mary McBride

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Del.

14 Informant: Flora Leverton

(Address) 2329 Annapolis St.

15 Filed 3 29 1932, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 26, 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 20, 1932, to Feb 26, 1932

that I last saw h alive on Feb 25, 1932

and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows: Acute Cardiac dilatation

CONTRIBUTORY (Secondary) Chronic Nephritis (duration) 7 yrs. mos. 7 ds.

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. F. Hawkins, M. D.

2/26 1932 (Address) 16 E. Lexington St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Spring Hill, Easton Md

DATE OF BURIAL: 2/27 1932

20 UNDERTAKER: F. M. Cook

ADDRESS: 1219 E. Baltimore St

30—M. & T.—100 B—50L

Coroner Morrissey

E 77093

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1001

92 E 77093

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2205 Hunting door. ~~Ave~~ WARD) 19-51

2-FULL NAME Jesse E. Cole

(a) RESIDENCE NO 2205 Hunting door. ~~Ave~~ WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Theresa Cole

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 72; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Captain Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Army
(c) Name of employer: U. S. A.

9 BIRTHPLACE (city or town) (State or country): Unknown

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Miss Mervin

(Address) 33 W. North Ave

15 Filed 2-26 1932 16 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 23rd 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas. H. Lorman, M. D. Coroner

2/26 1932 (Address) 5622 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fredericksburg Carolina Co Va

DATE OF BURIAL: 2/26 1932

20 UNDERTAKER: J. M. Kirk

ADDRESS 1217 E. Pratt St

M. D. B. 1268-9

E 77094

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77094

CERTIFICATE OF DEATH

110

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1527 Park ave St. 14-20 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara Tucker Riley

(a) Residence: No. 1527 Park ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Sept 12 = 1879

7. AGE: Years 52; Months 5; Days 13; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Substitute

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Ethan S. Riley

14. BIRTHPLACE (city or town) (State or country): Annapolis Md

MOTHER

15. MAIDEN NAME: Rebecca A. Tucker

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Geo D. Riley

(Address) 3401 Greenway

18. BURIAL, CREMATION, OR REMOVAL: London Park Cem Feby 27, 1932

19. UNDERTAKER: John D. Waters & Sons

Address: 1700 Eutaw Place

20. FILED Feb 26 1932, 19 A. C. HARPER JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feby 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feby 24, 1932 to Feby 25, 1932

I last saw her alive on Feby 25, 1932 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

1 Cut pleurisy (rt):
2 diffuse bronchial infection -

Date of onset: Feb 23

Other contributory causes of importance:

Name of operation: Physical examination Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Harry A. DeCosty, M. D.

(Address) 3711 Gregory St

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2500

E 77095 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77095

CERTIFICATE OF DEATH

107

Registered No. 27-53

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4800 Roland Ave. St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Theresa Harron.

(a) Residence: No. 4800 Roland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas Harron.

6. DATE OF BIRTH (month, day, year) 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	-----	-----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 21

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dublin, Ireland.

MOTHER FATHER

13. NAME John Flynn

14. BIRTHPLACE (city or town) (State or country) Dublin, Ireland

15. MAIDEN NAME Margaret Patterson

16. BIRTHPLACE (city or town) (State or country) Dublin, Ireland

17. INFORMANT Mrs. T. Hile.
(Address) 4800 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL Loudon
Place St. Mary's Cemetery Date Feb. 27, 1932

19. UNDERTAKER Mary H. Duggan
(Address) 1616 Eutaw Place

C. HARRISON JONES, M. D.

26 1932 Feb 19 32 T. H. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1932 to Feb. 25, 1932

that I saw her alive on Feb 25, 1932, death is said to have occurred on the date stated above, at 1-30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Feb 23.
Senile Arterio-Sclerosis	
Senile Dementia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. F. Tyler, M. D.

(Address) 4822 Roland Ave

AACo. 5-11-2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

77096

77096

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Vincent's Mty. St. [illegible] Ward [illegible]

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Black Jr.

(a) Residence: No. 140 Division St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 24 '32

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1 4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. [illegible]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME William Black Sr.

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Mary Lazzari

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mary Lazzari
(Address) 140 Division St.

18. BURIAL, CREMATION, OR REMOVAL
Place St Vincents Date Feb. 27 1932

19. UNDERTAKER Wendell L. Dodrill
(Address) 2600 E. Oliver St.

20. FILED 2-29-1932, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-25-1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1932 to ....., 19...

I last saw h[illegible] alive on Feb 25 1932 death is said to have occurred on the date stated above, at 7 P M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atelectasis,	

Other contributory causes of importance:

Premature birth

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Margaret B. Ballard M. D.

(Address) 1146 Madison Ave

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77097

CERTIFICATE OF DEATH

E 77097

46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 27-48 Ward)

Length of residence in city or town where death occurred 61 yrs. 3 mos. 22 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James L Hammack

(a) Residence: No. 816 Calvert Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of Mary E Heppel
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 3, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 63

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME Wesley Hammack

14. BIRTHPLACE (city or town) (State or country) Balto, Md

MOTHER

15. MAIDEN NAME Margaret Ware

16. BIRTHPLACE (city or town) (State or country) Balto, Md

17. INFORMANT Hospital Records
(Address) 816 Calvert St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date 2/29, 1932

19. UNDERTAKER Henry U. Myers & Son
(Address) 805 N. Calvert St.

2-1-1932 C. HUDSON JONES M. D.
20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/25, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1/1, 1932, to 2/25, 1932

I last saw him alive on 2/25, 1932. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Inner Table Duodenum — Date of onset 2 months

Other contributory causes of importance:

Arteriosclerosis Cardio Vascular Disease, with Cachexia

Contributory 1/9/32

Name of operation Exploratory Laparotomy Date of operation 1/29/32 Was there an autopsy? No

What test confirmed diagnosis Microscopic Findings

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Goodman M. D.

(Address) Mercy Hospital

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

77098

CERTIFICATE OF DEATH.

23 E 77098

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 N. Carrollton ave ST., 18-76 WARD)

2-FULL NAME John Henry Taylor

(a) RESIDENCE NO. 417 N. Carrollton ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Dec 20, 1915

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
16	2	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER John Henry Taylor

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) maryland

12 MAIDEN NAME OF MOTHER Estall Moore

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) maryland

14 Informant Mary E Taylor (Address) 417 Carrollton ave

15 Filed 2 7 1932 19 G. HAMPSON JONES, M. D. Registrar By H. P. H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-24-1932

17 I HEREBY CERTIFY, That I attended deceased from Feby 22, 1932, to Feby 24, 1932, that I last saw him alive on Feby 24, 1932, and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Ch. Pulmonary Th.

(duration) yrs 6 mos ds.

CONTRIBUTORY (Secondary) Potts Disease

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) O. G. Hornstein, M. D.

2/24, 1932 (Address) 733 Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Lion — DATE OF BURIAL 2-27 1932

20 UNDERTAKER Joseph A Lively — ADDRESS 409 N. Mount St.

HON 14 very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 77099

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77099

23.

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (NO. [redacted] SE. st. ST. 7-10 WARD)

2-FULL NAME Anton Pasek

(a) RESIDENCE NO. 802 N Rose ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? 41 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Josephine

6 DATE OF BIRTH (month, day, and year): Sept 6 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	41	5	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore City

PARENTS

10 NAME OF FATHER: Anton Pasek

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Anna

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bohemia

14 Informant (Address): Josephine Pasek, 802 N Rose St

15 Filed Mar 7 1932 C. HAMPSON JONES, M. D. Registrar

A. F. 17.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 26 1932.

17 I HEREBY CERTIFY, That I attended deceased from Feb 25, 1932 to Feb 26, 1932.

that I last saw him alive on Feb 25, 1932.

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) J. Roderick D. Hanes, M. D.

Feb 27, 1932 (Address) 1301 N Patterson Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oakhill Cemetery

DATE OF BURIAL: Feb 29 1932

20 UNDERTAKER: August Pasek

ADDRESS: 2406 Ashland Ave.

Spec.—1-30—M. & T.—250 Bks.

E 77100 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77100

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1643 N. Fulton Ave ST. 15-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Corinne Ballard

(a) RESIDENCE NO. 1643 N. Fulton Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George R. Ballard

6 DATE OF BIRTH (month, day, and year) July 27-1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
69	70	6	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 37

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer

9 BIRTHPLACE (city or town) St Marys Co (State or country) Maryland

PARENTS

10 NAME OF FATHER William B. Chew

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Cinkroon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant George R. Ballard (Address) 1643 N. Fulton Ave

15 Filed 2 7 1932, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 24 1932

17 I HEREBY CERTIFY, That I attended deceased from August 8, 1931, to Feb 24, 1932, that I last saw her alive on Feb 24, 1932, and that death occurred, on the date stated above, at 10-55 P. m.

The CAUSE OF DEATH* was as follows:

Chronic valvular heart disease

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas W. Kahn, M. D.

2/x, 1932 (Address) 3005 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL Feb 27 19 32

20 UNDERTAKER Fossil Ayler

ADDRESS 1000 W. North Ave

AACo. 5-31 250B

77101

HEALTH DEPARTMENT—CITY OF BALTIMORE

77101

CERTIFICATE OF DEATH

Registered No. 128E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp St. 27-55 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Beulah Senker → Beulah Senker

(a) Residence: No. 3706 Menlo Drive St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced (or) WIFE of Sol Senker

6. DATE OF BIRTH (month, day, year) April 10 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	45	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Jonas Herman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Fannie Katz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Sol Senker
(Address) 3706 Menlo Drive

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Hebrew Date Feb. 28 1932

19. UNDERTAKER Baird Sondheimer Den
(Address) 1702 Eutaw Place

20. FILED 2 7 1932 C. HAMPSON JONES, M. D. Registrar.

21. RFH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-21, 1932 to 2-26, 1932

I last saw her alive on 2-24, 1932 death is said to have occurred on the date stated above, at 2:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pancreatitis	
Peritonitis	

Other contributory causes of importance:

Pulmonary Edema

Name of operation Cholecystotomy Date of 2-21-32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) L. E. Goodman, M. D.

(Address) Sinai Hospital

A&Co. 5-31 250M

77102 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77102

258159

CERTIFICATE OF DEATH

Registered No. 54-004

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-4 Ward)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Brown

(a) Residence: No. 1234 W. 4th St St., Ward. Wilmington Del.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 17 - 1878

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or min.
	54	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Del

MOTHER FATHER

13. NAME Henry Dean

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Symington

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Wilmington Del. Date Feb. 29 1932

19. UNDERTAKER Wm J Fickenscher & Co
(Address)

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb - 27 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1932 to Feb 27, 1932

I last saw h[illegible] alive on Feb 27 1932 death is said to have occurred on the date stated above, at 4 33 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor	
Hypophyseal Adenoma	1927
non Malignant	

Other contributory causes of importance:

none

Name of operation Left cranial tumor Date of 2 26 32

What test confirmed diagnosis? Operation Were an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J W Heib M. D.

(Address) Johns Hopkins Hospital

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77103

CERTIFICATE OF DEATH

124-09

E 77103

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 120 Collins ave 70-71 WARD)

2—FULL NAME Henry. Rose.

(a) RESIDENCE NO. 120 Collins ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced. (write the word): Widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Ellen. E. Rundle.

7 DATE OF BIRTH (month, day, and year): Oct. 11-1860

8 AGE — Years: 71 — Months: 4 — Days: 14 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman. 066

(b) General nature of industry, business, or establishment in which employed (or employer): Wm. F. Stein

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): "

12 MAIDEN NAME OF MOTHER: "

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

14 Informant: Wm. Rose.

(Address): 120 Collins ave

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-25-1932

17 I HEREBY CERTIFY, That I attended deceased from Feb 8, 1932, to Feb 25, 1932.

that I last saw h-im alive on Feb 24, 1932

and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

Atrophic Cirrhosis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary): Mitral Stenosis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dudley Hoey, M. D.

2/26/32 (Address) Rockville, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: 2/29 1932

20 UNDERTAKER: J. Fenn McCully

ADDRESS: 130 E. Fort.

Form.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77104

CERTIFICATE OF DEATH

E 77104

REGISTERED NO. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1607 Light St. ST. 24-34 WARD)

2—FULL NAME M. Katharine Waltz

(a) RESIDENCE NO. 1607 Light St ST.

(Usual place of abode) WARD

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar. 4 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	44	11	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Rocky Hill Md.

PARENTS

10 NAME OF FATHER Francis W. Waltz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Susan Runkles

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Francis W. Waltz

(Address) 1607 Light St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-26-32

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1932 to Feb. 26 1932

that I last saw her alive on Feb. 26 1932 9 A.M.

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus Indef.

(duration) yrs. mos.

CONTRIBUTORY (Secondary) Diabetes Coma 2 ds.

(duration) yrs. mos.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinically

(Signed) M. K. Campbell M. D.

2/27 1932 Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Market Fred. Co

DATE OF BURIAL 2/29 1932

20 UNDERTAKER L. Few McCalley

ADDRESS 130 E. Front

AaCo. 5-31 250M

77105 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77105

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat 28-63 St. Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. ? mos. ? ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen H. Fitzpatrick

(a) Residence: No. Mt Hope Retreat St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Unknown 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	Unknown		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Virginia

17. INFORMANT (Address) Mt Hope Records Mt Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL Place London Pk Date 2/28 1932

19. UNDERTAKER J. Frew McCully (Address) 220 E. Fayette

20. FILED 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1925 to Feb 26, 1932

I last saw her alive on Feb 26, 1932, death is said to have occurred on the date stated above, at 5.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas.	?
Arteriosclerosis	Unknown
Other contributory causes of importance:	
Senile Dementia	Unknown

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton P. Hill M. D.

(Address) Mt Hope Retreat

Form—4-3-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77106 ✓ E 77106

CERTIFICATE OF DEATH

E 77106

92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No 327 N. Carey ST. 18-16 WARD

2-FULL NAME Arthur Coston

(a) RESIDENCE. NO. 327 N. Carey ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Cora Lee Coston

6 DATE OF BIRTH (month, day, and year): April 18-1872

7 AGE: Years 59, Months 9, Days 10, Hours 8, If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED: 070

(a) Trade, profession or particular kind of work: Waiter

(b) General nature of industry, business, or establishment in which employed (or employer): out Door

(c) Name of employer: Mrs Howard Kelly

9 BIRTHPLACE (city or town) (State or country): Trapp Md.

PARENTS

10 NAME OF FATHER: Lewis Coston

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Annie Greene

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Cora Lee Coston 327 N. Carey St

15 Filed: Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 16 1932

17 I HEREBY CERTIFY, That I attended deceased from February 12 1932, to Feb 26 1932, that I last saw h— alive on Feb. 24 1932, and that death occurred, on the date stated above, at 1.15 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation (duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): age - Worry - no work - (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Physical

What test confirmed diagnosis?

(Signed) Wm N. Wright M. D.

2/26 1932 (Address) 1209 Probman ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: Mar 1, 1932

20 UNDERTAKER: Mrs Katie R. Williams

ADDRESS 522 N. Schroeder St.

FEB 27 1932 BALTIMORE

AACo. 5-11 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 77107

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. 5-8 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Howard S. Shipley

(a) Residence: No. 215 E. Lanvale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	married

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rosella Shipley

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min
	30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William Shipley

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ida Rogers

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Rosella Shipley

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Feb. 27 1932

19. UNDERTAKER Mrs Katie R. Williams

(Address)

20. FILED Feb 29 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5 1932, to Feb 24 1932

I last saw him alive on Feb 24 1932 death is said to have occurred on the date stated above, at 4.30 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis Meningovascular	
Aortic insufficiency	
Acute bulbospinal oedema	Feb 24

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Jeffries Jones, M. D.

(Address) Johns Hopkins Hospital

E 77108 — 501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

E 77108

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2206 Eastern Ave. ST. 1-3 WARD)

2-FULL NAME EMILY MARY FABER

(a) RESIDENCE No 2206 Eastern Ave. ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick D. Faber

6 DATE OF BIRTH (month, day, and year) July 7, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	7	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Charles L. Coleman

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Margaret M. Adrian

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Frederick D. Faber (Husband)
(Address) 2206 Eastern Ave.

15 Filed _____ 192 . H. _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 24, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? History

(Signed) B. P. Hergenroth M. D. Coroner

1932 (Address) 1305 Patterson Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cemetery

DATE OF BURIAL Feb. 27 1932

20 UNDERTAKER Henry Sander & Sons, Inc.

ADDRESS BALTIMORE ST & BROADWAY.

B 27109 C. H. [illegible] Registrar

1-30—M & T—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77109

E 77109

CERTIFICATE OF DEATH

REGISTERED NO. 36-42 178-08

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5629 Anthony Ave ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William G. Zwicker

(a) RESIDENCE NO 5629 Anthony Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 21/1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	3	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Wm. F. Zwicker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Maria Dietz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Maria Zwicker

(Address) 5629 Anthony Ave

15 Filed FEB 27 1932 C. HAMPSON JONES, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 26/32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating Gas Asphixiation
(Wall bracket on in bed room, probably accidently turned on while intoxicated)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature] Coroner, M. D.

2/27/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery DATE OF BURIAL Feb 29 1932

20 UNDERTAKER Louis Heermann 32 ADDRESS 1 Broadway

E 77110 Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77110

82-00

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital St. 16-22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Brown

(a) RESIDENCE NO. ~~713 Pratt~~ St 1152 N Stricker St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 27-1907

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
24	24	6	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Calvert Co Md

(State or country)

PARENTS

10 NAME OF FATHER George Brown

11 BIRTHPLACE OF FATHER (City or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Grace Harrod

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Interment (Address) Grace Brown 1152 Stricker St.

15 Filed 19 C. H. [illegible] Registrar

No.

FEB 27 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 32

2 - 25

17 I HEREBY CERTIFY, That I attended deceased from

12-19, 19 31, to 2-25, 19 32

that I last saw h LM alive on 2-25, 19 32

and that death occurred, on the date stated above, at 3 A.M. P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 2 yrs. 2 mos. 6 da.

CONTRIBUTORY

(Secondary)

Probable Rheumatism (duration) yrs. mos. da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Pathological

(Signed) George M. Donald M. D.

2 25 19 32 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Cemetery

Date of Burial Feb. 28 1932

20 UNDERTAKER John Tomlin

ADDRESS 1127 Druid Hill Ave.

very important. See instructions on back of certificates.

AaCo. S-11 250B

77111 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 1 Greenmount Ave St. 4-30 Ward)

Registered No. 77111

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 10 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Fait Jr

(a) Residence: No. 1 Greenmount Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nellie E. Fait

6. DATE OF BIRTH (month, day, year) Feb. 8—1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Motion Picture

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cuba

FATHER

13. NAME John Fait Jr

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Cynthia Hildebrandt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Nellie E. Fait
(Address) 1 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Bath Cem Date Feb 29 1932

19. UNDERTAKER Wm J. Tickner & Son
(Address) Home of Faith

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1932, to Feb. 26, 1932

I last saw him alive on Feb. 26, 1932, death is said to have occurred on the date stated above, at 12:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardio-vascular disease	1930
Terminal bilateral broncho-pneumonia	Feb. 1932

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) University Hosp.

1-30—M & T—100 B—50L

E 77112

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-E 001 77112

26-2

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert G. Haase.

(a) RESIDENCE NO 3400 Claremont Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. 2 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or WIFE of) Myrtle H. Haase.

6 DATE OF BIRTH (month, day, and year) December 20, 1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	27	2	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Chauffeur, 4 2-3 (duration) yrs. mos. ds.
(b) General nature of industry, business, or establishment in which employed (or employer): Urban Laundry.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER George Haase.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Lillian Nunenthal.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Lillian Haase. (mother)
(Address) 715 N. Appleton St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 25, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Hemorrhage due to fractured pelvis and ruptured bladder, Thrown from an Urban laundry truck in which he was riding while in collision with a Sun Taxi

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

HOMICIDE

18 Where was disease contracted if not at place of death? Clinton Ave. & Eutaw st. February 24, 1932

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquest & autopsy,

(Signed) Otto Weintraut, M. D. Coroner

2/27/32, 19 (Address) 1017 E. Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem.

DATE OF BURIAL Feb 27 1932

20 UNDERTAKER Wm J Tuckerton

ADDRESS Mt Pa Ave

C. HAMPSON JONES, M. D.

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

77113

CERTIFICATE OF DEATH

94 E 77113

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2811 Halcyon Ave St., Hamilton 44 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. 9 mos. 28 ds. How long in U.S. If of foreign birth? yrs mos da

2. FULL NAME Thomas Murray Smith

(a) Residence: No. 2811 Halcyon Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Florence Smith

6. DATE OF BIRTH (month, day, year) Apr. 28, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. P.R.R. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R.R. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John E. Smith

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Hendrix

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Florence Smith
(Address) 2811 Halcyon Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date, 19

19. UNDERTAKER Wm. Wickes Sons
(Address) 1620 Pinna Ave

20. FILED 2-27 1932 C. HAMPSON JONES M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1932 to Feb 25, 1932

I last saw him alive on Feb 25, 1932 death is said to have occurred on the date stated above, at 2.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Arteriosclerosis	
(Infect)	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Hyland Godby M. D.

(Address) 5103 Harford Ave

AdCo. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

10 VE 77114

77114

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital 25-76 (Ward)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David Grinwald

(a) Residence: No. 3117 Sinn St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/26/30

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME David Grinwald
14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Lila Newkirk
16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Mrs. David Grinwald
(Address) 3117 Sinn St.

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date FEB 27 1932 19.....

19. UNDERTAKER Commissioner Health
(Address)

20. FILED 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/26/32 19

22. I HEREBY CERTIFY, That I attended deceased from 2/25/32, 19..., to 2/26/32, 19...
I last saw him alive on 2/26/32 19... death is said to have occurred on the date stated above, at 3:45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nasal and Faucial Diphtheria	2/24/32

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Culture an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No if so, specify

(Signed) M. V. Jackson, M. D.
(Address) Sydenham Hospital

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

77115

CERTIFICATE OF DEATH

107-D 177115

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 719 Mulberry St. 4-36 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 12 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Dunlap

(a) Residence: No. 719 Mulberry St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 13, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
12 days		12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Jimmy Dunlap
14. BIRTHPLACE (city or town) (State or country) Thomasville, Ga.

MOTHER

15. MAIDEN NAME Ethel Lorna Warren
16. BIRTHPLACE (city or town) (State or country) Waterbury, S.C.

17. INFORMANT (Address) Mother, 719 Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL. Place ... Date FEB 29 1932

19. UNDERTAKER (Address) [illegible]

20. FILED ... 19 ... Registrar.

UNIVERSITY OF MARYLAND

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1932, to Feb. 25, 1932.
I last saw him alive on Feb. 25, 1932. death is said to have occurred on the date stated above, at 11:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia followed by respiratory failure. Pneumonia was caused by exposure & inadequate care.	Feb. 24

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Time of injury 1932
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. T. Howard Baker, M. D.
(Address) University Hosp.

1-30—M. & T.—100 B—50L

E 77116

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77116

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST. 4-30 WARD)

2-FULL NAME Elmer M. Shaar

(a) RESIDENCE NO. Shipley. Md ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lydia R. Shaar

6 DATE OF BIRTH (month, day, and year) Aug 16 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	6	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Lumberman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer B. & O. R.R.

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER John Shaar

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Anna Hollinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Lydia R. Shaar.

(Address) Shipley Md

15 Filed ..... 1932 C. THOMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/25 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Spine

Accidental death

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Eugene Feller, M. D. Coroner

2/25, 1932 (Address) 2 E Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL Feb 29 1932

20 UNDERTAKER Thurnwald Bros

ADDRESS 3615 Orleans Ave

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77117

13-002

E 77117

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST., 7-4 WARD)

2-FULL NAME Kennith I. Armiger

(a) RESIDENCE NO ... ST., ... WARD ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

Annapolis, Md

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced (write the word): single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ... none
(b) General nature of industry, business, or establishment in which employed (or employer) ...
(c) Name of employer ...

9 BIRTHPLACE (city or town) (State or country) Annapolis, Md.

PARENTS

10 NAME OF FATHER Howard Armiger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Jane

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Geo. M. Fink
(Address) 811 N. Wolfe St

15 Filed AUG 2 1932 HAMPSON JONES M. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5 A.M. Feb 27/32 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Ulcerative Ileo-colitis-Dysenteric
(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? no Date of ...

Was there an autopsy? yes at Hopkins

What test confirmed diagnosis? ...

(Signed) Jos Wilkins, M. D. Coroner

2/27/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Cliff Annapolis

DATE OF BURIAL July 27 1932

20 UNDERTAKER Geo M. Pent & Son

ADDRESS 511 Main

AACo. 5-31 2500

E 77118

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77118

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Caton & Wilkens Ave St. 25-72 Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 2 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Sarah A Mc Sherry

(a) Residence: No. Littlestown Pa St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Mc Sherry

6. DATE OF BIRTH (month, day, year) Dec 15-1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME John Buddy

14. BIRTHPLACE (city or town) (State or country) Adams Co Penna

MOTHER

15. MAIDEN NAME agnes Kemler

16. BIRTHPLACE (city or town) (State or country) Adams Co Penna

17. INFORMANT (Son) Joseph B. Mc Sherry

(Address) Garrett Park Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Littlestown Pa Date Mar 1. 1932

19. UNDERTAKER John W. Little

(Address) Littlestown Pa

20. FILED 2-29 1932 C. Edward Downs M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-27-1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 28th, 1931, to Feb 27th, 1932

I last saw her alive on Feb 27th 1932 death is said to have occurred on the date stated above, at 3.50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Myocardial Deg. and Decomp.	12/1/30
(2) Mitral Insufficiency	
Other contributory causes of importance:	
Chronic Glomerular Nephritis - (from history)	12/28/30

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Nicholas S Snader M. D.

(Address) 21 E Lenox Street

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

77119

CERTIFICATE OF DEATH

43-003 E 77119

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 218 N. Front St 5-8 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lena Butcher

(a) Residence: No. 218 N. Front St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Late Israel

6. DATE OF BIRTH (month, day, year) 1830

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	102	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Chaim —

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ethel —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs Jacob Bridsman

(Address) 218 N Front st

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rosedale Date Feb 28, 1932

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Balto st.

20. FILED MAR 3 1932 HAMILTON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1932, to Feb 25, 1932

I last saw h[illegible] alive on Feb 25 1932 Death is said to have occurred on the date stated above, at 2 P M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: acute Cardiac dilatation	

Name of operation Date of

What test confirmed diagnosis? Clinical There an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. Kaden M. D.

(Address) 2306 Eutaw Pl.

Spec.—8-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

77120

CERTIFICATE OF DEATH

122-002

REGISTERED NO. E 77120

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) West Baltimore Gen'l Hosp (Street)

2 FULL NAME Sarah Young.

(a) RESIDENCE NO. 733 W Franklin St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Colored 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed or divorced WIFE of Lewis F Young

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE: Years 48; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 0/0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Northumberland Co Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Lewis F Young

(Address) 733 W Franklin

15 Filed 2-28-1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25/32

17 I HEREBY CERTIFY, That I attended deceased from Feb 23, 1932, to Feb. 25, 1932

That I last saw her alive on Feb 25, 1932

and that death occurred, on the date stated above, at 4:35 P.M.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction (medical)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation pulmonary Edema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Feb 25th

Was there an autopsy? Yes

What test confirmed diagnosis? Physical Signs

(Signed) Max Cohen M. D.

2/25 1932 (Address) West Balto Gen'l Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lackwood Va DATE OF BURIAL 2/28 1932

20 UNDERTAKER Samuel Hemsley (Address) 578 N Eutaw

FEB 28 1932 C. HARPER JONES, M. D.

1-30—M & T—100 B—501

77121

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77121

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 10.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Declared at Hopkins ST. 16-26 (WARD)

2-FULL NAME Mary E. Johnson

(a) RESIDENCE NO 839 Harlem Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	col	divorced

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	45			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cook
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Winchester, Va.

PARENTS

10 NAME OF FATHER Washington Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Nancy Burcell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Washington Johnson
(Address) Steelton Penna

15 Filed ..., 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb25/32 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Apoplexy

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) ..... Coroner, M. D.

2/27/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Int Calvary Cem 2-29 DATE OF BURIAL 1932

UNDERTAKER Inc Chas. G. Bailey ADDRESS 1921 Jefferson

M. D. H. 1268-5

HEALTH DEPARTMENT—CITY OF BALTIMORE

77122

CERTIFICATE OF DEATH

93-003

F 77122 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 822 N. Carrollton Ave. St., 16 Ward.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Ford

(a) Residence: No. 822 N. Carrollton Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race Colored | 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Ford

6. DATE OF BIRTH (month, day, year) 1847

7. AGE: Years 85 | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Talbot Co. Md.

FATHER

13. NAME Henry Pinny

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Emma Statler

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Annie Pinny

(Address) 822 N. Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lebanon Cem. Date 2/28/32

19. UNDERTAKER Samuel Beverley

(Address) 5787 Belair Rd

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1931, to Feb. 25, 1932

I last saw h alive on Feb. 25, 1932 Death is said to have occurred on the date stated above, at 10a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Other contributary causes of importanre:	
Old age	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) Edw. J. Shutter, M. D.

(Address) 1200 Druid Hill Ave

AaCo. 5-11 250B

HEALTH DEPARTMENT CITY OF BALTIMORE

461

77123

CERTIFICATE OF DEATH

Registered No. B 77123

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Md Gen. Hospital St. 27-53 (Ward)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin Snowden

(a) Residence: No. 1216 E. Eutaw St. Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ella Snowden

6. DATE OF BIRTH (month, day, year) 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	,	?	.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Surrounding County Maryland

FATHER

13. NAME Benjamin Snowden

14. BIRTHPLACE (city or town) (State or country) Lunenburg Co. Virginia

MOTHER

15. MAIDEN NAME Lucy Watkins

16. BIRTHPLACE (city or town) (State or country) Lunenburg Co. Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date 2/28 1932

19. UNDERTAKER Samuel Greenberg
(Address) 5708 Reisterstown Rd.

20. FILED 2-29 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/25 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-17 1932 to 2/25 1932

I last saw him alive on 2-25 1932 death is said to have occurred on the date stated above, at 4:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	4 mo.
Pyloric Obstruction	
Other contributory causes of importance:	
Chronic Myocarditis	1 yr.
Cachexia	2 mos.

Name of operation Gastro-Enterostomy Date of 2/27/32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fred H. Chamberlain M. D.

(Address) Md. Gen. Hospital

AACo. 5-31 2500

E 77124

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77124

CERTIFICATE OF DEATH

501

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Aged Womans Home
CITY OF BALTIMORE: (No. 1404 W Lexington St. 4-27 Ward)
Length of residence in city or town where death occurred 8 yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds

2. FULL NAME Miss Alice Ryland

(a) Residence: No. 1404 W. Lexington St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1846

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	86		✓	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Not known Joseph Ryland
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Priscilla Begby
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Edna M Pennington
(Address) 1404 W Lexington St

18. BURIAL, CREMATION, OR REMOVAL
Place Virginia Date Feb 29 1932

19. UNDERTAKER George J Smith
(Address) 1532 Hollins St

20. FILED Feb 29 1932 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from several years, to Feb 27, 1932
I last saw h[illegible] alive on Feb 27, 1932 death is said to have occurred on the date stated above, at 9.10 Pm
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast	? months

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Eldred Roberts, M. D.
(Address) Franklin Sq Hospital

Spec.—1-10-21—M&T—1500 Blks.

E 77125

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77125

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1320 N. Monford Ave. ST. 8-16 WARD)

2-FULL NAME Lawrence E. Hanson

(a) RESIDENCE NO. 1320 N. Monford Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Hanson

6 DATE OF BIRTH (month, day, and year) Feb. 9, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	70	—	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER John Sawner

11 BIRTHPLACE OF FATHER (city or town) (State or country) not known.

12 MAIDEN NAME OF MOTHER Elizabeth Schley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) not known.

14 Informant (Address) Mary E. Hanson 1320 N. Monford Ave.

15 Filed 2-29 1932 . 19 M.M.C.K. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 26 - 1932

17 I HEREBY CERTIFY, that I attended deceased from Feby 24 . 1932 . to Feby 26 - . 1932 .

that I last saw her alive on Feby 26 - . 1932 ,

and that death occurred, on the date stated above, at 1.06 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage.

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? signs of paralysis

(Signed) Allen C. Beetham, M. D.

2-27 . 1932 (Address) 3139 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cem. DATE OF BURIAL Feb 29 1932

20 UNDERTAKER Geo. W. Little ADDRESS Edmondson

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77126

CERTIFICATE OF DEATH

E 77126

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1520 (St.) Mc Culloh (WARD) 14-20

2. FULL NAME John Edgar Haynes

(a) RESIDENCE NO. 1520 (St.) Mc Culloh (WARD)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Josephine Haynes

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS
10 NAME OF FATHER: Chas. R. Haynes
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md
12 MAIDEN NAME OF MOTHER:
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Josephine Haynes 1520 Mc Culloh

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/25/32

17
I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1932 to Feb. 25, 1932
that I last saw h~~im~~ alive on Feb. 25, 1932
and that death occurred, on the date stated above, at 1:25 A.M.
The CAUSE OF DEATH* was as follows:

Uremia (duration) yrs. mos. 2 ds.
CONTRIBUTORY (~~Secondary~~) Chronic Glomerulo Nephritis (duration) yrs. 2 mos. 7 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical
(Signed) John H. Fogarty M.D.
2/26 1932 (Address) 612 N. Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn
DATE OF BURIAL: Feb 27 1932

20 UNDERTAKER: Samuel W. Chase Jr.
ADDRESS: 638 N. Fulton

C. HAMPSON JONES, M. D.
FEB 26 1932

A&Co. 5-31 2500

Dr. S. J. Levy 1844 N. North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77127

CERTIFICATE OF DEATH

131 E 77127

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1640 N. Appleton St. 15 Ward)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U.S. If of foreign birth 35 yrs. ... mos. ... ds.

2. FULL NAME Sarah Blumberg

(a) Residence: No. 1640 N. Appleton St. St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dead

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or ... min.
	83			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Nathan Blumberg
(Address) 1640 N. Appleton St

18. BURIAL, CREMATION, OR REMOVAL
Place North Point Rd. Date 2-28, 1932

19. UNDERTAKER Levi Levine
(Address) 1927 E. Baltimore St

20. FILED ..., 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1931, to Feb 27, 1932

I last saw her alive on Feb 26, 1932 death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Disease	?
Chronic Nephritis	?

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis T. Levy M. D.
(Address) 1844 N. North Ave.

A&Co. 5-11 2501

Dr Kader Entaw Pl 2306

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77128

CERTIFICATE OF DEATH

82-001

E 77128

1. PLACE OF DEATH — Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3901 Forrest Park Ave., St. 15-6-4 Ward)

Length of residence in city or town where death occurred 42 yrs. mos ds. How long in U.S. if of foreign birth? 56 yrs mos ds.

2. FULL NAME Sarah Leibowitz

(a) Residence: No. 3901 Forrest Park Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Isaac Leibowitz

6. DATE OF BIRTH (month, day, year)

7. AGE — Years	Months	Days	If LESS than 1 day, hrs. or min.
92			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper**, etc. Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank**, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. [illegible]
(Address) 3901 Forrest Park Ave

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 2-29 1932

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-27-32 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1932 to Feb 26th 1932

I last saw him alive on Feb 20 1932, death is said to have occurred on the date stated above, at 1:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arterio sclerosis	?
Other **contributory causes** of importance:	
Cerebral hemorrhage	Feb 20th

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? — If so, specify .....

(Signed) B. Kader, M. D.

(Address) 2306 Entaw Place

AaCo. 5-11 250B

Fannie Gallin

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77129

E 77129

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St. 9-13 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fannie Gallin

(a) Residence: No. 3 Angelus Pl St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harris

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Louis Gallin
14. BIRTHPLACE (city or town) (State or country) Russia
15. MAIDEN NAME Sarah Gallin
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Walter Gallin
(Address) 2920 Oakley Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 2-28 19 32

19. UNDERTAKER Post Funeral Home
(Address) 1409 E Baltimore St

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1932, to Feb. 26, 1932
I last saw h[illegible] alive on Feb 27, 1932 death is said to have occurred on the date stated above, at 12:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	Jan '31
Other contributory causes of importance:	
Pneumonia Lobular (-)	

Name of operation Dr. [illegible] Date of 1/22/32

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Walter Cohn M. D.
(Address) Sinai Hospital

AACo. 5-31-2008

77130

E 77130

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 2-3-54 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S. if of foreign birth? 25 yrs. mos. ds.

2. FULL NAME Mrs Dora Wolfe -

(a) Residence: No. 726 Newington Ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of David Wolfe

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Benjamin Besser

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sara

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Dr Samuel B. Wolfe

(Address) 1439 E. Balt St

18. BURIAL, CREMATION, OR REMOVAL Lord Baltimore Date 2-28 1932

19. UNDERTAKER Jack Levin Inc

(Address) 1439 E Balt St

20. FILED ..... 19 1954 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-26 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 18 1932 to Feb 26 1932

I last saw her alive on Feb 26 1932 death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
chr. nephritis	?

Other contributory causes of importance:

Bronchopneumonia 4pr?	3 days

Name of operation none - Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Milton B Hirsh M. D.

(Address) Sinai Hosp

AaCo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53 E 77131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 13 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Culver

(a) Residence: No. Decatur Ala St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Tilton

6. DATE OF BIRTH (month, day, year) May 13, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	11	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Traveling Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 066
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

OCCUPATION

12. BIRTHPLACE (city or town) (State or country) Ala

FATHER

13. NAME Samuel Culver

14. BIRTHPLACE (city or town) (State or country) Ala

MOTHER

15. MAIDEN NAME Sallie Hewes

16. BIRTHPLACE (city or town) (State or country) Ala

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Decatur Ala Date July 28 1932

19. UNDERTAKER John D. Mitchell & Sons
(Address) 1901 Eutaw Place

20. FILED ..... 19 32 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27, 1932

22. I, HEREBY CERTIFY, That I attended deceased from Feb 14, 1932 to Feb 27, 1932

I last saw him alive on Feb 27, 1932 death is said to have occurred on the date stated above, at 1 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor, Cerebral	3 yrs ago
Glioma (malignant)	

Other contributory causes of importance:

operation

Name of operation Craniotomy Date of 2-15-32

What test confirmed diagnosis? Biopsy there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following.
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M B Woodhaer M. D.
(Address) Johns Hopkins Hospital

Spec.—1-10-21—M&T—1500 Blks.

E 77132 ✓ E 77132

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1408 N Gilmor St. 15-21 WARD)

2-FULL NAME Lydia Chatfield

(a) RESIDENCE NO. 1408 N Gilmor ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 73 Months Days If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Howard Co Md

PARENTS

10 NAME OF FATHER: Josh Warfield

11 BIRTHPLACE OF FATHER (city or town) (State or country): Howard Co Md

12 MAIDEN NAME OF MOTHER: Lydia Warfield

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Howard Co Md.

14 Informant (Address): Ella Warfield 1408 N Stricker St

15 Filed FEB 28 1932, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 25 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb 24, 1932, to Feb 25, 1932, that I last saw h e alive on Feb 24, 1932, and that death occurred, on the date stated above, at 8.40A m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency and Anasarca (duration) yrs One mos ds.

CONTRIBUTORY (Secondary) Mitral regurgitation Duration yrs mos ds

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Charles E Clark, M. D.

Feb 27, 1932 (Address) 3214 Piedmont Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Lebanon Cemetery DATE OF BURIAL Feb 28 1932

UNDERTAKER: Virginia A. Brooks ADDRESS 1463 N. Carey

FEB 28 1932 HARRY [illegible], M. D. Registrar

1-30—M & T—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 77133 × 163 E 77133

REGISTERED NO.

E 77133

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Mercy Hospital. ST. 4-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Irwin Brown.

(a) RESIDENCE NO 230 Willow Grove Ave. ST. Chestnut Hill, Philadelphia, Pa. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or WIFE of) Rose Brown.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Attorney at Law.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Philadelphia, Pa.

PARENTS

10 NAME OF FATHER William F. Brown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Philadelphia, Pa.

12 MAIDEN NAME OF MOTHER Julia F. Willits.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Charles B. Downs. (cousin)

(Address) 1615 Pennsylvania Bldg. Philadelphia, Pa.

15 Filed . 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 27, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Veronal Poisoning.
Suicide.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Lord Baltimore Hotel. February 27, 1932

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [illegible] Coroner, M. D.

2/29/32, 19 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Philadelphia, Pa.

DATE OF BURIAL: Feb. 27/32

20 UNDERTAKER: William J. Lickner & Sons.

ADDRESS: North & Pa. Aves.

E. HARRISON JONES, M. D.

AACo. S-II 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

256883 M-16-E-77134 E 77134

CERTIFICATE OF DEATH

Registered No. 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL St. 16-66 (Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Tilbert

(a) Residence: No. 756 E Baltimore St. Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of widower

6. DATE OF BIRTH (month, day, year) May 15 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	9	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Michael Tilbert

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Dabbo

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Family
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Chapel Date 2-29 1932

19. UNDERTAKER H. M. Cook
(Address) 1212 E. Fort Ave

20. FILED 1932 C. HARRISON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-26-1932

22. I HEREBY CERTIFY, That I attended deceased from 1-20, 1932, to 2-26, 1932

I last saw he alive on 2-22, 1932 death is said to have occurred on the date stated above, at 1:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of head of pancreas	1930

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Alan Brunschwig, M. D.

(Address) Johns Hopkins Hospital

Spec. 1-10-71 MAT 1500 Blks

E 77135

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77135

CERTIFICATE OF DEATH.

107-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bellona Ave. St. 27-42 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew Jackson Hobbs
Edgewood Sanitarium

(a) RESIDENCE No. Bellona Ave. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of
Laura Catherine Hobbs

6 DATE OF BIRTH (month, day, and year) Oct 15, 1845

7 AGE: Years 86 Months 4 Days 10 11

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired R. R. Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Pima R. R.

9 BIRTHPLACE (city or town) (State or country) Cumberland, Md.

PARENTS

10 NAME OF FATHER Leonard Hobbs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER (?) Beck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant (Address) Mrs Laura Hobbs 615 Uniontown Rd.

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 26 1932.

17 I HEREBY CERTIFY, That I attended deceased from Feb 22 . 1932 . to Feb. 26 . 1932 .

that I last saw h[illegible] alive on Feb. 26 . 1932 .

and that death occurred, on the date stated above, at 3 45 A m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Same place

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W E Cole M. D.

2-26, 1932 (Address) 6014 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore

DATE OF BURIAL: 2/29 1932

20 UNDERTAKER: J M Crook

ADDRESS: 1217 St Paul St

M. D. B. 1268-9

E 7713 HEALTH DEPARTMENT—CITY OF BALTIMORE 7136

CERTIFICATE OF DEATH

2 10-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs' Hospital St. 8-45 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? 59 yrs. mos. ds.

2. FULL NAME Lawrence Egenhoefer

(a) Residence: No. 2859 Chesterfield Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE~~ Catherine Egenhoefer

6. DATE OF BIRTH (month, day, year) March 12, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Egenhoefer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Weber

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Catherine Egenhoefer

(Address) 2859 Chesterfield Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb 29, 1932

19. UNDERTAKER Percy Meek Sons, Inc

(Address) 1301 E Eager St

20. FILED Feb 29, 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25, 1932

22. I HEREBY CERTIFY That I attended deceased from 19 Pregnancy Present 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 11:00 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured mandible Fractured nose Depressed fracture skull right parietal	2/25/32

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 2/25, 1932

Where did injury occur? Harford Rd & Erdman Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place street accident

Manner of injury While walking struck by automobile

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny M. D. Coroner

(Address) 2200 E Madison St

AACo. 5-31 250B

77137

HEALTH DEPARTMENT CITY OF BALTIMORE

E 77137

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Joseph Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 601 Calvert St., ... Ward)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Rev. Paul Holtz

(a) Residence: No. St. James Rectory St. ..... Ward.
(Usual place of abode) 1225 E. Eager St (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 28 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Priest

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Redemptorist

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

FATHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Records of St. James Rectory
(Address) 1225 E. Eager St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date March 1st 1932

19. UNDERTAKER Henry Koch & Son Inc
(Address) 1301 E. Eager St

20. FILED ..... 19.... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1932, to Feb 27, 1932

I last saw h[illegible] alive on Feb 27 1932 death is said to have occurred on the date stated above, at 2.55 p.m.

The principal cause of death and related causes of importance were as follows:

[redacted]
Streptococcus Cellulitis Face — Date of onset 2 wks

Other contributory causes of importance:
Nephritis — 10 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. H. Thurnin M. D.

Address Mercy Hospital

AaCo. 5-31 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137 E 77138

E 77138

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1538 N. Washington St. 8-17 Ward)

Length of residence in city or town where death occurred 79 yrs. — mos. — ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles A. Wheeler

(a) Residence: No. 1538 N. Washington St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed or divorced HUSBAND of (or WIFE of) Edw. F. Wheeler

6. DATE OF BIRTH (month, day, year) Not Stated

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mr. William A. Wheeler

(Address) 719 N. Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore County Date March 1 19 32

19. UNDERTAKER Henry Roach Sons, Inc.

(Address) 1301 E. Eager St.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 28 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1932, to Feb. 28, 1932

I last saw him alive on Feb. 27 1932 and death is said to have occurred on the date stated above, at 12 M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primal Arterio Sclerosis	

Other contributory causes of importance:

Hypertrophied Prostate - Hydronia.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. D. Schmick M. D.

(Address) 701 N. Kenwood Ave.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-801 ✓ E 77139

E 77139

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2738 Maryland Ave St. 17-51 WARD)

2—FULL NAME Elizabeth Watts

(a) RESIDENCE NO. 2738 Maryland Ave. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6 If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of James L Watts

7 DATE OF BIRTH (month, day, and year) May 2 1859

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	9	9	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Ireland

11 NAME OF FATHER unknown

12 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

13 MAIDEN NAME OF MOTHER unknown

14 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

15 Informant Miss Lottie Smith

(Address) 2738 Maryland Ave

Filed 2-29 1932 . 19 C. HARRISON WILLIAMS M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 26-1932

17 I HEREBY CERTIFY, That I attended deceased from Feb 24, 1932, to Feb 26, 1932

that I last saw h~~e~~ alive on Feb 26, 1932

and that death occurred, on the date stated above, at 2.20 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 5 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas J. Kelly, M. D.

2/27, 1932 (Address) 222 W. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Cemetery

DATE OF BURIAL Feb 29 1932

20 UNDERTAKER Hughes Jones Inc

ADDRESS 424 W Broadway

Rec. 2-29-28—L. F. S.—500 Blks.

E 77140

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 77140

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 E 41st ST. 9-47 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ida J. Bozman

(a) RESIDENCE NO. 711 E 41st ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

6 If married, widowed, or divorced
(or) WIFE of Joseph O Bozman

DATE OF BIRTH (month, day, and year) Feb 25-1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
75 75	75	10	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Somerset Co
(State or country) Md

10 NAME OF FATHER John Rogers.

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Miranda Shore

13 BIRTHPLACE OF MOTHER (city or town) Somerset Co
(State or country) Maryland

14 Informant Joseph O Bozman

(Address) 711 E 41st St

15 FEB 28 1932 Filed 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 26-1932.

17 I HEREBY CERTIFY, That I attended deceased from ~~Jan.~~ , 1922, to Feb. 26, 1932, that I last saw h[illegible] alive on Feb 25, 1932, and that death occurred, on the date stated above, at 5:50 A m.

The CAUSE OF DEATH* was as follows:

Chron Interstitial Nephritis

over (duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) H C Kerr, M. D.

2-26-1932 (Address) 5600 York Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bonaparte Cemetery

DATE OF BURIAL Feb 29 1932

20 UNDERTAKER Myles Gorsuch Inc

ADDRESS 1700 Broadway

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

77141 E 77141

CERTIFICATE OF DEATH

77141

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 537 S. Ponca St. (Ward) 96-37

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Giuseppe Giordano

(a) Residence: No. 517 S. Ponca St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarina Altomare

6. DATE OF BIRTH (month, day, year) Jan. 30 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63		27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Worker

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Valguarnera Italy

13. NAME Salvatore Giordano

14. BIRTHPLACE (city or town) (State or country) Valguarnera Italy

15. MAIDEN NAME Concetta Camioli

16. BIRTHPLACE (city or town) (State or country) Valguarnera Italy

17. INFORMANT Gioacchino Italo
(Address) 2305 Eastern Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross 11. Date July 3 1932

19. UNDERTAKER Geo. E. Pratt Co.
(Address) 1 W. Fayette St.

20. FILED ..... 1932 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-25, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2/10 32, 19..., to 2/26, 19 32

I last saw h[e] alive on 2/25 1932 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	
Cardiac decompensation	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Raymond Hickey, M. D.

(Address) 814 S. Paca St.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE E 77142

7142

CERTIFICATE OF DEATH

92-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1302 Glyndon Ave Ward 29

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Peter Beckmann

(a) Residence: No. 1302 Glyndon Ave Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Anna Beckmann

6. DATE OF BIRTH (month, day, year) Sept. 1, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER FATHER

13. NAME Peter Beckmann

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Kraft

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Anna Beckmann
(Address) 1302 Glyndon Ave

18. BURIAL, CREMATION, OR REMOVAL 3/1/32
Place Greenmount Date 19

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1932 to Feb. 27 1932
I last saw h. IM alive on Feb. 26 1932 death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	
Indefinite	
Other contributory causes of importance:	
Exhaustion	2/25/32

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) R. L. Campbell M. D.

2/27/32 (Address) 1644 Hanover St

M. D. B. 1268-9

E 77143 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

5/ E 77143

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1024 Bennett Place (St.) (Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mariel E. Hannis

(a) Residence: No. 1024 Bennett Place Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C.	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Harris

6. DATE OF BIRTH (month, day, year) Dec 25 184x

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	2.	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ch

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) MD.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Bessie Harris

(Address) 1024 Bennett Place

18. BURIAL, CREMATION, OR REMOVAL

Place Hardegrace MD Date Feb 29 1932

19. UNDERTAKER Wm. R. G. Elliott

(Address) 1225 Eutaw Pl.

20. FILED Feb 29 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27. 32

22. I HEREBY CERTIFY, That I attended deceased from Aug 1931 to Feb 27 1932

I last saw h alive on Feb 26 1932. Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Penis	Aug 1931

(Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. J. Young M. D.

(Address) 1424 E Monument St

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

77144 77144

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

Registered No. 12-49

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Union Memorial St. 12 Ward)

Length of residence in city or town where death occurred yrs. mos 5 ds How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. John Potter Archer

(a) Residence: No. Belair, Md. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Patrick Archer

7. DATE OF BIRTH (month, day, year) April 8 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	10	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cement Mfg

10. Date deceased last worked at this occupation (month and year) Feb 1932

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

13. NAME Mr. Graham Archer

14. BIRTHPLACE (city or town) (State or country) Belair Md

15. MAIDEN NAME Alice Pollard

16. BIRTHPLACE (city or town) (State or country) Balt. Md.

17. INFORMANT Hospital Records
(Address) Mr. F. S. Pierce Jr. 1101 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL
Place Belair Md Date 3-1-, 1932

19. UNDERTAKER H. Hopkins & Co.
(Address) Eutaw & McCulloh

20. FILED 2 C. ... 19... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1932, to Feb 28, 1932

I last saw h[illegible] alive on Feb 28, 1932 death is said to have occurred on the date stated above, at 4:30 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fatty degeneration of the liver	1931

Other contributory causes of importance:
1) Paralytic Ileus
2) Pneumonia, lobar, left

Name of operation Laparotomy & Biopsy of liver Date of Feb 24

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? ? If so, specify Traveled in tropics

(Signed) Samuel McCarolas, M. D.

(Address) Union Mem. Hosp.

A&Co. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

95795 N. Surg 877145 + 54-04 E 77145.

CERTIFICATE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 7-9 ..... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 10 ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME John Paul Jones

(a) Residence: No. 736 Haley St Portland Oregon
St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

7. DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	23			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Midshipman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S.N.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

13. NAME J. P. Jones

14. BIRTHPLACE (city or town) (State or country) Wisconsin

15. MAIDEN NAME Teodora Dolback

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mach. D. C. Date Feb. 28" 1932

19. UNDERTAKER H. R. Sabler
(Address) Mach. D. C.

20. FILED ..... 19— ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1932 to Feb 28, 1932

I last saw him alive on Feb 28, 1932 death is said to have occurred on the date stated above, at 9:22 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis staphylococcus following operation for contamination from necrosis of neck	2 22 32

Other contributory causes of importance:

Cerebellar approach - capt & empyema cerebellum - non-management	May 1931

Name of operation Cerebellum approach Date of 2 22 32

What test confirmed diagnosis? Cap Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Fred W Gieb M. D.

(Address) Johns Hopkins Hospital

Spec.—0-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77146

CERTIFICATE OF DEATH.

92-E 77146

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No 715 N Collington Ave ST. 17 WARD)

2 FULL NAME Barbara Kaspar (Kaskar)

(a) RESIDENCE NO 715 N. Collington ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? 43 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Kaspar

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE — Years: 75 — Months: — Days: — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Austria

PARENTS

10 NAME OF FATHER: Joseph Klinka

11 BIRTHPLACE OF FATHER (city or town) (State or country): Austria

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Austria

14 Informant (Address): Joseph Hanaka 715 N Collington Ave

15 Filed 3-29 1932 H. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 26/32

17

I HEREBY CERTIFY, That I attended deceased from Dec 1, 1931 to Feb 26, 1932

that I last saw h alive on Feb 26, 1932

and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation
Rheumatic

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. 1 mos. 2 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) 2-26-32 Chas Peregoy M.D.

(Address) 900 N Duncan St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Feb 29 1932

20 UNDERTAKER: Frank Brockton — ADDRESS: 1906 Eastern Ave

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

77147

CERTIFICATE OF DEATH

107 E 77147

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St. 12-49 Ward)

Length of residence in city or town where death occurred 67 yrs. 5 mos. 17 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME William G. Dufur Dunton

(a) Residence: No. Cambridge Apts. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jane Mallory Dufur

6. DATE OF BIRTH (month, day, year) Feb 12 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	5	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. President of Co.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dufur Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Eugene S. Dufur

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Hannah Washburn

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Mallory Dufur (wife)
(Address) Cambridge Apts, City

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Feb-29- 1932

19. UNDERTAKER E. Lenart & Mowen Co.
(Address) 108 W. North Ave.

20. Filed ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 19 1932, 19.., to Feb 26 1932, 19..

I last saw h.. alive on 2/26/32 19.. death is said to have occurred on the date stated above, at 2:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	2 days
Other contributory causes of importance: Paralytic Hypostatic Uremia	? 2 days

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury — 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry S. Cutler, M. D.
(Address) University Hospital

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

77148 — 23 E 77148

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 429 S Paca ..... 22-30 ..... Ward)

Length of residence in city or town where death occurred 25 yrs ... mos ... ds. How long in U.S. if of foreign birth? 25 yrs ... mos ... ds

2. FULL NAME ANNA BALCHUNAS

(a) Residence: No. 429 S Paca St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. Balchunas

7. DATE OF BIRTH (month, day, year) No 1889

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
43				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithvania

13. NAME Geo. Saulenckas

14. BIRTHPLACE (city or town) (State or country) Lithvania

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Lithvania

17. INFORMANT George Balchunas
(Address) 429. S. Paca, Street.

18. BURIAL, CREMATION, OR REMOVAL.
Place Holy Redeemer Date March 1, 1932

19. UNDERTAKER John Grebliauckas
(Address) 423. S. Paca. Street.

20. FILED ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-27, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-26, 1932, to 2-27, 1932

I last saw her alive on 2-27, 1932 death is said to have occurred on the date stated above, at 10. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	6 mos ago
Other contributory causes of importance: Cardiac Failure	10a

Name of operation — Date of

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph B Laukaitis M. D.

(Address) 674 Washington Blvd.

AACo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

E 77149 E 77149

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital Registered No. 1274

CITY OF BALTIMORE: (No. Baltimore, Md St. 27-54 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Jessie N. Daily Frederick Co

(a) Residence: No. 5704 Falls Road near Macbeth Ave. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lizzie A

7. DATE OF BIRTH (month, day, year) July 21 1853

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	7	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co Md.

13. NAME Jessie N

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Elizabeth Massonne

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Balto City Hospital (Address) Relative

18. BURIAL, CREMATION, OR REMOVAL Pine Grove Cem Date 3/1 1932

19. UNDERTAKER Walter R. McNamee (Address) 4114 Park Heights Ave

20. FILED 2 1932 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-27-1932

22. I HEREBY CERTIFY, That I attended deceased from 7-19-1930 to 2-27-1932

I last saw him alive on 7-27-1931 death is said to have occurred on the date stated above, at 12.00 Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 weeks ago
Other contributory causes of importance:	
Emphysema	Unknown

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

2-28-32 (Signed) Elmer Leitch Jr. M. D.

(Address) Baltimore City Hospitals

A&Co. 5-31 250B

Ledley O. Sloffer

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77150 **E 77150**

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital — Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St., 15-21 Ward)

Length of residence in city or town where death occurred 29 yrs. — mos. — ds. How long in U.S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Ledley O Sloffer

(a) Residence: No. 1805 Clifton Ave St., ____ Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie E. Sloffer

6. DATE OF BIRTH (month, day, year) Nov 22 1902

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	29	3	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Loveland Laundry

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Oscar B Sloffer

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Birdie A Sedley

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Minnie E. Sloffer
(Address) 1805 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date March 1st 1932

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave

20. FILED ____ 19 ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/22/32

22. I HEREBY CERTIFY, That I attended deceased from 2/26/32, 19__ to 2/27/32, 19__

I last saw h[illegible] alive on 2/27/32, 19__ death is said to have occurred on the date stated above, at 9:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	2/22/32

(b) contributory causes of importance:

Volvulus of Small bowel
Intestinal Obstruction
Pneu. chest trouble in left side of chest

Name of operation Laparotomy Date of 2/26/32

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury — 19__

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Henry P Thelley M. D.

(Address) University Hospital

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

77151

CERTIFICATE OF DEATH.

E 77151

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No.) West Baltimore General Hospital WARD

2 FULL NAME Agnes E. Howard

(a) RESIDENCE NO. 3204 Hayward Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, Divorced (write the word)
F.	W.	Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of James F. Howard.

6 DATE OF BIRTH (month, day, and year) Oct 20 1865

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	4	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Robert Lapp.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Ella Hobbs.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant (Address) Mrs Pearl Mitchell 3204 Hayward Ave

15 Filed 2 FEB 1932 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 27, 1932

17 I HEREBY CERTIFY, That I attended deceased from 2/23, 19 32 to 2/27, 19 32

that I last saw her alive on 2/27, 19 32

and that death occurred, on the date stated above, at 7 35 A. M.

The CAUSE OF DEATH* was as follows:

Chronic Cholecystitis with stones over

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did no operation precede death? yes Date of 2/26/32

Was there an autopsy? no

What test confirmed diagnosis? operative

(Signed) Harry Eshman M. D.

19 (Address) W. Balto (city hosp)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery DATE OF BURIAL Mar 19 32

20 UNDERTAKER P. Diamond & Son 2224 Pitcher St. ADDRESS

2-20—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 77152

E 77152

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Asa Johnson.(C)

(a) RESIDENCE NO. 155 East St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed or divorced HUSBAND of Bertha Johnson.(C)

6 DATE OF BIRTH (month, day, and year) December 7, 1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	2	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Painter.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Plymoth, N. C. North Carolina

PARENTS

10 NAME OF FATHER Anthony Johnson.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina.

12 MAIDEN NAME OF MOTHER Bertha Gaskins.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Bertha Johnson.(C) wife.

(Address) 334 Forrest St.

15 Filed ..., 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 24, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute pulmonary oedema.
Acute dilatation of the heart.

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? 155 East St. Feb. 24, 1932

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto Weinhardt, M. D. Coroner

2/27/32 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cem.

DATE OF BURIAL 2-29 1932

20 UNDERTAKER Byrd & Wright

ADDRESS 1217 McElderry St

Spec—9-30—A. & Co.—250 Blks

E77153

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E77153

131

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto Gen Hosp. (Ward) 15-58

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Charles J Slater

(a) RESIDENCE NO. 3247 Reisterstown Rd ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of ~~WIFE~~ Catherine F Slater

6 DATE OF BIRTH (month, day, and year) Dec 8-1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	4	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired 045

(b) General nature of industry, business, or establishment in which employed (or employer): Butter & Egg

(c) Name of employer: Retired

9 BIRTHPLACE (city or town) (State or country): Carroll Co Md

PARENTS

10 NAME OF FATHER: Lucian Slater

11 BIRTHPLACE OF FATHER (city or town) (State or country): Carroll Co Md

12 MAIDEN NAME OF MOTHER: Martha J Bloom

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Carroll Co Md

14 Informant (Address): Mr John F Slater 3938 Edmondson Ave

15 Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/28/32

17 I HEREBY CERTIFY, That I attended deceased from Dec 5 1931 to Feb 28 1932

that I last saw h~~im~~ alive on Feb 28 1932

and that death occurred, on the date stated above, at 1150 m

The CAUSE OF DEATH* was as follows:

Chronic Glomerular Nephritis & Edema

(duration) ~~1 yr 3 mos~~ ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis & Fracture (duration) unknown ~~mos~~ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Henry Garland M. D.

3/28 1932 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem — DATE OF BURIAL: Mar 1 1932

20 UNDERTAKER: Wm J Sinkwitz & Son — ADDRESS: Lombard

S. HAMILTON JONES, M. D.

3 9 1932

PK

A&Co. 5-31 250R

E 77154

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77154

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes Hospital — Registered No. 35
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Lafayette Ave. St., (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Beatrice Wilson.

(a) Residence: No. 1806 Division St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	colored	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 7, 1910

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
22	1	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME John W. Wilson

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Maria Hutchins

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Basil F. Hutchins
(Address) 1806 Division St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 2/29 1932

19. UNDERTAKER L. D. Hemsley
(Address) 572 W. Biddle St.

20. FILED ... 19... C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/25, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2/23, 1932 to 2/25, 1932

I last saw her alive on 2/25 1932 death is said to have occurred on the date stated above, at 2:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic pulmonary tuberculosis	1929

Other contributory causes of importance:

Pulmonary hemorrhage

Name of operation Hysterectomy Date of 2/22/32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. Hutchins M. D.

(Address) St Agnes Hospital

AaCo. 5-31 250B

77155

HEALTH DEPARTMENT—CITY OF BALTIMORE

77155

CERTIFICATE OF DEATH

92-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2730 Hugo ave St. 9-46 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rose A. Kent

(a) Residence: No. 2730 Hugo ave St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Feb. 25. 1883.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	0	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Label bottler
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sharp & Dohme
10. Date deceased last worked at this occupation (month and year) May 1930
11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town), (State or country) Baltimore Md.

13. NAME Joseph H. Kent
14. BIRTHPLACE (city or town) (State or country) New York.
15. MAIDEN NAME Sarah Leber
16. BIRTHPLACE (city or town) (State or country) New York.
17. INFORMANT Sarah Kent
(Address) 2730 Hugo Ave
18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date Mar 1. 1932
19. UNDERTAKER [illegible] & Son
(Address) [illegible]
20. FILED [illegible] 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27. 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1931, 19..., to Feb 27 1932
I last saw her alive on Feb 26 1932 death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilitation	Feb 27

Other contributory causes of importance
Myocarditis & Coronic Nephritis

Name of operation ... Date of ...
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Dr. A. Zimmerman M. D.
(Address) 2858 Maryland Ave

1-30—M. & T.—100 B—60L

HEALTH DEPARTMENT—CITY OF BALTIMORE

77156

E 77156

CERTIFICATE OF DEATH

186-1601

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md Country Club ST. 16-67 WARD)

2-FULL NAME Charles Ashton Krauth.

(a) RESIDENCE No 1606 St. Stephen ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maud L. Krauth.

6 DATE OF BIRTH (month, day, and year) Nov. 9, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	3	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Dentist
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Ashton A. Krauth

11 BIRTHPLACE OF FATHER (city or town) (State or country) Manchester Md.

12 MAIDEN NAME OF MOTHER Anna R. Martin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Blanche Malley

(Address) 1626 St Stephen St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/28 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull Causing Cerebral Hemorrhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) ..... M. D.
Coroner

. 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem.

DATE OF BURIAL Mar 1 1932

20 UNDERTAKER Wm. J. Pickrell Sons

ADDRESS North Pa

C-20—M & T—100 B—50L

77157.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

REGISTERED NO. E 77157

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1853 W. North Ave ST., 15-21 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma J. Schen

(a) RESIDENCE NO. 1853 W. North Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Single & Legally

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Legally

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 71	70			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Practical Nurse
(b) General nature of industry, business, or establishment in which employed (or employer): Private Service
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Martinsburg W Va

PARENTS

10 NAME OF FATHER Louis Schen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Wolf

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) 1300 Eutaw Place

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Feb 27th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 2 ds

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) Harold S. Paul, M. D. Coroner

Feb 27 1932 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Martinsburg W. Va

DATE OF BURIAL Mar 1 1932

20 UNDERTAKER Farrah Dyer

ADDRESS 1600 N North Ave

C. HAMPSON JONES, M.D.
MAR 2 1932

Spec.—9-30—A. & Co.—250 Blks.

77158 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77158.

CERTIFICATE OF DEATH.

REGISTERED NO. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 N. Stricker st. WARD) 19-27

2. FULL NAME Laura Taylor

(a) RESIDENCE NO. (Usual place of abode) 208 N. Stricker st. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Abt 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Negro

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of: Norman Taylor

6 DATE OF BIRTH (month, day, and year): Jan 18-1908

7 AGE: Years: 24; Months: 1; Days: 8; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Self.

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: Willis Blake

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Anna Nickson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant (Address): Anna Gowins 208 N. Stricker st

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 26-1932

17 I HEREBY CERTIFY, That I attended deceased from Feb. 24th 19 32, to Feb. 26th 19 32

that I last saw her alive on Feb. 26th. 19 32

and that death occurred, on the date stated above, at 6.p m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? None Date of

Was there an autopsy? No.

What test confirmed diagnosis? Urinanylisis

(Signed) Walter J. Jackson M. D.

19 (Address) 1631 W. Franklin st

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: Feb 29 1932

20 UNDERTAKER: [illegible] — ADDRESS: 916 Gay [illegible]

[illegible] JONES, M. D. Registrar

A4Co 5-31 250B

Frank Terl

HEALTH DEPARTMENT CITY OF BALTIMORE E 77159

7159

CERTIFICATE OF DEATH

133

15-63

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. ..... Ward)

Length of residence in city or town where death occurred 15 yrs mos ds. How long in U.S. If of foreign birth? 20 yrs mos ds.

2. FULL NAME Frank Terl

(a) Residence: No. 4001 Cahsfield ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Terl

DATE OF BIRTH (month, day, year) 4-25-1892

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	10	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME OF FATHER Israel Terlitzky

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME OF MOTHER Pearl

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs Terl
(Address) 2405 Rockrose ave

18. BURIAL, CREMATION, OR REMOVAL
Lorraine Pk Cemetery Date 2-29 1932

19. UNDERTAKER Sol Levin Sons
(Address) 1429 E. Pratt St

20. FILED MAR 1 1932 C. PALMER JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-28 1932

22. I HEREBY CERTIFY, That I attended deceased from February 11 1932 to February 28 1932
I last saw him alive on February 28 1932 death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis	Feb 2/1932
Fibroid cancer	Feb 21/32

Other contributory causes of importance:
arteriosclerosis

Name of operation Pyelonephrolithotomy Date of Feb 19
What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 19—
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) A. E. Cahalan, M. D.
(Address) 401 Med Arts Bldg

AACo. 5-31 2308

E 77160 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77160

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Jenkins Mem. Ho 25-62 St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Mary E. McCoy

(a) Residence: No. 3414 Wabash Ave St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Alexander McCoy

7. DATE OF BIRTH (month, day year) 1-3-1863

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	69	1	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Bob Barrett

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Mary Bean

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Mrs. C. F. Good.
(Address) 3411 Wabash a.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date 3/2 1932

19. UNDERTAKER L. Fenner McCurley
(Address) 130 E. 21st.

20. FILED ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day year) 2/25/1932

22. I HEREBY CERTIFY, That I attended deceased from 10/30/1931 to 2/28/1932
I last saw h[illegible] alive on 2/27/1932 death is said to have occurred on the date stated above, at 3:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia Bilateral	2/23/32
Other contributory causes of importance: Cerebral Hemorrhage Residue	2/25/32

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? Date of Injury ..... 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Virgil Venable, M.D.
(Address) Jenkins Hospital

2-29-28—1. F. S.—500 Bks.

77161

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 E 77161

CERTIFICATE OF DEATH

REGISTERED NO. 16-32

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 928 N. Bentlow ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Pauline Pohlman

(a) RESIDENCE NO. 928 N. Bentlow ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 7 mos. ds. 22 How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

~~M married~~, widowed, ~~or divorced~~

~~HUSBAND~~ (or) WIFE of William Pohlman

DATE OF BIRTH (month, day, and year) July 3, 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	7	22	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Balto Md.

10 NAME OF FATHER: Bernard Hof

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

Informant: Carl L. Pohlman

(Address): 715 E. 36th St.

Filed FEB 23 1932, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 25, 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1931, to Feb 25, 1932

that I last saw her alive on Feb. 24, 1932

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis 2 yrs

Endocarditis 2 "

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination Last

(Signed) J. M. Dillard, M. D.

, 19 (Address) 621 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem

DATE OF BURIAL: 2/29/32

20 UNDERTAKER: Geo Lemlach

ADDRESS: 525 N. Fremont

er. 2-23-28—L. P. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77162

CERTIFICATE OF DEATH

92-001 E 77162

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2333 Harford Rd ST 8-45 WARD)

2—FULL NAME Alvin F. Combs.

(a) RESIDENCE NO. 2333 Harford Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Jan 15 1932

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	10	1	10

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Jas. Combs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Emma Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Jas. Combs

(Address) 2333 Harford Rd

15 Filed FEB 20 1932 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 21/32

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1931, to Feb 21, 1932, that I last saw h alive on Feb 21, 1932 and that death occurred, on the date stated above, at 4:30 P m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia Lobular

(duration) yrs. mos. ds.

18 Where was disease contrarted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Alvin B Duncan, M. D.

2/27, 1932 (Address) 718 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Moreland Park Cem'y

DATE OF BURIAL 2/29/32

20 UNDERTAKER Geo Lemlah

ADDRESS 526 N Lyndhurst

Spec—9-30—A & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77163

E 77163

CERTIFICATE OF DEATH.

REGISTERED NO. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 904 S. Curley St. WARD)

2. FULL NAME Martha Jakimowski

(a) RESIDENCE NO. 904 S. Curley St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

6a If married, widowed, or divorced: (or) WIFE of Leo Jakimowski

6 DATE OF BIRTH (month, day, and year): April 22 1897

7 AGE: Years 35 Months 10 Days 5 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife, 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Peter Stanczyski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Mary Malecki

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland.

14 Informant (Address): Leo Jakimowski 904 S. Curley St.

15 Filed 19 H. HAMPDEN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 27 1932

17 I HEREBY CERTIFY, That I attended deceased from 2/6/32, 19 to 2/27/32, 19

that I last saw her alive on 2/25/32, 19

and that death occurred, on the date stated above, at 7.50 m.

The CAUSE OF DEATH* was as follows:

Mitral Regurg.
Cardiac Exhaustion
(not pregnant)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Physician's

(Signed) Dead taker M. D.

19 32 (Address) 316 S Pulaski

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus Cem.

DATE OF BURIAL: March 19 32

20 UNDERTAKER: Kirkowski

ADDRESS: 1000 S Broadway

Spec.—1-12-29—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77164

CERTIFICATE OF DEATH.

107-001

E 77164

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 607 W. Conway (St.) 22-30 (WARD)

2-FULL NAME Samuel Spence

(a) RESIDENCE NO. 607 W. Conway ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 21 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer Jobber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Little Mills Cecil Co. Md.

PARENTS

10 NAME OF FATHER: Elijah Spence

11 BIRTHPLACE OF FATHER (State or country): Little Mills Cecil Co. Md.

12 MAIDEN NAME OF MOTHER: Cecelia Proctor

13 BIRTHPLACE OF MOTHER (State or country): Little Mills Cecil Co. Md.

14 Informant (Address): Edith Proctor Spence 607 W. Conway St.

15 Filed ___, 19___ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 25 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1 1932 to Feb. 25 1932.

that I last saw him alive on Feb. 25 1932

and that death occurred, on the date stated above, at 12.20 noon

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Physical signs.

(Signed) J. A. Hamilton M. D.

2/27 1932 (Address) 1230 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johnson

DATE OF BURIAL: 2-29 1932

20 UNDERTAKER: Joseph A. Lucky

ADDRESS: 709 N. Mount St.

C. HAMPSON JONES

FEB 29 1932

AaCo. 5-31 250B

E 77165 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77165

CERTIFICATE OF DEATH

82-801

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1010 Compton St. 24-33 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Anderson

(a) Residence: No. 1010 Compton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Anderson

6. DATE OF BIRTH (month, day, year) July 12, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	68	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Daniel McCauley

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Ella Walton
(Address) 1010 Compton St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 3/2 1932

19. UNDERTAKER F. A. Brauer & Son
(Address) 703 Hanover St

20. FILED ... 19... ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 27, 1932

I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1931 to Feb. 27, 1932

I last saw her alive on Feb. 26, 1932 death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Exhaustion	2/25/32

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. Campbell M. D.

2/27/32 (Address) 1644 Hanover St

...c.—1-30—M. & T.—250 Bks.

E 77166 . HEALTH DEPARTMENT—CITY OF BALTIMORE . E 77166 .

CERTIFICATE OF DEATH.

+ 100

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 124. N. 22nd ST. 12-50 (WARD)

2-FULL NAME Mary E. Corbett

(a) RESIDENCE NO. 124 N. 22nd ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ..... da. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... da.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	Col	Single

If married, widowed, or divorced
HUSBAND of
or) WIFE of

DATE OF BIRTH (month, day, and year) June 22-1912

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	19	9	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 67°

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Cumberland Va

10 NAME OF FATHER John Corbett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Kate Lacy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant (Address) John Corbett 124. N. 22- Co

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb-28-32

17 I HEREBY CERTIFY, That I attended deceased from Feb-19- 1932 to Feb-28 1932

that I last saw h[illegible] alive on Feb-28 1932

and that death occurred, on the date stated above, at 9A m.

The CAUSE OF DEATH* was as follows: Lobar pneumonia

(duration) ..... yrs. ..... mos. 9 da.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? W. J. Coleman

(Signed) W. J. Coleman, M. D.

2035 McCulloh (Address) Feb 29 1932

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Farmville Va — DATE OF BURIAL March 1932

20 UNDERTAKER Sam'l H. Chase & Son — ADDRESS 638 N. Gilmor

AACo. 5-31 250B

E 77167 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77167

V 117-002

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 27-53 Ward)

Length of residence in city or town where death occurred 63 yrs. 2 mos. 12 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Child Kirk Jr

(a) Residence: No. Roland Park Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced — HUSBAND of (or WIFE of) Mrs Henry C. Kirk

6. DATE OF BIRTH (month, day, year) Dec. 16, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Executive
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jewelry Business
10. Date deceased last worked at this occupation (month and year) Feb 1932
11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME Henry C. Kirk
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Mildred Buckner
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mr. Henry C. Kirk
(Address) Roland Park Apts

18. BURIAL, CREMATION, OR REMOVAL
Place Lund Ridge Date March 1, 1932

19. UNDERTAKER Harry M. Jackson & Son
(Address) Cathedral & Mulberry

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1932, to Feb 28, 1932

I last saw him alive on Feb 28, 1932 death is said to have occurred on the date stated above, at 2:5 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Operation - Partial Gastrectomy	2-26-32
Hernia — "Liver Shock" (?)	2-26-32
C Hyperpyrexia, Tachycardia and Tachypnea	
Other contributory causes of importance: Duodenal Ulcer Pre-operatively	7-28

Name of operation Partial Gastrectomy Gastro-Jejunostomy Date of 2-26-32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert W. Garis, M. D.
(Address) Union Memorial Hosp.

A&Co. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

77168 77168

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph. Hosp 9-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 11 mos. 11 ds How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Lutz

(a) Residence: No. 3 Hamilton Ave. Balt Ward. Balto Co Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Lutz

7. DATE OF BIRTH (month, day, year) Feb 9-1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44		28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md

13. NAME Charles Lutz

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

15. MAIDEN NAME Margaret Lenhoff

16. BIRTHPLACE (city or town) (State or country) Balto Co

17. INFORMANT Josephine Lutz (Address) 3 Hamilton Ave Roslyn

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeem Date March 1, 1932

19. UNDERTAKER Leonard J Rush (Address) 1305 Harford Rd

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1932 to Feb 27, 1932

I last saw h-m alive on Feb 27, 1932 death is said to have occurred on the date stated above, at 2.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Feb 3/32

Other contributory causes of importance:

Emphysema	Feb 10/32
Toxemia	

Name of operation Thoracotomy Date of 2/27/32

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F M Baumgardner M. D.

(Address) St Joseph. Hosp.

Spec.—9 30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77169

E 77169

CERTIFICATE OF DEATH

REGISTERED NO. 159

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 800 William St (ST.) 32-30 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Infant of Mr & Mrs Louis R. Worrel

(a) RESIDENCE NO. 800 William St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word):

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb 25 1932

7 AGE — Years: — Months: — Days: 3 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto, Md.

10 NAME OF FATHER: Louis R. Worrel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Washington D.C.

12 MAIDEN NAME OF MOTHER: Ida M. Stevens

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Lancaster Co, Pa.

14 Informant (Address): Mr Louis R. Worrel 800 William St

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 28 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb 25, 1932, to Feb 28, 1932

that I last saw her alive on Feb 28, 1932

and that death occurred, on the date stated above, at 4:30 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinically

Feb 29 1932 Signed: H. T. Campbell M. D.

(Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery

DATE OF BURIAL: Feb 29 1932

20 UNDERTAKER: John F. Denny

ADDRESS: 715 Light St

C. HAMPSON JONES, M.D.

ACo. 5-31 250B

E 77170 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53 E 77170

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 Greenmount Ave., 10-15 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas F. Gaddden

(a) Residence: No. Thomas F. Gaddden St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Bridget Cully

DATE OF BIRTH (month, day, year) Oct 4 1856

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75 yrs	4	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contractor
10. Date deceased last worked at this occupation (month and year) April 1931
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Mazie Gaddden

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John F. Gaddden
(Address) 212 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date March 2 1932

19. UNDERTAKER Ernest Compton
(Address) 1241 Eutaw St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1932 to Feb 28, 1932

I last saw him alive on Feb 27 1932 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Chr. Nephritis	

Other contributory causes of importance Carcinoma of Left Thumb Dec 1931
Senile Gangrene Right Leg → 2/25/32

Name of operation none Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. R. Geraghty M. D.
(Address) 2225 St Paul St.

Spec.—0 30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

77171 E 77171

CERTIFICATE OF DEATH.

3-A 131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 1611 E. Pratt St. WARD)

2. FULL NAME Annie M. Warnsman

(a) RESIDENCE NO. 1611 E. Pratt St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6a If married, widowed, or divorced
HUSBAND of (or) WIFE of George F. Warnsman

7 DATE OF BIRTH (month, day, and year) Mch. 7, 1853,

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	11	20	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Balto. Md.

11 NAME OF FATHER Gover S. Billington

12 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

13 MAIDEN NAME OF MOTHER Mary M. Marfield

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

15 Informant Thomas J. Billington
(Address) 1611 E. Pratt St.

Filed Feb 29 1932, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 27-32

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1932, to Feb 27, 1932

That I last saw h[illegible] alive on Feb 27, 1932

and that death occurred, on the date stated above, at 4 A M.

The CAUSE OF DEATH* was as follows:

Abronic Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John L. Valentine M. D.

Feb 29 1932 (Address) 14 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: March 1 1932

20 UNDERTAKER: Wm. A. Black — ADDRESS: 927 N. Broadway

Rec. 5-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

CERTIFICATE OF DEATH

77172

REGISTERED NO. E 77172

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 721 N Mount ST. (WARD) 16-27

2—FULL NAME Fannie Kane

(a) RESIDENCE NO. 721 N. Mount ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Wid

If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas Kane

DATE OF BIRTH (month, day, and year): Oct 31st 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	3	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer): 041

(c) Name of employer: Essex Co

BIRTHPLACE (city or town) (State or country): Va

10 NAME OF FATHER: Thomas Gaines

11 BIRTHPLACE OF FATHER (city or town) (State or country): Essex Co Va

12 MAIDEN NAME OF MOTHER: Mary Coombs

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

Informant: Mertie Hopkins

(Address): 721 N Mount

Filed ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 28/32

17 I HEREBY CERTIFY, That I attended deceased from Feb 19 32, 19..., to Feb 28, 19 32, 19...,

that I last saw h alive on Feb 28, 19 32

and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Pulm Edema

Arteriosclerosis (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H Howard M. D.

Feb 29 19 32 (Address) 939 W Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: Mar 2 19 32

20 UNDERTAKER: Frank E Lloyd

ADDRESS: 207 Edmondson

REGISTERED
MAR 2 1932
HARRISON JONES
REGISTRAR

—M. & T.—100 B—50L.

Dr. Link Gen Sec Fulton Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 77173

REGISTERED NO. E 77173

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No.) 1028 N. Fulton Ave STR. (WARD)

2-FULL NAME Julian D. Sours

(a) RESIDENCE NO 1028 N. Fulton Ave STR. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married

married ~~widowed, or divorced~~

HUSBAND of ~~(or) WIFE of~~ Edith Lillian Sours

6 DATE OF BIRTH (month, day, and year) Feb 14th 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	67	0	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Iron Moulder
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: American Brake Shoe Inc

9 BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER William Sours

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

Informant D. O. Nevitt

(Address) 1028 N. Fulton Ave

Filed ..... 193 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 28th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

(duration) 1 yr. 6 mos ds

CONTRIBUTORY (Secondary) (duration) yrs mos ds

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Feild M. D. Coroner

Feb 29 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Roanoke Va

DATE OF BURIAL 2/29/1932

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

AaCo. 5-31 2508

Dr. Fisher 1823 N. Washington St. Mul 5130

HEALTH DEPARTMENT CITY OF BALTIMORE

77174 77174

CERTIFICATE OF DEATH

23

Registered No. 9-47

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 Wyanoke Ave Ward)

Length of residence in city or town where death occurred 61 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Mary T. Coleman

(a) Residence: No. 600 Wyanoke Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 2nd 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	9	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

13. NAME Richard T. Coleman

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine Murphy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Wm H. Coleman

(Address) 600 Wyanoke Ave

18. BURIAL, CREMATION, OR REMOVAL Holt Calvary Richmond Va Date Mch 1932

19. UNDERTAKER Wm H. Cook Co

(Address) 1211 E Fort Ave

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1932 to Feb 27, 1932

I last saw her alive on Feb, 1927 death is said to have occurred on the date stated above, at 6 1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	2 yrs
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Jacob Fisher, M. D.

(Address) 1823 N. Washington

ACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

A 77175 — E 77175 — 96 — Registered No.

1. PLACE OF DEATH — JOHNS HOPKINS HOSPITAL — St., 7-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... Length of residence in city or town where death occurred yrs 1 mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Emma Osterman

(a) Residence: No. Fullerton Md St., Ward. (If non resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Frank

7. DATE OF BIRTH (month, day, year): Apr 27-1868

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	63	8 10	5	0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): N.Y.

13. NAME: George Taylor

14. BIRTHPLACE (city or town) (State or country): Holland

15. MAIDEN NAME: Emmaline Shark

16. BIRTHPLACE (city or town) (State or country): N Y

17. INFORMANT (Address): Records JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL: Cedy Lederman Cemetery Date 3/2/ 1932

19. UNDERTAKER (Address): Wm Cook 1217 St Paul st

20. FILED ..... 19 .... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 27 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 26 . 1932 to Feb 27 . 1932

I last saw her alive on Feb 27 1932 death is said to have occurred on the date stated above, at 9 05 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Coronary sclerosis.	
Myocardial insufficiency	
Terminal bronchopneumonia	5 days
Other contributory causes of importance: Dissecting Aneurysm of aorta	1 year

Name of operation: 0 Date of: 0

What test confirmed diagnosis? Was there an autopsy? Yes

22. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Alan Bernstein M. D.

(Address) Johns Hopkins Hosp

AaCo. 5-31 2508

HEALTH DEPARTMENT CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH

77176 E 77176

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St. 11-24 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Emma Hoffman

(a) Residence: No. Patapsco Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mr Walter Hoffman

DATE OF BIRTH (month, day, year) Sept. 28 1900

AGE Years	Months	Days	If LESS than 1 day, hrs or min.
31	5 4	30	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Patapsco Md

13. NAME Joe Doster

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Lillie Fitz

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Walter A. Hoffmann
(Address) 4940 Dundora Ave

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Cemetery Date 3/1/1932

19. UNDERTAKER Wm Cook
(Address) 1217 E. Paul St.

20. FILED ... 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1932, to Feb 27, 1932

I last saw her alive on Feb 27, 1932 death is said to have occurred on the date stated above, at 11: P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis	1 yr
Cholelithiasis	
Other contributory causes of importance	
Myocardial Failure	2 days

Name of operation Cholecystotomy Date of 2/26/32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) [illegible] M. D.
(Address) Md General Hospital

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77177

CERTIFICATE OF DEATH

E 77177

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1309 S. Clinton St. (Ward) 16-1

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Honora C. Branagan

(a) Residence: No. 1309 S. Clinton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Christopher Branagan

DATE OF BIRTH (month, day, year) Oct 9-1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	4	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto City

13. NAME Ed Conley

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mc Brown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Jr. Branagan

(Address) 1309 S. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Mar 28 1932

19. UNDERTAKER Jno M. Frank & Son

(Address) 511 N. Howard St.

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27th. 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25 1932 to Febr. 27 1932

I last saw her alive on Feb. 26 1932 Death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexia	2/25/32

Other contributory causes of importance:

Arteriosclerosis of brain vessels, hypertension

Name of operation none Date of

What test confirmed diagnosis? Phys. examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

none

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place none

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Jos. A. Rosenblatt, M. D.

(Address) 3018 O'Donnell St.

Spec.—9-30—A. & Co.—250 Blks.

7178

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77178

82

CERTIFICATE OF DEATH

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 134 S. Ellwood Ave. (St.) (1-2 WARD)

2 FULL NAME ELIZABETH KURTZ

(a) RESIDENCE NO. 134 S. Ellwood Ave. (St.) (WARD) (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry C. Kurtz

6 DATE OF BIRTH (month, day, and year) Nov. 21. 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	3	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Schmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Katherine Loechner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Henry C. Kurtz (Husband)
(Address) 134 S. Ellwood Ave.

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 27, 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb. 21 . 1932 . to Feb. 27 . 1932

that I last saw her alive on Feb. 27 . 1932

and that death occurred, on the date stated above, at 3.40 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Surgeons Certificate

(Signed) M. D.

2/29/32 (Address) 405 E. Pat. Pk

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

20 UNDERTAKER Henry Sauder & Sons Inc.

DATE OF BURIAL Mar. 1. 1932

ADDRESS BALTIMORE & BROADWAY

D. B. 1268-9

E 77179

77179 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 12 Ward) 50

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mabel Wheat

(a) Residence: No. 334 Whitridge Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Wheat

7. DATE OF BIRTH (month, day, year) April 12, 1903

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
28		10	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Frederick S. Kaufman

14. BIRTHPLACE (city or town) (State or country) Balto.

15. MAIDEN NAME Cora Woodrow

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mrs Mary Wiedefeld

(Address) 501 E 22nd St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Mar 2 1932

19. UNDERTAKER Mary M Muckerfield

(Address) 501 E 22 nd St

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 .. to 19

I last saw h alive on by inquiry & autopsy 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subdural hemorrhage	2/26/32
Retecinal hemorrhages over carter of brain	
Other contributory causes of importance:	
no visible fracture	

Name of operation none Date of

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Feb 26 1932

Where did injury occur? Corday St between 27th & Whitridge (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place street accident

Manner of injury struck by automobile

Nature of injury Struck head on street

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Foroney Coroner M. D.

(Address) 2222 E Madison St

Co. S-H 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

E 77180 E 77180

CERTIFICATE OF DEATH

95-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph Hosp. (St.) (Ward) 12-14

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laurence Conner

(a) Residence: No. 2010 Maryland St., Balt. Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Helen E Conner

7. DATE OF BIRTH (month, day, year) 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Michael Rocher

14. BIRTHPLACE (city or town) (State or country) Finland

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Helen Rocher

(Address) 2010 Barclay St

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Cemetery Date Mar 1 1932

19. UNDERTAKER Mary M Medford

(Address) 701 E 22nd St.

20. FILED 1932 C. H. THOMPSON JONES, M. D. 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1932 to Feb 27, 1932

I last saw him alive on Feb 27, 1932 death is said to have occurred on the date stated above, at 3:20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular Degeneration with Myocardial Failure	5 mos today
Other contributory causes of importance: Terminal Coronary thrombosis	Instant

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) C. H. Thompson Jones M. D.

(Address) St Joseph Hosp. Balt

Spec.—1-12-23—M&T—500 Blks.

77181

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77181

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (NO. ST. 12 WARD 31)

2-FULL NAME Somers G. Howell

(a) RESIDENCE NO. 644 S. Yewdell St., Philadelphia, Pa. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Harriet Howell

6 DATE OF BIRTH (month, day, and year) June 21, 1859

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min
72	8	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer) Seaman

(c) Name of employer Tug #44 Sambo

9 BIRTHPLACE (city or town) (State or country) New Jersey

PARENTS

10 NAME OF FATHER Isaac Howell

11 BIRTHPLACE OF FATHER (city or town) (State or country) New Jersey

12 MAIDEN NAME OF MOTHER Roxana Budd

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New Jersey

14 Informant (Address) Records, U.S. Marine Hospital Baltimore, Maryland

Filed 2-8-1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 27 19 32

17 I HEREBY CERTIFY, That I attended deceased from October 23, 19 30, to February 27, 1932,

that I last saw him alive on February 27, 1932,

and that death occurred, on the date stated above, at 9:20 P. m.

The CAUSE OF DEATH* was as follows:

Hypertrophy of Prostate

Nephritis, chronic, interstitial

(duration) over 1½ years yrs. mos ds.

CONTRIBUTORY (Secondary) Embolism, arterial, pulmonary

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of 11-2-30

Was there an autopsy? No

What test confirmed diagnosis? Clin. & Lab. findings

(Signed) Emil Tousset, M. D.

2/29, 19 32 Address) U.S. Marine Hospital, Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Philadelphia, Pa DATE OF BURIAL Feb 29, 1932

20 UNDERTAKER Wm. Fickus & Sons ADDRESS North Phila

Spec.—9-30—A. & Co.—250 Bks

77182 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77182

CERTIFICATE OF DEATH.

56

8-45

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 2828 Pelham Ave. St ..... WARD)

REGISTERED NO .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John A. Shanahan

(a) RESIDENCE NO 2828 Pelham Ave. ST ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anna T. Shanahan

6 DATE OF BIRTH (month, day, and year) Nov. 17, 1892

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
39	3	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Policeman

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Balto. Police Dept.

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

10 NAME OF FATHER Daniel Shanahan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER Mary Coan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

PARENTS

14 Informant: Mrs. Anna T. Shanahan
(Address) 2828 Pelham Ave.

15 Filed ....., 19 ..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 27, 1932

17

I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1931, to Feb. 27, 1932

that I last saw h[illegible] alive on Feb. 27, 1932

and that death occurred, on the date stated above, at 8:30 A m.

The CAUSE OF DEATH* was as follows:

Acute Rheumatic Fever

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Infectious carditis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Joseph Sokorny M. D.

, 19 (Address) 2202 E. Northwood

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: Mar. 1, 19 32

20 UNDERTAKER Chas. P. Maier & Son

ADDRESS 1180 North Royal Ave.

MAR 1 1932 BALTIMORE CITY HEALTH DEPARTMENT

ACo. 5-31 250B

7183

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77183

CERTIFICATE OF DEATH

+ 34

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~Johns Hopkins Hospital~~ St., 7-9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Saukko

(a) Residence: No. 1212 Beechwood Rd St., ... Ward. S Garrows Pt Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	White	

6. If married, widowed, or divorced (
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 30-1932

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md
13. NAME unknown
14. BIRTHPLACE (city or town) (State or country) Unknown
15. MAIDEN NAME Irja Saukko
16. BIRTHPLACE (city or town) (State or country) Canada
17. INFORMANT Records
(Address) ... JOHNS HOPKINS HOSPITAL
18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19...
19. UNDERTAKER
(Address)
20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1932 to Feb 19, 1932
I last saw h~~im~~ alive on Feb 19, 1932 death is said to have occurred on the date stated above, at 1.040p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal disturbance	2-10-32
Coma	
Bronchopneumonia	
Septicemia	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) T. S. Anderson, M. D.
(Address) Johns Hopkins Hospital

FEB 23 19

ACo. 5-31 250E

7575

7184

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 77184

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-9 ..... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 14 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Florence Bowie

(a) Residence: No. Odenton Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) unknown

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	23			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housemaid
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc 070
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Wm Bowie

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Florence Branford

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ..... 19 .....

19. UNDERTAKER .....
(Address) .....

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1932 to Feb 27, 1932
I last saw her alive on Feb 27, 1932 death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	1917
Mitral Stenosis	1917

Other contributory causes of importance:

Pulmonary infarction	Feb 1932
Gangrene of lung	Feb 1932

Name of operation ..... Date of .....
What test confirmed diagnosis? Trm Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) ..... M. D.
(Address) .....

ACo. 5-11 2508

77185 HEALTH DEPARTMENT CITY OF BALTIMORE 34E 77185

CERTIFICATE OF DEATH

Registered No. 23773

1. PLACE OF DEATH Red. JOHNS HOPKINS HOSPITAL St., 6-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Stanley Pere

(a) Residence: No. 4 N. Irvine St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	—

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) Nov. 14 - 1931

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	3	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (month and year) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Md
13. NAME Stanley Pere
14. BIRTHPLACE (city or town) (State or country) Poland
15. MAIDEN NAME Florence Massaley
16. BIRTHPLACE (city or town) (State or country) Md
17. INFORMANT (Address) Records

18. BURIAL, CREMATION, OR REMOVAL FEB 29 1932
Date ..... 19 JOHNS HOPKINS HOSPITAL

19. UNDERTAKER
(Address)

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1932 to Feb 25, 1932

I last saw him alive on Feb 25, 1932 death is said to have occurred on the date stated above, at 6½ A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Congenital Syphilis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. S. Anderson M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT CITY OF BALTIMORE

7186 131 E 77186

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals St. 3-4 Ward)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Richard Williams

(a) Residence: No. 213 S. Dallas St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50 ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Dennis ?

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Sarah ? ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records of Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL HOPKINS HOSPITAL FEB 29 1932
Place Date 19

19. UNDERTAKER ~~James Butler~~
(Address)

20. FILED ..... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...
I last saw h... alive on ....., 19... death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Nephritis, Chronic~~ Uremia, acute	2 wks.
Other contributory causes of importance: Hypertension ~~Nephritis, Chronic~~ Arteriosclerosis	Unknown

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ..... M. D.
(Address) Balto. City Hospitals

ACo. 5-31 1500

77187 HEALTH DEPARTMENT CITY OF BALTIMORE E 77187

131

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (13-54 Ward)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 22 mos ds. How long in U.S. If of foreign birth? yrs. mos ds.

2. FULL NAME Samuel Harris

(a) Residence: No. 2513 Druid Hill Ave., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida

DATE OF BIRTH (month, day, year) May 3, 1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	9	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Kenneth Md.

13. NAME George

14. BIRTHPLACE (city or town) (State or country) ? Md.

15. MAIDEN NAME Josephine ?

16. BIRTHPLACE (city or town) (State or country) ? Md.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place ... Date FEB 29 1932

19. UNDERTAKER (Address) ...

20. FILED ..., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1931 to Feb. 25, 1932

I last saw him alive on Feb. 25, 1932 death is said to have occurred on the date stated above, at 2:40 P.M.

The principal cause of death and related causes of importance were as follows:

Nephritis, chronic — Date of onset Sept 1931

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ..., M. D.

(Address) ...

JOHNS HOPKINS HOSPITAL

30—M & T—100 B—501.

77188

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77188

CERTIFICATE OF DEATH

REGISTERED NO. 15

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Found on a lot at Fallsway & Centre Sts. ST. 11-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown.(C)

(a) RESIDENCE NO Do not know. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Do not know.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Do not know.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Police Report. C.O.

(Address)

15 Filed ... 1932 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 16, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Bernhardt X Coroner, M. D.

2/18/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. JOHNS HOPKINS HOSPITAL.

DATE OF BURIAL FEB 29 1932 19

20 UNDERTAKER

ADDRESS

Registrar

Spec—9 30—A. & Co.—250 Blks

7189

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77189

CERTIFICATE OF DEATH

157-02

13-52

1 PLACE OF DEATH

CITY OF BALTIMORE (No) Johns Hopkins Hospital ST. WARD

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Baby McGuire

(a) RESIDENCE NO 3957 Roland Avenue ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred yrs. mos. 25 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	.....

6a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

7 DATE OF BIRTH (month, day, and year) Feb. 4, 1932

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	.....	.....	25	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

10 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Maurice McGuire

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Ruth Holmes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Interment Cath. McGuire

(Address) 3811 Keswick Road

15 Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 29, 1932

17

I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1932, to Feb. 29, 1932

that I last saw her alive on Feb. 28, 1932

and that death occurred, on the date stated above, at 12.05 A.M.

The CAUSE OF DEATH* was as follows:

Meningitis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Congenital Meningocele and Spina Bifida (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No. Refused

What test confirmed diagnosis?

(Signed) Charles H. Sellers M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Pa

20 UNDERTAKER Edmondson Ave

DATE OF BURIAL Mar. 1932

ADDRESS 3815 Edmondson Ave.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

7190 — E 77190

CERTIFICATE OF DEATH

46

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No.) 1602 E. Madison St. 7-13 (WARD)

2 FULL NAME Mamie Elizabeth Wilson

(a) RESIDENCE NO. 1602 E. Madison St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

4 COLOR ~~or race~~: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed or divorced (or) WIFE of: James Wilson

7 DATE OF BIRTH (month, day, and year): 1887. Nov. 11

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	3	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Cambridge Md.

10 NAME OF FATHER: Norah Pinder

11 BIRTHPLACE OF FATHER (city or town) (State or country): Cambridge Md.

12 MAIDEN NAME OF MOTHER: Mary Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Cambridge Md.

14 Informant (Address): Sarah Turner 1136 Millingsport

Filed ... 19 ... Registrar: A. P. [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 26, 1932

17 I HEREBY CERTIFY, That I attended deceased from June 7, 1931 to Feb. 26, 1932

that I last saw her alive on Feb. 25, 1932

and that death occurred, on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows:

Carcinomatosis primary (stomach)

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Wayne Downs M. D.

19 (Address) 1500 E. Madison St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary Cemetery

DATE OF BURIAL: 3/1/32

20 UNDERTAKER: Robert J. Williams

ADDRESS: 1515 McElderry St

C. HAMPSON JONES, M. D.

ACo. 5-11 250R

77191 HEALTH DEPARTMENT—CITY OF BALTIMORE 131

77191 CERTIFICATE OF DEATH E 77191

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Good Shepherd General Hospital

CITY OF BALTIMORE: (No.) 5512 Gilmor St., 7-9 (Ward)

Length of residence in city or town where death occurred 40 yrs How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maggie Carter

(a) Residence: No. 50 So. Dallas St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married, Widowed~~, or Divorced (write the word)
F	C	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Henry Carter

DATE OF BIRTH (month, day, year) Mar 25 - 1872

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
59	60	11	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Beals Island Md

13. NAME OF FATHER Samuel Harris

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME OF MOTHER Nancy Jones

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Beatrice Smith
(Address) 112 S. Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place Beals Island Md Date March 2 1932

19. UNDERTAKER Robt F. Williams
(Address) 1515 McElderry St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/28 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 25 1932 to Feb 28 1932
I last saw her alive on 2/28 1932 death is said to have occurred on the date stated above, at 2:20 P.M.

The principal cause of death and related causes of importance were as follows:

Myo-Cardits — Date of onset Dec 1931

Other contributory causes of Importance:

Nephritis
Arterio Sclerosis

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. R. Boykin M. D.
(Address) 1512 Gilmor

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

77192 E 77192

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 6 (Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Willie Holley

(a) Residence: No. 737 George St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced: HUSBAND of / (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 23, 1921

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Walter Holley

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER

15. MAIDEN NAME Mary Ellis.

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Walter B Spriggs

(Address) 139 W. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Lebanon Cem. Date 3/1 1932

19. UNDERTAKER Walter B. Spriggs

(Address) 139 W Lanvale St.

20. FILED 2 29 1932, 19 C. C. T. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 ; I last saw h alive on Inquiry & operation, 19 ; death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Spleen	2/25/32
Internal Hemorrhage	
Fractured left humerus	

Other contributory causes of importance:

Name of operation Laparotomy Date of 2/26/32

What test confirmed diagnosis Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accidental Date of injury Feb 25 1932

Where did injury occur? George St nr Myrtle Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by automobile

Nature of injury Crushing injury to thorax

24. Was disease or injury in any way related to occupation of deceased? No ✓ If so, specify

(Signed) Joseph Pokorny Coroner M. D.

(Address) 220 E Madison St

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

77193 . CERTIFICATE OF DEATH E 77193 .

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3305 Evergreen Road St. 15-6 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Howard Frazee

(a) Residence: No. 3305 Evergreen Road St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed or divorced HUSBAND of (or) WIFE of Lida Frazee

DATE OF BIRTH (month, day, year) May 31-1847

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	8	29	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Isaac I. Frazee

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Barbara Thomas

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Miss Carrie Frazee

(Address) 3305 Evergreen Road

18. BURIAL, CREMATION, OR REMOVAL

Place Somerfield, Pa Date Mar 1 . 1932

19. UNDERTAKER J. J. Tucker & Son

(Address) Forest Park Ave

20. FILED . 19 . Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/29. 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 . 1932 to Feb 29 . 1932

I last saw him alive on Feb. 28 . 1932 Death is said to have occurred on the date stated above, at 10 00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Gangrene Of right leg	Jan 1/32
Other contributory causes of importance: arteris-selerosis	P

Name of operation None Performed Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? NV Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NV If so, specify

(Signed) Walter S. Hill M.D.

(Address) 2220 Harford Ave

aCo. 5-31 2508

Dr Feary 9100 Lombard St Calvert 4950 ✓

77194 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 66-001 E 77194

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 1308 W. Pratt St. 19-29 Ward)

ngth of residence in city or town where death occurred 32 yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Agnes C. Boyle

(a) Residence: No. 1308 W. Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married ~~widowed, or divorced~~
~~HUSBAND~~ (or) WIFE of Frank O. Boyle

DATE OF BIRTH (month, day, year) Aug 23rd 1875

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	6	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Jas. C. Murphy

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Katherine Lynch

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Frank O. Boyle

(Address) 1308 W. Pratt St

18. BURIAL, CREMATION, OR REMOVAL

Place Federal Meeting Date 3/2/1932

19. UNDERTAKER Wm Cook

(Address) 1217 E Paul St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 29th, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11/23/31, 19 31, to 2/29/, 19 32

I last saw h[illegible] alive on 3/28/ 1932 death is said to have occurred on the date stated above, at 150 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Art. sclerosis	?
Hypertension	
Goitre	
Hypocondition	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Med & Consultation Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Fernand G. Feary, M. D.

(Address) 9100 Lombard

ACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

7195 E 77195

CERTIFICATE OF DEATH

11-00

1. PLACE OF DEATH Franklin Square Hospital — Registered No. 17-35
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Fayette & Calhoun) St. ... Ward.

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Anna Lynch

(a) Residence: No. 605 W Franklin St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) About 1872

AGE Years	Months	Days	If LESS than 1 day, hrs or min.
60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md
13. NAME Michael Lynch
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Mary Kennedy
16. BIRTHPLACE (city or town) (State or country) Ireland
17. INFORMANT Joseph M. Lynch
(Address) 414 E. F. St Sharlows Point
18. BURIAL, CREMATION, OR REMOVAL Cemetery Date 3/2/1932
(Cedarcroft Rd)
19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St
20. FILED 19 H. C. H. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1932 to Feb 29, 1932
I last saw h[illegible] alive on Feb 29 1932 death is said to have occurred on the date stated above, at 8:15 A m.

The principal cause of death and related causes of importance were as follows:
Bronchopneumonia
Bilateral
Carcinoma pulmonary in origin

Date of onset
1.2.32

Other contributory causes of importance:
None

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...
Where did injury occur? No
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.
(Address) [illegible]

1032 C. THOMPSON JONES, M. D.

-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77196

E 77196

CERTIFICATE OF DEATH

203

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Prospect & Filbert Sts. ST. 5-8 (WARD)

2-FULL NAME Otto Polo.

(a) RESIDENCE NO 15 N. East St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. ---------- mos. ---------- ds. How long in U. S., if of foreign birth? 8 yrs. ---------- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) April 7, 1902

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29	10	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Brick-layer.
(b) General nature of industry, business, or establishment in which employed (or employer): Self
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy.

PARENTS

10 NAME OF FATHER Jacob Polo.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy.

12 MAIDEN NAME OF MOTHER Antonia Dare.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy.

14 Informant Hermo Polo. (brother)
(Address) 64 Couselyea St. Brooklyn, N.Y.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 26, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of the skull.
Due to accidental fall on an elevator

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto H. Steinhardt, M. D. Coroner

2/29/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL March 1 1932

20 UNDERTAKER John F Denny

ADDRESS 715 Light St

c. 2-29-28—L. F. S.—500 Bks.

77197

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 77197

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 602 Roslyn Ave | 5-61 WARD

2—FULL NAME Irvin Collins Griggs

(a) RESIDENCE NO. 602 Roslyn Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Marie E Griggs

DATE OF BIRTH (month, day, and year): Oct 5-1886

AGE: Years 45 | Months 4 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shoe Trimmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Peterson Shoe Co

BIRTHPLACE (city or town) (State or country): Baltimore Maryland

10 NAME OF FATHER: James E. Griggs

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Maryland

12 MAIDEN NAME OF MOTHER: Sarah Collins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant: Mrs. Sarah Griggs

(Address): 602 Roslyn Ave

Filed 2-29-1932, 19

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-28-32

17

I HEREBY CERTIFY, That I attended deceased from Oct 15, 1931, to Feb. 28, 1932.

that I last saw him alive on Feb. 28, 1932

and that death occurred, on the date stated above, at 12-10 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Chas. G. Jones, M. D.

2-28, 1932 (Address) 500 E 33rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery

DATE OF BURIAL: Mch 1, 1932

20 UNDERTAKER: Hayes & Jones

ADDRESS: Fort Ave & Broadway

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77198

7198

CERTIFICATE OF DEATH

Registered No. 164-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4008 Liberty Heights Ave (Ward) 15 63

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice L. Jones.

(a) Residence: No. 4008 Liberty Heights St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year): Dec 12 1876

7. AGE: Years 55 | Months 2 | Days 16 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Edward Jones.

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME: Virginia Bennett

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Mrs Eugene Greenison

(Address) 3905 Belle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Cem Date: March 1. 1932

19. UNDERTAKER: John O. Mitchell & Son

(Address) 1900 Eastern Ave

FILED Feb 29 1932, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 28th, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Suicide Asphyxia, Illuminating Gas

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) F. C. Funk, M. D. Coroner

(Address)

-30—M & T—100 B—50L

77199

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77199

CERTIFICATE OF DEATH

11-00

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 425 N. Port ST. 6-10 WARD)

2-FULL NAME Delmar D. Flowers

(a) RESIDENCE NO 425 N. Port ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs ..... mos ..... da. How long in U. S., if of foreign birth? ..... yrs ..... mos ..... da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 18/1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	1	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Walter Flowers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Stella Cooper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant Walter Flowers
(Address) 425 N. Port St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 27/32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage from nose & mouth

(duration) ..... yrs. ..... mos ..... da.

CONTRIBUTORY (Secondary) Probably Influenza

(duration) ..... yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) [signature] M. D.
Coroner

2/29/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Park Cem

DATE OF BURIAL: March 1932

20 UNDERTAKER: H. H. Hobbs Funeral Dir

ADDRESS

Spec.—0-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

77200

CERTIFICATE OF DEATH.

42-001

E 77200

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1027 St. Paul ST. 11-15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Rebecca Hughes Kilpatrick

(a) RESIDENCE NO. 1027 St. Paul ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 84 yrs. 3 mos. 20 ds. How long in U. S., if of foreign birth? 84 yrs. 3 mos. 20 ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm. D. Kilpatrick

DATE OF BIRTH (month, day, and year): May 5, 1847

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	3	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none do

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

BIRTHPLACE (city or town) (State or country): Balto. Maryland

10 NAME OF FATHER: Dr. Jos. F. Perkins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Charles Co. Penna

12 MAIDEN NAME OF MOTHER: Ellen E. Perkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Maryland

14 Informant (Address): Mrs. Wm. D. Kilpatrick Son USA. 1027 St. Paul St. City

Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feby 29-32

17

I HEREBY CERTIFY, That I attended deceased from Jan 18, 1932 to Feby 29, 1932

that I last saw h[er] alive on Feby 29, 1932

and that death occurred, on the date stated above, at 8 A-m.

The CAUSE OF DEATH* was as follows:

Chr. Valvular heart disease - Mitral incomp.

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage + Hemiplegia (duration) — yrs. 1 mos. 13 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Chas J Kellam M. D.

3/1, 1932 (Address) 222 W. Monument St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Hill Cemetery

DATE OF BURIAL: Mar 2 1932

20 UNDERTAKER: Edward Mantz

ADDRESS: Balto

ACo. 3-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

E 77201 01 — CERTIFICATE OF DEATH — 93-E 77201

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 711 (Ward) .....

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Wittle

(a) Residence: No. 813 N Streeper St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie Wittle

7. DATE OF BIRTH (month, day, year) Dec 10 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	2	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Harness Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 608

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 56 yr

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME - Charles Wittle

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Mar 3rd 1932

19. UNDERTAKER Van Ulrich
(Address) 2008 Eastern Ave

20. FILED ..... 19.. Feb 29 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1932, to Feb 29, 1932

I last saw h[illegible] alive on Feb 29 1932 death is said to have occurred on the date stated above, at 5[illegible] P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Other contributory causes of importance: Myocardial failure	2 mo

Name of operation 0 Date of 0

What test confirmed diagnosis? 0 Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Alan Benoste M D
(Address) Johns Hopkins Hosp.

30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

77202 E 77202

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. 30-69 WARD)

2-FULL NAME Rebecca Cohen

(a) RESIDENCE NO 2204 Christian ST., .. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Max Cohen

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 45			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Max Cohen

(Address) 2204 Christian St

15 Filed , 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 29/32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Coronary Thrombus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Obesity

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. J. Waters, M. D. Coroner

2/29/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Ist Carmel

DATE OF BURIAL 3-1 1932

20 UNDERTAKER Jack Levin Inc

ADDRESS 1439 E. Pratt

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186

Registered No. W 77203

1. PLACE OF DEATH 77203 Sinai Hospital St. 15-61 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Leiberman

(a) Residence: No. 3513 Forest Park Ave. St., Ward.
(If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lehig Leiberman

7. DATE OF BIRTH (month, day, year) Feb. 29, 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	0	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Harris Leidenberg

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Belle

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hosp. Records
(Address) Sinai Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Ht. Friendship Date 3/2/ 1932

19. UNDERTAKER Arnold Sondheim & Son
(Address) 1202 Eutaw Place

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1932, to Feb 24, 1932

I last saw her alive on Feb 24, 1932 death is said to have occurred on the date stated above, at 12.15 A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver — Date of onset

Chr. Cholecystitis & Lithiasis

Other contributory causes of importance:

Coronary Embolism

Name of operation Cholecystectomy Date of Feb 23, 1932

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. E. Goodman, M. D.

(Address) Sinai Hospital

20—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 77204

E 77204

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1040 N. Stricker St. (WARD) 16-22

2-FULL NAME David H Lowell

(a) RESIDENCE NO. 1040 N. Stricker St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed or Divorced (write the word): Single

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year): Nov 3-1931

8 AGE — Years: — Months: 3 4 — Days: 16 — If LESS than 1 day, hrs. or min.:

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Baltimore Md

11 NAME OF FATHER: William Lowell

12 BIRTHPLACE OF FATHER (city or town) (State or country): Md

13 MAIDEN NAME OF MOTHER: Lottie Thompson

14 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

PARENTS

15 Informant: Lottie Thompson

(Address): 1040 N. Stricker St.

Filed ... 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Oct 28 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

(Inquest, autopsy or inquiry.)

The CAUSE OF DEATH* was as follows:

Acute Nutritional Disturbance

(duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) ... M. D. Coroner

19 ... (Address) ...

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: March 1st 1932

20 UNDERTAKER: Archibald M. Gaddis 1818

ADDRESS: McCulloh

pec.—9 30—A. & Co.—250 Bks.

77206

HEALTH DEPARTMENT—CITY OF BALTIMORE

01

E 77205

CERTIFICATE OF DEATH

REGISTERED NO.

1 PLACE OF DEATH Baltimore City Hospl (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. Md ST. 34 WARD)

2 FULL NAME John Grob

(a) RESIDENCE NO. 117 S Bethel St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yr. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX	5 COLOR OR RACE	6 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

7a If married, widowed, or divorced HUSBAND of ~~WIFE~~ of Henrietta

7b DATE OF BIRTH (month, day, and year) 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Broom Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Records Balto City Hospl.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/26/32

17 I HEREBY CERTIFY, That I attended deceased from 2/19/, 1932 to 2/26/, 1932

that I last saw h~~er~~ alive on 2/26/, 1932

and that death occurred, on the date stated above, at 11.20 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Psychosis Cerebral Arteriosclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Wm H Feldsmith M. D.

2/27 1932 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel DATE OF BURIAL Mar 1 1932

20 UNDERTAKER John F. Maan ADDRESS 3000 E. Balto St

20—M & T—100 B—50L

77206

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

E 77206

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 S. Castle ST. 2-4 WARD)

2-FULL NAME George Bajerowinski

(a) RESIDENCE NO 120 S Castle ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Bajerowinski

6 DATE OF BIRTH (month, day, and year) Feb 2 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
62	62		26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Brass Finisher
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer McShane Foundry

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Sigmund Bajerowinski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Agnes Bajerowinski

(Address) 120 S Castle

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 28 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? History

(Signed) J. J. Herzog M D, M. D. Coroner

2/28, 1932 (Address) 1205 E Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL/CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 3/1/32

20 UNDERTAKER John F. Moran

ADDRESS 3008 E Balto

E 77207

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77207

CERTIFICATE OF DEATH

59

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Gen. Hosp St. 24-34 Ward)

Length of residence in city or town where death occurred 20 yrs. 10 mos 29 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Raymond L. Richards Jr

(a) Residence: No. 126 E Barney ST St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude C. Richards

7. DATE OF BIRTH (month, day, year) March 30-1911

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
20	10	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Helper 09

10. Date deceased last worked at this occupation (month and year) Dec 1931

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Raymond L. Richards

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME Margaret Remilleux

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Margaret Haegerich
(Address) Maine & Hammond Aves Brooklyn

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date March 3. 1932

19. UNDERTAKER John F. Denny
(Address) 715 Light St

20. FILED ..... 19.. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-28 .1932

22. I HEREBY CERTIFY, That I attended deceased from 2-20-32, 19.., to 2-28-32, 19..

I last saw him alive on 2-28-, 1932 death is said to have occurred on the date stated above, at 4 50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	9 days

Other contributory causes of importance:

Diabetes mellitus	5 years
Gangrene small bowel	9 days

Name of operation — Date of —

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. F. Kenny, M. D.

(Address) South Balto Gen Hosp

Spec.—1-10-21—M&T—1500 Blks.

E 77208 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77208

CERTIFICATE OF DEATH.

50

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 911 Beaumont (St.) 27-48 (Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma R. Jacobs

(a) RESIDENCE NO. 911 Beaumont ST., WARD ..

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced) HUSBAND of (or) WIFE of: Geo R Jacobs

6 DATE OF BIRTH (month, day, and year): Nov 14 1865

7 AGE — Years: 67 — Months: 4 — Days: 15 — If LESS than 1 day, hrs or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore md

PARENTS

10 NAME OF FATHER: Eidman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Frieda Sass

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Germany

14 Informant: J. Albert Taylor

(Address): 911 Beaumont

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-29-1932

17 I HEREBY CERTIFY, That I attended deceased from Oct 14, 1931, to Feby 29, 1932, that I last saw her alive on Feby 29, 1932, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Left Breast

(duration) 2 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Jan 1932

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. M. Duncan, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: March 2 1932

20 UNDERTAKER: M. Jos. Syfer

ADDRESS: 1600 Nor Ave

LaCo. 5-31 2108

E 77209 HEALTH DEPARTMENT—CITY OF BALTIMORE 108 E 77209

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 11-24 Ward)

Length of residence in city or town where death occurred 13 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Pearsall

(a) Residence: No. 926 Mc Culloh St., ... Ward. ...
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of William Pearsall

DATE OF BIRTH (month, day, year) 1904

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greenwood, S.C.

13. NAME William Colman

14. BIRTHPLACE (city or town) (State or country) S. C.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Aunt)
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt Auburn Date 3/2, 1932

19. UNDERTAKER Samuel E. Hemsley
(Address) 57 Bridge St

20. FILED ..., 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1932, to Feb 28, 1932

I last saw her alive on Feb 28, 1932 death is said to have occurred on the date stated above, at 4:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pregnancy & labor	

Other contributory causes of importance:

Lobar pneumonia - bilateral	

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Howe Baker, M. D.

(Address) Univ Hosp.

30—M & T—100 B—50L

E 77210

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77210

CERTIFICATE OF DEATH

108

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 521 Orchard St. 17-24 (WARD)

2-FULL NAME Hattie Burroughs

(a) RESIDENCE NO. 521 Orchard St., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Widow

6a If married, widowed, or divorced: HUSBAND of (or) WIFE of Burroughs

6 DATE OF BIRTH (month, day, and year): 1876 1879

7 AGE: Years 53-55 Months ..... Days ..... If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED: (a) Trade, profession or particular kind of work: Homeless (b) General nature of industry, business, or establishment in which employed (or employer): ..... (c) Name of employer: .....

9 BIRTHPLACE (city or town) ... (State or country) Va

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) ... (State or country) Unknown

12 MAIDEN NAME OF MOTHER [redacted]

13 BIRTHPLACE OF MOTHER (city or town) ... (State or country) Unknown

PARENTS

14 Informant Virgie Harley (Address) 521 Orchard

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and hour) Feb 26th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) ..... yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular Medical

(Signed) ..... M. D. Coroner

Feb 26 1932 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL 3/1 1932

20 UNDERTAKER Samuel J. Hensley

ADDRESS 1118 N Bella

rec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

77211

92-201

E 77211

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 830 Fremont St. 17-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Geo Young

(a) RESIDENCE NO. 830 Fremont ST., WARD ...

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. 8 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) June 1 - 1906

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	8	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Rosenthals Depts

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Geo Young

11 BIRTHPLACE OF FATHER (city or town) (State or country) Chas Co Md

12 MAIDEN NAME OF MOTHER Mary Young

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St Marys Co Md

Informant Mary Young (Address) 830 Fremont

Filed — , 19 32 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 28 1932

17

I HEREBY CERTIFY, That I attended deceased from Oct 30th, 1931, to Feby 28, 1932, that I last saw him alive on Feby 26, 1932 and that death occurred, on the date stated above, at 9.45 A m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) yrs. 4 mos — ds.

CONTRIBUTORY (Secondary) non Compensation

(duration) yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Gustav Wahman, M. D.

, 19 (Address) 850 W Fremont

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL 3/2 1932

20 UNDERTAKER Samuel H Frank

ADDRESS 578 W Baltimore

AAGo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

77212 E 77212

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital 28-64 Registered No. 46

CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. — mos. — ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Katherine Lord

(a) Residence: No. 3502 Millard Ave St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Husband.

6. If ~~married~~ widowed ~~or divorced~~ HUSBAND of (or) WIFE of Wm E Boyd.

7. DATE OF BIRTH (month, day, year) 10/25/1862

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	4	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 3/2/1932

19. UNDERTAKER Ira Hirsh & Son
(Address) 2503 Edmondson Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/28/1932

22. I HEREBY CERTIFY, That I attended deceased from 2-3, 1932, to 2/28, 1932

I last saw her alive on 2-28 1932 death is said to have occurred on the date stated above, at 11 17 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Edema Pneumonia Gall Bladder	2 wks
Other contributory causes of importance:	
Cystitis	1 yr
Chronic Nephritis	

Name of operation Cystostomy Date of 2-2-32

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) ..... M. D.

(Address) ..... Med General Hospital

30—M & T—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001

E 77213

REGISTERED NO.

7213

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1619 Lancaster St ST. 2-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mateusz Dzieza

(a) RESIDENCE NO 1619 Lancaster St ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Rosalia Dzieza

7 DATE OF BIRTH (month, day, and year) Unknown

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65	65			

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer None

10 BIRTHPLACE (city or town) (State or country) Poland

11 NAME OF FATHER John Dzieza

12 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

13 MAIDEN NAME OF MOTHER Unknown

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

PARENTS

15 Informant Rosalia Dzieza

(Address) 1619 Lancaster St

Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 28 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? History

(Signed) B. Neary M.D., M. D. (Coroner)

2/11, 1932 (Address) 305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary C.

DATE OF BURIAL March 2 1932

20 UNDERTAKER F W Ozarowski

ADDRESS Eastern Ave 1930

Co. 5-11-2508

HEALTH DEPARTMENT CITY OF BALTIMORE

V 131 E 77214

CERTIFICATE OF DEATH

E 77214

Registered No. 8-40

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3231 Belair Rd St.) (Ward)

Length of residence in city or town where death occurred 51 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Henry J. Schlaus

(a) Residence: No. 3231 Belair Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Ivy B. A. Noakes

3. DATE OF BIRTH (month, day, year) Mar 17 1881

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	51 yrs.	11 mo	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt. Ord Room

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mt. Burg Bldg.

10. Date deceased last worked at this occupation (month and year) Feb 27 1932

11. Total time (years) spent in this occupation 12½

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER Antone Schlaus

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Katherine Bick

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Ivy Bell Schlaus (Wife)
(Address) 3231 Belair Road

18. BURIAL, CREMATION, OR REMOVAL Baltimore County Date Mar 2nd 1932

19. UNDERTAKER Edgar W. Coughlin
(Address) 924 Eager St Balto Md

20. FILED — — 19— Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1931 to Feb 27, 1932

I last saw him alive on Feb 27 1932 death is said to have occurred on the date stated above, at 5-58 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	5 yrs
Other contributory causes of importance Chronic Interstitial Nephritis	5 yrs

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, how?

(Signed) John D. Fede M. D.

(Address) 936 Monument

AACo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

E 77215 E 77215

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 917 S. Tremont Ave St. 21-34 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Matthews No. 1

(a) Residence: No. 917 S. Tremont Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	S

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) February 27 1932

8. AGE	Years	Months	Days	If LESS than 1 day, 16 hrs. or 20 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. New Born

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Percy Matthews

14. BIRTHPLACE (city or town) (State or country) Balt. Md

15. MAIDEN NAME Mabel White

16. BIRTHPLACE (city or town) (State or country) Balt Md

17. INFORMANT Mabel Matthews

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Sepulchre Date Burned 19 3

19. UNDERTAKER

(Address)

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 27. 1932

22. I HEREBY CERTIFY, That I attended deceased from 2/27, 1932 to 2/27, 1932

I last saw him alive on 2/27, 1932 death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abortion (24 wks)	

Other contributory causes of importance:

Pat S Tremont

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Lewis H. Kemp M. D.

(Address) 1111 E. Monument.

Spec.—9 30—A. & Co.—250 Bks

E 77216 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77216

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 602 S. Smallwood St. ST. 20-12 WARD 13 1/2

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME George W. Forney

(a) RESIDENCE NO 602 S. Smallwood St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Helen T.(nee Counselman)

7 DATE OF BIRTH (month, day, and year) Oct. 21, 1859.

8 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	4	8	

9 OCCUPATION OF DECEASED Retired

(a) Trade, profession or particular kind of work Machinist Helper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B. & O. R. R.

10 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

11 NAME OF FATHER Jacob E. Forney

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Mrs. Helen T. Forney,
(Address) 602 S. Smallwood St.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 29/32

17

I HEREBY CERTIFY, That I attended deceased from February 21, 1932, to February 29, 1932

that I last saw him alive on February 29, 1932

and that death occurred, on the date stated above, at 12 20 M.

The CAUSE OF DEATH* was as follows:

Uraemia; Chronic interstitial Nephritis; Endocarditis; Mitral insufficiency; Hypertension

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Influenza Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Robert C. Thaler M. D.

March 1/32 (Address) 2151 Walbrook Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western — DATE OF BURIAL 3/2/32

UNDERTAKER — ADDRESS 4101 Edmondson Ave.

AaCo. 5-31 2500

77217

HEALTH DEPARTMENT CITY OF BALTIMORE

77217

CERTIFICATE OF DEATH

Registered No. 107-001

1. PLACE OF DEATH Md Gen Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 11-24 St. or Ward)

Length of residence in city or town where death occurred yrs. mos 1 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Beezer, II

(a) Residence: No. Liberty Gardens Randallstown Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		2		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

13. NAME Irving Keyser

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Bertie McCollister

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Westminster Date Mar 2. 1932

19. UNDERTAKER J. Francis Reese
(Address) Westminster Md.

20. FILED ____, 19__ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-29, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-29, 1932 to 2-29, 1932

I last saw h[illegible] alive on 2-29, 1932 death is said to have occurred on the date stated above, at 8:4 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition since Birth	
Bronchial pneumonia	2 days

(Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ____, 19__

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Lloyd K. Edwards, M. D.

(Address) Md General Hospital

30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77218

E 77218

CERTIFICATE OF DEATH

REGISTERED NO. 85

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 203 S Clinton St., 26 WARD)

2-FULL NAME John Scheck

(a) RESIDENCE NO. 203 S Clinton St., 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Anna Scheck

7 DATE OF BIRTH (month, day, and year): May 30 1869

8 AGE: Years 62 | Months 8 | Days 28 | If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Manager
(b) General nature of industry, business, or establishment in which employed (or employer): Movie House
(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Balto Md

11 NAME OF FATHER: John Scheck

12 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

13 MAIDEN NAME OF MOTHER: Leupnaun

14 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

15 Informant: Philip Scheck

(Address) 203 S Clinton St

Filed . 192 W. O. W. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 28 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Epilepsy.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? History

(Signed) G. C. Herzog M.D., M. D. Coroner

Feb. 29 1932 (Address) 1353 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cold Spring Cemetery Balt.

DATE OF BURIAL: March 2nd 1932

20 UNDERTAKER: Lilly & Fuller

ADDRESS: 4000 Wolfe St.

PARENT

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77219 01 E 77219

CERTIFICATE OF DEATH

Registered No. 216

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., 16-37 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME E. Michel Krabling

(a) Residence: No. 3704 E Pratt St St., 26 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) November 18, 1922

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER FATHER

13. NAME William Krabling

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Vandion

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret Krabling

(Address) 3704 E Pratt St

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date March 2nd 1932

19. UNDERTAKER Lilly Zuler Funeral Home

(Address)

20. FILED 19 R 814. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Inquiry & autopsy 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Fractured pelvis & Shock — Date of onset

Fracture left clavicle — 2/27/32

Other contributory causes of importance:

Avulsion of tissues left arm & forearm, left thorax & under abdomen.

Name of operation none Date of

What test confirmed diagnosis autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 2/27 1932

Where did injury occur? Lombard & Exton Sts. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place street accident

Manner of injury Run over by bus & U.K.R.

Nature of injury crushing injuries of abdomen

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Jekony Coroner M. D.

(Address) 2200 E Madison St

Spec—9-30—A. & Co.—250 Bks.

77220 HEALTH DEPARTMENT—CITY OF BALTIMORE 77220

CERTIFICATE OF DEATH.

93-003
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH
CITY OF BALTIMORE: (No. Church Home and Infirmary St. 7-4 WARD)

2 FULL NAME Mrs. Sophie Bohm

(a) RESIDENCE NO. 255 South Anne St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of the late John Bohm

DATE OF BIRTH (month, day, and year) Jan. 3, 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60 years	1	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER John Simon

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Rausch

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mrs. Sophie Bohm next of kin.
(Address)

15 Filed . 19 . R. P. H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 28/32

17
I HEREBY CERTIFY, That I attended deceased from Feb 12, 1932, to Feb 28, 1932
that I last saw her alive on Feb 28, 1932
and that death occurred, on the date stated above, at 2 A M.

The CAUSE OF DEATH* was as follows:
Chronic myocarditis
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis
(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical

(Signed) Wilyn B. Coates, M. D.
, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL
Cathedral Cemetery

20 UNDERTAKER
Kirby & Gudat Inc.

DATE OF BURIAL
March 2nd 1932

ADDRESS
1005 W. Lafayette

spec.—9 30—A. & Co.—250 Bks

77221 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77221

CERTIFICATE OF DEATH

92-001 REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 2033 E Hoffman St 8-13 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Zuzanna Zachar

(a) RESIDENCE NO 2033 E Hoffman ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? 42 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Adult	Widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of John Zachar

7 DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

10 NAME OF FATHER Joseph Jordan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Rose Kuda (Address) 2033 E Hoffman

15 Filed ..., 19 R. C. H. Registrar

HAMPSON JONES, P.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 29/32

17 I HEREBY CERTIFY, That I attended deceased from Feb 1 32 to Feb 29 19 32 that I last saw h[illegible] alive on Feb 28 19 32 and that death occurred, on the date stated above, at 7 10 A m.

The CAUSE OF DEATH* was as follows: Chronic Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

2-29-32 (Address) 1001 Mulberry St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer DATE OF BURIAL May 3, 1932

20 UNDERTAKER Frank Brack Jan 1401 Eastwood Ave ADDRESS

Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

7222 E 77222

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1426 Fulton St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Leonard Duvall

(a) Residence: No. 1426 Fulton St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Feb 26 1876

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56		3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 062

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Henry Clay Duvall

14. BIRTHPLACE (city or town) (State or country) Annapolis Md

15. MAIDEN NAME Margaret Weller

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Miss Theresa J Weller

(Address) 1426 Fulton St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Mar 3 19 31

19. UNDERTAKER J. Vernon Lechner

(Address) 1732 Hollins

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1931 to March 1 1931

I last saw him alive on Feb 29 1931 death is said to have occurred on the date stated above, at 12:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Cardiac Dilation	Feb 29
Other contributory causes of importance: acute Hemorrhagic Nephritis	Feb 18-31

Name of operation No Surgical Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Lee Reese M. D.

(Address) Wentworth Apts

ACo. 5-31 250B

7223 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121 E 7.7223

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospt St. 70-71 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Paul Martin Stelly

(a) Residence: No. 325 Lyndhurst St. ... Ward. ...
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	White	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE Gertrude Stelly

7. DATE OF BIRTH (month, day, year) Nov 16 1894

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	3	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Credit Mgr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME John A Stelly

14. BIRTHPLACE (city or town) (State or country) Penna

15. MAIDEN NAME Emma Edmonds

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Gertrude Stelly

(Address) 325 Lyndhurst

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date Mch 2 1932

19. UNDERTAKER Geo A Tyson

(Address) Fulton & Lafayette

20. FILED ..., 19... R. T. F. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27. 1932

22. I HEREBY CERTIFY, That I attended deceased from 2/13. 1932 to 2/27 1932

I last saw h[illegible] alive on 2/27 1932 death is said to have occurred on the date stated above, at 8:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hepatic abscess-multiple	2/6/32
Appendicial abscess rupturing into branch of portal vein	
Other contributory causes of importance: Gen Septicemia	2/13/32
Op	

Name of operation ... Date of ...

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Robt Mercer M. D.

(Address) St Agnes Hosp

c.—2-29-28—L. F. S.—500 Bks.

77224

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50 E 77224

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No.) 2034 E. Biddle ST. 8-13 WARD)

2—FULL NAME Marie A. Carroll

(a) RESIDENCE NO. 2034 E. Biddle ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert E. Carroll

ATE OF BIRTH (month, day, and year): July 20, 1893

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	7	8	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

IRTHPLACE (city or town) (State or country): Balto. Md.

0 NAME OF FATHER: Henry Betz

1 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

2 MAIDEN NAME OF MOTHER: Josephine Brockemeyer

3 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

Informant: Robert E. Carroll

(Address) 2034 E. Biddle St.

Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 28 1932

17 I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1931, to Feb. 28, 1932, that I last saw h alive on February 27, 1932 and that death occurred, on the date stated above, at 11.45 a m.

The CAUSE OF DEATH* was as follows:

Carcinomatosis - diffuse, bones & lungs. Metastases from carcinoma of left breast (duration) yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Pneumonia (duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? X-ray, pathology of breast

(Signed) Harold [illegible] M. D.

19 (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	March 2 1932
20 UNDERTAKER	ADDRESS
Stephen J. Fallon Inc	1000 E. Kenwood ave

Co. 5-31 250R

HEALTH DEPARTMENT CITY OF BALTIMORE

7225 E 77225

CERTIFICATE OF DEATH

92-001

15-68

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2767 W. North Ave. St. ..... Ward .....)

Length of residence in city or town where death occurred 86 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eleanor Catherine Hopkins

(a) Residence: No. 2767 W. North Ave. St., ... Ward .....
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Edward Hopkins

7. DATE OF BIRTH (month, day, year) February 25, 1846

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	-	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Adams County
(State or country) Pennsylvania

13. NAME Francis M. Buddy

14. BIRTHPLACE (city or town) Adams County
(State or country) Pennsylvania

15. MAIDEN NAME Eliza Riddlemoser

16. BIRTHPLACE (city or town) Pennsylvania
(State or country)

17. INFORMANT Mr. Langdon M. Sanborn
(Address) 2767 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date March 2, 19 32

19. UNDERTAKER J. Bl. Brook
(Address) 1003 W. Baltimore St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Februar 29, 19 32

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1932, to Feb 29, 1932

I last saw h er alive on Feb. 29, 1932 death is said to have occurred on the date stated above, at 2.10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteio-Sclerosis	1930
Endocarditis	1930
Other contributory causes of importance:	
Myocarditis	1931

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) J. M. Dolenth, M. D.

(Address) 2800 Garrison Blvd.

ACo. 5-31 250B

HEALTH DEPARTMENT CITY OF BALTIMORE

77226 — 93 - E 77226

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (S. 24 - W. 23)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Benjamin Sheckels

(a) Residence: No. 1103 Hall Alley St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Sadie Sheckels

7. DATE OF BIRTH (month, day, year) Feb. 14, 1862

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70		14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Gen'l
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?
10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

13. NAME Benjamin Sheckels

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

15. MAIDEN NAME Mary Jacobs

16. BIRTHPLACE (city or town) ?
(State or country) Md.

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL.
Place Mt. Olivet Cem. Date March 3, 1932

19. UNDERTAKER O'Neill Cook
(Address) 1003 W. Baltimore St.

20. FILED ....., 19.....
1932 — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1932, to Feb. 28, 1932

I last saw him alive on Feb. 28, 1932 death is said to have occurred on the date stated above, 4:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chr	Jan 1929

Other contributory causes of importance:

Bronchopneumonia	3 days

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) [illegible] M. D.

(Address) City Hosp.

ACo. 5-31 250R

77227 HEALTH DEPARTMENT CITY OF BALTIMORE E 77227

258037

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

JOHNS HOPKINS HOS.

CITY OF BALTIMORE: (No. ..... St. 16-64 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sophie Touchard (Sophia Touchard)

(a) Residence: No. 2735 Prospect St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Touchard

7. DATE OF BIRTH (month, day, year) January 1, 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	1	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Conrad Stump xxxxxxxxxxxxx

14. BIRTHPLACE (city or town) (State or country) Germany xxxxxxxxxxx

15. MAIDEN NAME Martha Hose xxxxxxxxxxx

16. BIRTHPLACE (city or town) (State or country) Germany xxxxxxxxxxx

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date March 2 1932

19. UNDERTAKER J. A. Bloch
(Address) 1005 N. Baltimore St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1932, to Feb 29, 1932

I last saw her alive on Feb 29 1932 death is said to have occurred on the date stated above, at 3 A M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Hypertension Arteriosclerosis	
Uremia.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Dan Denis, M. D.

(Address) Johns Hopkins Hospital

rec.—1-12-23—M&T—500 Blks.

E 77228

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77228

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 105 N. Linwood Ave - 11 (WARD)

2-FULL NAME William Travis Tolley

(a) RESIDENCE NO. 105 N. Linwood Ave WARD White Stone, Va.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs 1 mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced (a) HUSBAND of (or) WIFE of Melissa Jane Tolley

7 DATE OF BIRTH (month, day, and year) June 9, 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	75	8	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Marine Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) 30

(c) Name of employer Old Dominion Steamship Co.

9 BIRTHPLACE (City or town) (State or country) Baltimore Maryland

10 NAME OF FATHER Alexander Tolley

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Davidson

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Mrs. Elizabeth Tolley

(Address) 57 Balmoral Toronto, Canada

15 Filed . 19 RHH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 1, 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 30, 1932 to March 1, 1932

that I last saw h/ alive on March 1, 1932

and that death occurred, on the date stated above, at 4.15 P.M.

The CAUSE OF DEATH* was as follows:

Hypertension Cardio Vascular Renal Disease

(duration) 1 yrs mos ds

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Chas. W. Emmons, M. D.

19 (Address) 2746 Alameda Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Norfolk Va

20 UNDERTAKER Phillips Henley

DATE OF BURIAL Mar 3, 1932

ADDRESS 2016 Chamberlayne Ave

AaCo. 9-31 2500

7229 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77229

253643

CERTIFICATE OF DEATH

95-007

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOS.

CITY OF BALTIMORE: (No. ..... St. 16-23 Ward)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U. S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Lilly Slateman

(a) Residence: No. 1105 W Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John

7. DATE OF BIRTH (month, day, year) June 1858

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	74	8		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ind

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Lilly France

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSP.

18. BURIAL, CREMATION, OR REMOVAL. Place Ft Lincoln Cem Date Mar 8 1932

19. UNDERTAKER George T. McGibney
(Address) 1733 W Mulberry St

20. FILED ..... 19 .....

RVH Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 29 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 12 1931, to Feb 29 1932

I last saw her alive on Feb 29 1932 death is said to have occurred on the date stated above, at 5:17 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	1930
Other contributory causes of importance: Bronchopneumonia	Feb 1932

Name of operation — Date of —

What test confirmed diagnosis Xray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19 —

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased No If so, specify —

(Signed) [illegible] M. D.

(Address) Johns Hopkins Hospital

Spec.—7-17-26—A Co.—200 Blks.

Johnson

HEALTH DEPARTMENT—CITY OF BALTIMORE

13 E 77230

77230

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 514 Lauren St St. 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Johnson

(a) RESIDENCE NO. 514 Lauren St St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fet

4 Color or Race Colored

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1-17-1878

7 AGE 54 Years 1 Months 11 Days

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, professinn or particular kind of wnrk Housework

(b) General nature of industry, business, or establishment in which emplnyed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Lewis Johnson

11 BIRTHPLACE OF FATHER (City or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary E. Kahn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Benjamin Johnson (Address) 514 Lauren St

15 Filed 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 28-1932

17 I HEREBY CERTIFY, That I attended deceased from January 2 . 1932. to July 28 . 1932.

that I last saw her alive on July 27 . 1932.

and that death occurred, on the date stated above, at 6 AM m.

The CAUSE OF DEATH* was as follows:

Apoplexy

Chronic Nephritis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operatinn precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Louis F. Blaustein M. D.

(Address) 3013 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ft Auburn Cem Date of Burial 3-2 1932

20 UNDERTAKER J. J. Gibson ADDRESS 1133 Druid Hill Ave

c—1-30—M. & T.—250 Bks

E 77231

HEALTH DEPARTMENT—CITY OF BALTIMORE

97-001

E 77231

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1807 N Gay ST. 8-16 WARD)

2-FULL NAME Henry Goeller

(a) RESIDENCE No 1807 N Gay ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word): Widowed

If married, widowed, or divorced HUSBAND of or) WIFE of: Anna Goeller

DATE OF BIRTH (month, day, and year): Jan 29th 1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73		28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Grocer

(b) General nature of industry, business, or establishment in which employed (or employer): 034

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Germany.

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

Informant: Maggie Goeller

(Address) 1807 N. Gay St.

Filed 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 27, 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1932 to Jan 27 1932,

that I last saw him alive on Jan 27 1932,

and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Endocarditis

(duration) ? yrs. ? mos ? ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No What test confirmed diagnosis? Physical Laboratory

(Signed) E. M. Parker M. D.

Jan 29, 1932 (Address) 1114 Hartford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: Mar 2 1932

20 UNDERTAKER: Leo S. Leoch

ADDRESS: 1723 Patterson Ave

20—M & T—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

77232 E 77232

CERTIFICATE OF DEATH

REGISTERED NO. 108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1002 Mount St. 16-22 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Garland Jackson

(a) RESIDENCE NO 1002 N Mount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Sing

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Dec 6 1931

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	24	

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Balto. Md.

11 NAME OF FATHER Percy Jackson

12 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

13 MAIDEN NAME OF MOTHER Esther Chesley

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

15 Informant Amelia Chesley

(Address) 1002 N Mount

Filed 1932, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Leslie Haskin, M. D. Coroner

(Address) 1002 N Mount

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem

DATE OF BURIAL Mar. 3 1932

20 UNDERTAKER Samuel P. Chase & Son

ADDRESS 638 N. Gilmor

Co. 5-31 2508

77233 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 77233

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals 23

CITY OF BALTIMORE: (No. ..... St., 20-4 Ward)

Length of residence in city or town where death occurred 5 yrs. 7 mos. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ruth (Laura) Harris

(a) Residence: No. House of Good Shepherd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

7. DATE OF BIRTH (month, day, year) Feb. 11, 1916

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	17	—	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John Harris

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Julia ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Sister Superior Good Shepherd
(Address) Franklin St. Calvaton Road

18. BURIAL, CREMATION, OR REMOVAL
Place St. Peters Cemetery Date May 5, 1932

19. UNDERTAKER George L. Schwat
(Address) 2101 Madison Ave.

20. FILED 1932, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-1, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-29-32, 19..., to 3-1-32, 19...

I last saw h[illegible] alive on 3-1-32, 19... death is said to have occurred on the date stated above, at 10:01 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis ?	12-15-31
Other contributory causes of importance: Post-operative shock with acute ~~bronchial~~ myocardial [illegible]	3-1-32

Name of operation Thoracotomy Date of 3-1-32

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Luther E. Little (per P.S. Hill), M. D.

(Address) Baltimore City Hospitals

ACo. 5-31 2500

77234 HEALTH DEPARTMENT—CITY OF BALTIMORE 77234

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes Hospital
CITY OF BALTIMORE: (No. Wilkins & Caton Ave. St. 25-32 Ward)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr Edward A Lewis,

(a) Residence: No. 1304 Mine Windber, Pa. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Joanna

DATE OF BIRTH (month, day, year)

6. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Pa

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mrs Joanna Lewis
(Address) 1304-42 Mine Windber, Pa.

BURIAL, CREMATION, OR REMOVAL
Place Mountain Lake Pk. Date March 11 1932

UNDERTAKER Mortis Funeral Home
(Address) 1525 N. Howard St

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27 1931, 19..., to March 1, 1932
I last saw h[illegible] alive on March 1 1932 death is said to have occurred on the date stated above, at 1 05 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lower jaw & metastases to glands of neck.	

Other contributory causes of importance:

Starvation	

Name of operation Partial Exc. Date of 12-1-31
What test confirmed diagnosis? Microscopic Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robt Lewis, M. D.
(Address) St Agnes Hosp.

Co. S-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

235 X 137 E 77235

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 10 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Mason

(a) Residence: No. Chestertown Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Maude

6. DATE OF BIRTH (month, day, year) Oct 20 - 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	4		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME OF FATHER Sam Mason

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME OF MOTHER Martha Jackson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place 2/24/32 Date Chestertown Md

19. UNDERTAKER Mrs. Wm. H. Hall
(Address) 108 S. Dundalk Ave

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1932 to Mar 1, 1932
I last saw him alive on Mar 1, 1932 death is said to have occurred on the date stated above, at 2.00 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	1 week
Benign Prostatic Hypertrophy	10 yrs

Other contributory causes of importance:

Name of operation Perineal Date of Feb 24
What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Beverley C. Compton, M. D.
(Address) Johns Hopkins Hosp

ACo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

77236 E 77236

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH Good Shepherd General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1512 N. Gilmor St., Ward 15-43)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. da. Life

2. FULL NAME Laurence T. Hughes

(a) Residence: No. 1365 N. Calhoun St., Ward. (If non resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Grace

DATE OF BIRTH (month, day, year) ? 1898

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34			

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper**, etc. Porter
9. Industry or business in which work was done, as **silk mill, saw mill, bank**, etc. McDonald School
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME John H. Hughes

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Laura Young

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Blanch Johnson

(Address) 564 Eutaw

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Zion Cem. Date 12/3/1932

19. UNDERTAKER Wm. Chas. H. Holland

(Address) 63 E. Lanvale St

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-28-1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1932 to Feb. 28, 1932

I last saw him alive on Feb. 28, 1932 death is said to have occurred on the date stated above, at 11.45 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Bilateral)	2-12-32
Other contributory causes of importance: Pericarditis	2-20-32
Meningitis (Pollemonic)	2-27-32

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles T. Woodward M. D.

(Address) Good Shepherd Hosp.

1932 C. HUMPSON Jones H

20—M. & T.—100 B—50L

77237

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-201 E 77237.

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 719 Fields ST. 13-52 WARD

2-FULL NAME William J Hood

(a) RESIDENCE NO 719 Fields ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred fifty yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Annie S. Hood.

7 DATE OF BIRTH (month, day, and year) Jan 31/1879.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53.			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ellicott City Md.

10 NAME OF FATHER Wm. J Hood.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Alexine Hood.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

PARENTS

14 Informant Mrs Mary B. Shaw.

(Address) 719 Fields St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 1/1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Obstruction of Heart

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Thos Mosser, M. D. Coroner

3/1, 1932 (Address) 3632 Roland Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Mary's Cem Hampden	Mar 3, 1932
20 UNDERTAKER	ADDRESS
J Walter Irwin	3418 Chestnut Ave.

30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77238

E 77238

CERTIFICATE OF DEATH

93-004

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 936 E. Monument ST. 10-14 WARD)

2-FULL NAME Mary Rickerd

(a) RESIDENCE NO. 1013 Somerset ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unk yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Late John D. Rickerd

7 DATE OF BIRTH (month, day, and year) Unknown

8 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	about 60			

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Probably Md

10 NAME OF FATHER Hoffman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

PARENTS

Informant Inquiry made by Coroner

(Address)

Filed ..... 1932 ..... 192 C. HAMPSON JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 26/32 Feb 26/32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) C. H. Jones, M. D. Coroner

3/1/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer East

DATE OF BURIAL 3/1/32 19

20 UNDERTAKER George J. Smith Inc

ADDRESS 1133 Harlem

ACo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

7239 E 77239

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

Registered No. 93

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4-25 St. Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Stratton

(a) Residence: No. 26 Jasper St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65 ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) ?
(State or country) Va.

13. NAME George Stratton

14. BIRTHPLACE (city or town) ?
(State or country) Va.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Potters Date March 1 1932

19. UNDERTAKER Peter C. Zoeller
(Address) 2435 E. Baltimore St

20. FILED Mar 1 1932 C. HAMPSON JONES, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1907 to Feb. 28, 1932

I last saw him alive on Feb. 28, 1932 death is said to have occurred on the date stated above, at 8:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chr.	2 months
Hypertension	[illegible]

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town; county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas E Crandell M. D.

(Address) Balto. City Hos.

Spec.—7-17-26—A Co.—200 Blks.

77240

HEALTH DEPARTMENT—CITY OF BALTIMORE

160-002

E 77240

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital St. 1124 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME (Baby Boy Pearsall)

(a) RESIDENCE NO. 12 McCulloh St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years | Months | Days: 4 | IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: William Pearsall

11 BIRTHPLACE OF FATHER (City or town) (State or country): N.C.

12 MAIDEN NAME OF MOTHER: Ethel Coleman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): S.C.

14 Informant: Wm Pearsall
(Address) 926 McCulloh St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1932
2-29

17 I HEREBY CERTIFY, That I attended deceased from 2-28, 1932 to 2-29, 1932

that I last saw h. alive on 2-23, 1932

and that death occurred, on the date stated above, at 6:45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage ?

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary): Birth injury ?

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) George McAdams M. D.

3-1, 1932 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. Date of Burial 3/2 1932

20 UNDERTAKER: Samuel H. Hemsley ADDRESS 1 E Eden

2-2-1932

Jones

HEALTH DEPARTMENT—CITY OF BALTIMORE

77241

108 VE 77241

CERTIFICATE OF DEATH

77241
1 PLACE OF DEATH

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No. West Back Infirmary ST. 4th (WARD)

2 FULL NAME Winfield Jones

(a) RESIDENCE NO. 710 E. Oliver ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1914

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) Ord

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Edward Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Bessie Lukins

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Md

14 Informant Edward Jones
(Address) 638 Eden St

15 Filed , 19 Regr.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/1/32

17
I HEREBY CERTIFY, That I attended deceased from 2/26, 1932, to 3/1, 1932

that I last saw h[illegible] alive on 3/1, 1932

and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. 1/3 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) H Cochran M. D.

, 19 (Address) West Balt. Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: 3/5 1932

20 UNDERTAKER: Samuel F. Stansbury McBride

ACo. C-11 2-28

E 77242 HEALTH DEPARTMENT CITY OF BALTIMORE E 77242

CERTIFICATE OF DEATH

23

Registered No. 97-30

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St., (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Raymond Smith

(a) Residence: No. 618 Hanover St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

6. If married, widowed or divorced, HUSBAND of (or) WIFE of Eugene Smith

DATE OF BIRTH (month, day, year) June 23, 1906

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	8	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) October 1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Charles Smith

14. BIRTHPLACE (city or town) (State or country) Richmond, Va

15. MAIDEN NAME Pinkie Gray

16. BIRTHPLACE (city or town) (State or country) Richmond, Va

17. INFORMANT Della Smith
(Address) 697 Pear Smith

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cemetery Date Mar. 2, 1932

19. UNDERTAKER Mrs. Katie B. Williams
(Address) 322 E. Lafayette St.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-27-1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1932 to Feb. 27, 1932

I last saw him alive on Feb. 27, 1932 death is said to have occurred on the date stated above, at 3:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date (year)
Pulmonary Tuberculosis	1931
Bilateral Tuberculous arthritis of knees	1931
Cervical Tuberculosis of spine	Dec 1931
Retro pharyngeal abscess	Jan. 1932
Acute pulmonary edema	Feb 27, 1932

(Other contributory causes of importance)

Name of operation Incision of pharyngeal abscess Date of 2-18-32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wyllie M. Faw M. D.

(Address) University Hospital

77243

HEALTH DEPARTMENT—CITY OF BALTIMORE

48 E 77243

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1011 E. Fayette St. (Ward) 18-2

REGISTERED No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Dora Luvenia White

(a) RESIDENCE No. 1011 E. Fayette St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in (ds or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Joshua White

7 DATE OF BIRTH (month, day, and year) 1886

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	46	unknown	unknown	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Albert King

11 BIRTHPLACE OF FATHER (city or town) Balt. (State or country) Md.

12 MAIDEN NAME OF MOTHER unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant (Address) Joshua White 1011 E. Fayette St

15 Filed _____, 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-28-32

17 I HEREBY CERTIFY, That I attended deceased from 2-20-, 1932, to 2-28-, 1932

that I last saw h[er] alive on 2-28-, 1932

and that death occurred, on the date stated above, at 2.20 P. M.

The CAUSE OF DEATH* was as follows:

Carcinoma of uterus

(duration) unknown. yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) J. W. Conger M. D.

2-29-1932 (Address) 611 N. Carrollton

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laura Cem. — DATE OF BURIAL Mch 2nd 1932

20 UNDERTAKER J. G. Locke — ADDRESS 1302 Jefferson

pec.—9 30—A. & Co.—250 Bks

77244 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 E 77244

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No 3154 Leeds ST. 20-79 WARD)

2 FULL NAME Peter Clinton Howard

(a) RESIDENCE No 3154 Leeds ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	married

6 If married, widowed, or divorced HUSBAND of ~~late WIFE of~~ Helen Howard.

DATE OF BIRTH (month, day, and year) May 22, 1880

AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	51	9	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor 9th

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Peter Howard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Louisa Co. Va

12 MAIDEN NAME OF MOTHER Rachel Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard Co. Md.

14 Informant Helen Howard

(Address) 3154 Leeds St.

15 Filed ___, 19___ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/27/32

17

I HEREBY CERTIFY, That I attended deceased from 12/27/, 1931, to 2/18/32, 1932

that I last saw h~~im~~ alive on 2/18/32, 19

and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows: Myocarditis

(duration) — yrs. 7 mos. — ds.

CONTRIBUTORY (Secondary) ...

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. M. Laurence, M. D.

, 19 (Address) 1232 W. Mosher St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	Mar 3, 1932
20 UNDERTAKER	ADDRESS 322 N.
Mrs. Katie R. Williams	Edmondson St.

30—M & T —100 B—50L

77245

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-aa3 E 77245

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1026 Vine ST. 18-26 (WARD)

2-FULL NAME Robert Bruce

(a) RESIDENCE NO 1026 Vine ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ? mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa

6 DATE OF BIRTH (month, day, and year) Oct. 8th. 1867 ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	64 ?	4 ?	25 ?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Janitor 07°
(b) General nature of industry, business, or establishment in which employed (or employer): Retired
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Prince George County Maryland

10 NAME OF FATHER Paris Bruce

11 BIRTHPLACE OF FATHER (city or town) (State or country): Prince George Co. Maryland

12 MAIDEN NAME OF MOTHER Louisa Neal

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant Ella Tate

(Address) 1026 Vine St.

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 27th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Chronic Myocardial Disease

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Cromwell, M. D. Coroner

2/29, 1932 (Address) 203 Patapsco St., Baltimore, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson Cemetery

DATE OF BURIAL 3-2 1932

20 UNDERTAKER David Easton

ADDRESS 916 Eutaw

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

77246

93-00 E 77246

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 3008 Pinewood Ave St. 27-43 Ward)

2-FULL NAME John Kowalski

(a) RESIDENCE NO 3008 Pinewood ave St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth 66 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of ~~wife of~~ Augusta Kowalski

6 DATE OF BIRTH (month, day, and year) July 6-1866

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	65	7	26 25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) German Poland
(State or country)

PARENTS

10 NAME OF FATHER Walenty Kowalski

11 BIRTHPLACE OF FATHER (city or town) Poland,
(State or country)

12 MAIDEN NAME OF MOTHER Marjanna Beyer

13 BIRTHPLACE OF MOTHER (city or town) Poland.
(State or country)

14 Informant Joseph Kowalski (Son)
(Address) 3008 Pinewood Ave

15 Filed ....., 19 .... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/1/32 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Failure

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) General Arteriosclerosi

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of .....

Was there an autopsy? no

What (est confirmed diagnosis)

(Signed) J. S. [illegible] M. D.

3/1/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cemetery — DATE OF BURIAL March 3-1932

20 UNDERTAKER George A. Weber — ADDRESS 705 S. Ann

D. B. 1269-9

77247 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 77247

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 313 E. 22d. St. 12-50 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. 4 mos. 19 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sallie M. Standiford

(a) Residence: No. 313 E. 22nd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Oct. 10 - 1872

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	4	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

13. NAME Edward F. Standiford

14. BIRTHPLACE (city or town) (State or country) City

15. MAIDEN NAME Amelia E. Hemming

16. BIRTHPLACE (city or town) (State or country) City

17. INFORMANT Alice Taylor

(Address) 313 E. 22nd St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Mar 2 1932

19. UNDERTAKER Lemmon & Sons

(Address)

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 1931 to Feb 29 1932

I last saw her alive on 2/27 1932 Death is said to have occurred on the date stated above, at 8.25a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of Ethmoid with metastasis to Spine & lungs	Aug 1930.

Other contributory causes of importance:

Name of operation ..... Date of ...

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. H. Mc King, M. D.

(Address) 5536 York Rd

D. B. 1265-9

E 77248

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77248

CERTIFICATE OF DEATH

53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 27-51 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. 10 mos. 19 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Helen Stone

(a) Residence: No. 2901 Tchoupitoulas Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of John Stone

DATE OF BIRTH (month, day, year) April 11, 1896

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	7 10	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Wm. Kane

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Mary Anderson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Mar 4 . 19 32

19. UNDERTAKER Philip Young

(Address) 2016 Eutaw St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2/25/32 . 19 . to 2/29/32 . 19 .....

I last saw h~~e~~ alive on 2/25/32 . 19 . Death is said to have occurred on the date stated above, at 7 E.S.T. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Edema of Temporal Lobe of Brain - Left side	1/31

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... . 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E. L. Chambers . M. D.

(Address) Mercy Hospital.

Jacobs

E 77249

77249 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 476

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirm ST. 12-49 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Thomas E. Jacobs

(a) RESIDENCE NO. 3720 Greenmount Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed or divorced HUSBAND of (or) WIFE of Louise A. Jacobs

DATE OF BIRTH (month, day, and year) Dec 24, 1869

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	2	5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ~~Stock~~ Food Broker

(b) General nature of industry, business, or establishment in which employed (or employer) Sea Business

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Wm. Jacobs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant (Address) Mr. Thomas E. Jacobs Jr. 3720 Greenmount Ave.

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 29, 1932

17

I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1932, to Feb. 29, 1932

that I last saw h/m alive on Feb. 29, 1932

and that death occurred, on the date stated above, at 12.12 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Intestinal obstruction

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Balto Md (Office visits)

Did an operation precede death? Yes Date of Feb 2, 1932

Was there an autopsy? No

What test confirmed diagnosis? History & physical exam & operation

(Signed) E. Frank Hewitt M. D.

Feb 29, 1932. (Address) Church Home & Infirmary

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood

DATE OF BURIAL Mar. 2 1932

20 UNDERTAKER John A. Mann

ADDRESS 3100 E. Balto St.

...c.—8-16-29—L. F. S.—100 Bks.

77250

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107 1-001

E 77250

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 405 Schroeder ST. 18-7 (WARD)

2—FULL NAME Wilbur McClain

(a) RESIDENCE NO. 405 Schroeder ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 4 ds. 14 How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Infant

If married, widowed, or divorced
HUSBAND of
(or) WIFE of /

DATE OF BIRTH (month, day, and year) 10-13-1930

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	1	4	16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of indostry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto.
(State or country) Md.

10 NAME OF FATHER Roosevelt McClain

11 BIRTHPLACE OF FATHER (city or town) Durham
(State or country) N. C.

12 MAIDEN NAME OF MOTHER Dolores Brooks

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md.

Informant Dolores McClain
(Address) 405 N. Schroeder St

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-29-32

17 I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1932 to Feb 29, 1932,

that I last saw him alive on Feb 28, 1932

and that death occurred, on the date stated above, at 6:30 P.M.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) 5 yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? no Date of /

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. H. Barkdoll, M. D.

19 (Address) 926 N. Carey St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL 3-3 1932

20 UNDERTAKER Chas G. Cooper

ADDRESS 514 N. Eutaw St.

Co. 5-31 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

7251

CERTIFICATE OF DEATH

119 V E 77251

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Sinai Hospital St. 21-24 Ward)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME John Hall

(a) Residence: No. 1403 Ostend St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 24, 1931

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	67	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Milton Hall

14. BIRTHPLACE (city or town) (State or country) District of Columbia

15. MAIDEN NAME Mary Dillion

16. BIRTHPLACE (city or town) (State or country) Balto Md.

INFORMANT Mary Hall
(Address) 1403 Ostend St

BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Cem. Date March 2, 1932

UNDERTAKER E. Sander Sons Inc
(Address) 1710 Pratt St

FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-1, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1932, to March 1, 1932

I last saw h[illegible] alive on March 1, 1932, death is said to have occurred on the date stated above, at 2:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infantile Diarrhea	
Other contributory causes of importance:	
Prematurity	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Milton Rosh, M. D.
(Address)

Co. 5-31 250B

77252 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 1001 E 77252

CERTIFICATE OF DEATH

Registered No. 186

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 22-30 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Crofsper

(a) Residence: No. 102 W. Dover St., Ward.

(If non-resident give city or town and State)

(Usual place of abode) 45

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) No 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Liverpool Eng.
(State or country)

13. NAME No.

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME No

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Denis Zygas
(Address) 903 S. Paca Street

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date March 2. 1932

19. UNDERTAKER John Grebliauckas
(Address) 423 S Paca Street

20. FILED 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 29 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12 1932 to Feb. 29 1932

I last saw him alive on Feb. 29 1932 death is said to have occurred on the date stated above, at 2.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Feb. 29
Other contributory causes of importance: Fracture left Tibia + fibula	

Name of operation Closed reduction Date of Feb 25

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fell down cellar Steps

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George H. Yeager M. D.

9/27/32 (Address) University Hospital

D. H. 1268-B

77253 HEALTH DEPARTMENT—CITY OF BALTIMORE 77253 E 85

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1930 E Lombard St., 2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine B. Ryan

(a) Residence: No. 1930 E Lombard St., 2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 12 1912

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	19	7	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind.

13. NAME Daniel Ryan

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Theresa Becker

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Daniel Ryan father
(Address) 1930 E Lombard St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Mar. 3 1932

19. UNDERTAKER Lilly & Linthicum
(Address) 423 N Eutaw St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 29 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 20 1932 to Feb 29 1932
I last saw her alive on Feb 25 1932 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epilepsy	

Other contributory causes of importance:
Cardiac Failure

Name of operation ... Date of ...
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Mason Ephraim M. D.
(Address) 1904 E. Baltimore St

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

7254

CERTIFICATE OF DEATH

5 V E 77254

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1317 W Pratt St. (Ward) 18-24

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amelia K Schemma

(a) Residence: No. 1317 W Pratt. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
female	white	widow

6. If married, widowed or divorced
HUSBAND of (or) WIFE of the late Hermann Schemma

DATE OF BIRTH (month, day, year) Aug 13 th 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	6	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Henry Reitz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Aschenbeitel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Lillie K Shipley

(Address) 1317 W Pratt St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date 3/4/32

19. UNDERTAKER John F Cowan & Son

(Address) 901 Hollins St.

20. FILED . 19 . Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/1/32

22. I HEREBY CERTIFY, That I attended deceased from January 1 1932 to February 29 1932 last saw her alive on February 29 1932 Death is said to have occurred on the date stated above, at 12:35 A.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis Endocarditis Cerebral Hemorrhage Senility

Date of onset unknown

Other contributory causes of importance:

Pulmonary Edema

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

3/1/32 (Signed) Norbert L Kyle M. D.

(Address) 2157 Eutaw Pl

—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77255

CERTIFICATE OF DEATH.

54 E 77255

REGISTERED NO.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No.) 2005 W. Mulberry St. 20-37 WARD

2. FULL NAME Agnes M. Dimler

(a) RESIDENCE NO. 2005 W. Mulberry St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	married

6 If married, widowed or divorced
HUSBAND of
(or) WIFE of Frederick Dimler

DATE OF BIRTH (month, day, and year) Oct 15th 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63.	4	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany.

10 NAME OF FATHER Joseph Steuer.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Frederick Dimler. (Address) 2005 W. Mulberry St.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 29th 1932.

17

I HEREBY CERTIFY, That I attended deceased from Feb 25th, 1932, to Feb 29th, 1932

that I last saw her alive on Feb 29th, 1932

and that death occurred, on the date stated above, at 7:15 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Verbal

(Signed) H.B. Hammer M. D.

Feb 29 1932 (Address) 1929 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. New Cathedral Cem. DATE OF BURIAL 3-1-1932

20 UNDERTAKER Thos. J. Cowan & Son. ADDRESS 901 Gilmor St.

-30—M & T —100 B—501.

7256

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107 001

E 77256

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1368 Wordyear ST. 15-33 WARD

2-FULL NAME Leo Tabb

(a) RESIDENCE NO. 1368 Wordyear ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Tabb

7 DATE OF BIRTH (month, day, and year): Apr 27-881

8 AGE: Years 50 | Months 10 | Days 1 | If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Va.

11 NAME OF FATHER: Harry Tabb

12 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

13 MAIDEN NAME OF MOTHER: Hannah Tolliver

14 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

Informant: Mary Tabb

(Address): 1368 Wordyear

Filed . 192 H. H. Jones M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 28th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Broncho Pneumonia

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) A. Ellis M. D. Coroner

1932 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: Mar 2 1932

20 UNDERTAKER: Thomas E. Kellam

ADDRESS: 1302 Pennsylvania Ave

per.—9-30—A. & Co.—250 Blks

E 77257

77257 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No.) 1000 E Monument St. 9-18 (WARD)

2 FULL NAME Alphonsus Joseph Ruppel

(a) RESIDENCE NO. 1000 E Monument St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. 5 mos. 25 ds. How long in U. S., if of foreign birth? 59 yrs. 5 mos. 25 ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of none

DATE OF BIRTH (month, day, and year) Aug 5 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	5	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Supt at the 1886

(b) General nature of industry, business, or establishment in which employed (or employer) Friendly Inn

(c) Name of employer above

BIRTHPLACE (city or town) (State or country) Balto. Maryland

10 NAME OF FATHER Anthony Ruppel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Schmidt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mrs Mary A Ruppel (sister)

(Address) 1000 E Monument St

Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/1/32

17

I HEREBY CERTIFY, That I attended deceased from Feb 8, 1932, to March 1, 1932

that I last saw him alive on March 1, 1932

and that death occurred, on the date stated above, at 12:25 P.M.

The CAUSE OF DEATH* was as follows:

arteriosclerosis. dilatation of left auricle - mitral insufficiency

(Duration) Some years ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? in prison

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Henry Hyde M. D.

, 19 3. (Address) 1000 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery DATE OF BURIAL Mch 4 1932

20 UNDERTAKER Edward H Lemmon & Sons ADDRESS

Co. 5-41 2-08

HEALTH DEPARTMENT—CITY OF BALTIMORE

77258

CERTIFICATE OF DEATH

108 E 77253

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St Agnes Hospital
CITY OF BALTIMORE: (No. Caton & Wilkens Avenue St., 26-12 Ward)
Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rev. Matthew Cahill

(a) Residence: No. St Agnes Hospital St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

If married, widowed, or divorced
HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, year) Aug. 5. 1847

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	6	16 17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R C 018
10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Laurence Cahill
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Rose Monaghan
16. BIRTHPLACE (city or town) (State or country) Ireland
17. INFORMANT Wm Hans Cahill Nephew
(Address) 28 Russell Drive Mt Royal
18. BURIAL, CREMATION, OR REMOVAL Catonsville
Place Mt Carmel Date March 5 19 32
19. UNDERTAKER Leonard Meade
(Address) Baltimore Md
20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2 , 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26th, 1932, to March 2nd, 1932
I last saw him alive on March 2nd 1932 death is said to have occurred on the date stated above, at 6.57 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar— bilateral	2/26/32

Other contributory causes of importance:

Hypertension & Myocarditis	1927
Degeneration becoming	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Robt H. ... M. D.
(Address) St. Agnes Hospital

Co. 5-31 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53 E 77259

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

258 356

1. PLACE OF DEATH E 77259 JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 10-15 Ward)

Length of residence in city or town where death occurred 29 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nellie Bennett.

(a) Residence: No. 1106 Baerwood St., Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE Lester Bennett

DATE OF BIRTH (month, day, year)

6. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 137
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Edward Heath

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Sarah Nussler

16. BIRTHPLACE (city or town) (State or country) W. Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Westminster date March 4 1932

19. UNDERTAKER J. & O. Mitchell & Son
(Address) 1400 Eastern Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 29, 1932, to March 1, 1932

I last saw h[illegible] alive on March 1, 1932 death is said to have occurred on the date stated above, at 9 18 m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor, Acute endocarditis (malignant)	1918

Other contributory causes of importance:

Operation

Name of operation Craniotomy Date of 3-1-32

What test confirmed diagnosis ~~clinical~~ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) M B Woodall, M. D.
(Address) Johns Hopkins Hospital.

Co. 5-31 250P

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77260 ✓

CERTIFICATE OF DEATH

E 77260

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 14 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME David Kaplan

(a) Residence: No. 2507 Eutaw Ave St., Ward. Detroit Mich
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 21 1915

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
13	14	3	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mich

13. NAME Samuel Kaplan

14. BIRTHPLACE (city or town) (State or country) Ill.

15. MAIDEN NAME Ann Simon

16. BIRTHPLACE (city or town) (State or country) Mich.

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Detroit Mich Date March 7 1932

19. UNDERTAKER (Name) John O. Mitchell & Son
(Address) 1411 Eutaw Place

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Feb 17 14, 1932, to March 2, 1932

I last saw him alive on March 2, 1932 death is said to have occurred on the date stated above, at 1.05 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor — Right cerebral glioma Malignant	Dec 1930

Other contributory causes of importance:

None

Name of operation Right Craniotomy Date of 2-16-32

What test confirmed diagnosis Pathological Exam. there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Fred Weil, M. D.

(Address) Johns Hopkins Hosp

ACo. 5-31 2508

E 7726 — E 77261

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

127

1. PLACE OF DEATH (a) Hospital or Institution: Church Home — Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (b) No. ____ St., ____ Ward ____

Length of residence in city or town where death occurred 80 yrs ____ mos ____ ds How long in U.S. if of foreign birth? ____ yrs ____ mos ____ ds

2. FULL NAME Mary Wiley

(a) Residence: No. 2323 East Oliver St., ____ Ward ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frederick Wiley

7. DATE OF BIRTH (month, day, year) 1-6-1852

AGE — Years	Months	Days	If LESS than 1 day... hrs. or ... min.
80	1	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Mary Zimmerman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Christina Kramer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Walter Wiley
(Address) 2323 E Oliver street

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Md Cem Date 3-4 1932

19. UNDERTAKER Albert J. Fitz
(Address) 1601 N Charles Street

20. FILED ____ 19 ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-1-32, 19

22. I HEREBY CERTIFY, That I attended deceased from 2-24-32, 19 ____, to 3-1-32, 19 ____

I last saw h[illegible] alive on 3-1-32 19 ____ death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystitis	
Ulcer bladder	

Other contributory causes of importance:

Influenza

Name of operation Chas Hagerstown Date 3/1/32

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19 ____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) [illegible] M. D.

(Address) Church Hospital

E 77262

E 77262

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1332 N. Carey St. 15-23 (WARD)

2-FULL NAME Lucretia Clark

(a) RESIDENCE. NO. 1332 N. Carey ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel Clark

6 DATE OF BIRTH (month, day, and year): Dec 26. 1865

7 AGE: Years 66 + Months 2 Days 3 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Gabriel Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Sarah J. Clark

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant (Address): Rosa Campbell

15 Filed ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): February 29 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb 26 1932, to Feb 29 1932, that I last saw h alive on Feb 25 1932, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis (duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Age - Anaemia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Histopy - Physical Examination

(Signed) Wm. N. Bright, M. D.

3/1 1932 (Address) 1209 Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem.

DATE OF BURIAL: Mar. 2 1932

20 UNDERTAKER: T. E. Kelson

ADDRESS: 1303 Preston St.

ACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

7263

E 77263

CERTIFICATE OF DEATH

117-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

. PLACE OF DEATH

TY OF BALTIMORE: (No. 1007 S. Linwood Ave. St. 1-1 Ward)

ngth of residence in city or town where death occurred 1 yrs. mos. ds How long in U.S. If of foreign birth? yrs. mos. ds.

. FULL NAME Wincenty Goracki

(a) Residence: No. 1007 S. Linwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Goracki

DATE OF BIRTH (month, day, year) Unk.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland

13. NAME Jan Goracki

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Mary Gorecki
(Address) 1007 S. Linwood Ave.

BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Feb. 4, 19 32

UNDERTAKER F W Ozarzuski
(Address) 1930 Eastern Ave.

FILED ..., 19... Registrar.

RPH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 1, 19 32

22. I HEREBY CERTIFY, That I attended deceased from 2/22, 1932, to 3/1 32
I last saw h alive on 3/32, 19 death is said to have occurred on the date stated above, at ? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric ulcer perforated	not known
Other contributory causes of importance: Peritonitis	8 days

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Manuel Flores, M. D.
(Address) 3165 Eastern Ave

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

77264 — CERTIFICATE OF DEATH — 11-001 — E 77264

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2240 Wilkens Ave St., 70-67 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha A Heinkam

(a) Residence: No. 2240 Wilkens Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
F	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 31 1909

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	1	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hosp

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Edward J Heinkam

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Elizabeth Mick

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Edw J Heinkam
(Address) 2240 Wilkens Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date 3/3/32

19. UNDERTAKER George A Furby
(Address) Fulton Ave & Fayette

20. FILED ..... 19.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from February 27, 1932 to February 29, 1932
I last saw her alive on February 29, 1932 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza Bronchopneumonia.	Feb 27/32
(Influenza Pneumonia)	
Other contributory causes of importance:	
Influenza Edema	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Norbert O Mick M. D.
(Address) 2151 Wilkens ave

ACo. 5-31 250B

77265 HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

77265 E 77265

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1016 Forest St. 10-15 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs ... mos. ... ds.

2. FULL NAME Mary T. Coyne

(a) Residence: No. 1016 Forest St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6. If married, widowed, or divorced WIFE of (or) HUSBAND of: Married Andrew Coyne

7. DATE OF BIRTH (month, day, year) Not known

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about 41				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: maid retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0

10. Date deceased last worked at this occupation (month and year): about two ago

11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (city or town) (State or country): Ireland

13. NAME: Catherine McDonnell

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Sarah McCash

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Father Patrick J. McDonnell

(Address): 1016 Forest St.

18. BURIAL, CREMATION, OR REMOVAL. Place: Cathedral Cemetery Date: March 4, 1932

19. UNDERTAKER: Edward M. Cox Son

(Address): 914 E. Cager St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/1, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10/19, 1931 to 3/1, 1932

I last saw h[er] alive on 2/28, 1932 death is said to have occurred on the date stated above, at ... P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	—
Essential hypertension	—

Other contributory causes of importance:

General Oedema

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Dr Bernard Wells, M. D.

(Address) 1216 E Calvert St

c—1-30—M. & T.—250 Blks.

7266

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77266

CERTIFICATE OF DEATH.

43-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No 2421 Lakeview Ave. WARD 24)

2-FULL NAME Amelia Wechsler

(a) RESIDENCE No 2421 Lakeview Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
...ale	White	Widow

If married, widowed, or divorced
HUSBAND of
or) WIFE of Abraham Wechsler

DATE OF BIRTH (month, day, and year) July 6, 1846

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	7	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) New York, N.Y.

10 NAME OF FATHER Lehman Walker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant (Address) Mrs. M. Blumgarten 2421 Lakeview Ave

Filed ..., 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 1, 1932.

17 I HEREBY CERTIFY, That I attended deceased from Feb 26, 1932, to March 1, 1932, that I last saw h... alive on March 1, 1932, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis and myocarditis (duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute dilatation of Heart (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) I Frederick Lertz, M. D.

3-4, 1932 (Address) Temple Garden Apts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Hope Cem. Brooklyn, N.Y.

DATE OF BURIAL 3/3/1932.

20 UNDERTAKER Baird Sondheimer & Son

ADDRESS 1962 Eutaw Place

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

77267 77267

CERTIFICATE OF DEATH

Registered No. 92-007

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2022 N. Washington St.) (Ward) 8-17

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John A. Linwachter

(a) Residence: No. 2022 N Washington St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Christine Linwachter

6. DATE OF BIRTH (month, day, year) Mar. 14-1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Alex. Linwachter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Wymand

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs C. Linwachter

(Address) 2022 N. Washington St

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date Mar 3. 1932

19. UNDERTAKER J. L. Jeffers. Sons

(Address) North & Lanvale Sts

20. FILED (Date) 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 29. 1932

22. I HEREBY CERTIFY, That I attended deceased from June 11 1931. to Feb 29 1932

last saw him alive on Feb 29 1932 Death is said to have occurred on the date stated above, at 3308 m.

The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis (Mitral Regurgitation) — Date of onset

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) B P Herzog M D M. D.

3/2/32 (Address) 1305 N Baldwin Park Ave

AaCo. 5-31 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

7268 — 131 E 77268

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 303 Hy may Park Div St. 12-57 (Ward)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds

2. FULL NAME Ruth A. Smith

(a) Residence: No. 330 Ehrman Park Drive Ward.
(If usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced (or) WIFE of Thomas L. Smith

7. DATE OF BIRTH (month, day, year) Apr. 28 1859

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	11	4	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (City or town) (State or country) Maryland

14. NAME OF FATHER George Baldwin

15. BIRTHPLACE (City or town) (State or country) Md

16. MAIDEN NAME OF MOTHER Julia Frost

17. BIRTHPLACE (City or town) (State or country) Md

18. INFORMANT Mrs. Howard L. Capp
(Address) 4004 Groyndale Av

19. BURIAL, CREMATION, OR REMOVAL Dyer Rydan Date Mar 3 1932

20. UNDERTAKER J. F. Marshall
(Address) 3539 Falls Road

21. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 1st. 1932

22. I HEREBY CERTIFY, That I attended deceased from February 7th. 1932 to Mar. 1st. 1932

I last saw h alive on Mar 1st 1932 death is said to have occurred on the date stated above, at 11.35 a m

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis — Date of onset ?

Other contributory causes of importance:

Uremia

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George L. E. Capp M. D.

(Address) 28 W 25th St.

7269 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77269

CERTIFICATE OF DEATH

95-002

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen Hosp ST. 16-64 WARD)

2. FULL NAME Joseph F. Eline

(a) RESIDENCE NO. (Usual place of abode) Ruxtelown, Md ST. WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah O Eline

7 DATE OF BIRTH (month, day, and year) Feb. 27 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64		3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Undertaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa.

10 NAME OF FATHER Frances Eline

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Bowers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Edwin Eline (Address) Ruxtelown Md.

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/1/32

17 I HEREBY CERTIFY, That I attended deceased from 2/11, 1932, to 3/1, 1932

that I last saw h[e] alive on 3/1, 1932

and that death occurred, on the date stated above, at 1 35 pm

The CAUSE OF DEATH* was as follows:

Hypertensive Cardio-Vascular Disease

(duration) unknown ds.

CONTRIBUTORY (Secondary) Pleurisy Effusion (duration) yrs. mos. 25 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical, X-ray

(Signed) H Cohman M.D.

, 19 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem. DATE OF BURIAL: Mar. 5 1932

20 UNDERTAKER: J. F. Eline & Sons ADDRESS: Ruxtelown Md

aCo. 5-31 250B

E 77270 HEALTH DEPARTMENT—CITY OF BALTIMORE

131 E 77270

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd General Hospital Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 1512 N. Gilmor St., 5-4 Ward)

ngth of residence in city or town where death occurred yrs life mos ds How long in U. S. If of foreign birth? yrs mos ds

2. FULL NAME Elizabeth Brown

(a) Residence: No. 1211 Fairmount ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Col	Widow

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78 yr			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1932
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary Johnson
(Address) 1211 Fairmount ave

18. BURIAL, CREMATION OR REMOVAL
Place Date MAR 2 - 1932 19

19. UNDERTAKER
(Address)

20. FILED 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 29- 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 26 1932 to Feb 29- 1932

I last saw her alive on Feb 29- 1932 death is said to have occurred on the date stated above, at 6:30 Am

The principal cause of death and related causes of importance were as follows:

Uremic Coma

Date of onset 2/26/32 (approx.)

Other contributory causes of importance:

Chron Nephritis of uncertain duration

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased no If so, specify

(Signed) H. R. Boykin M. D.

(Address) 1512 N. Gilmor

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

77271 — 9E 001 — 9E 77271

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Gundry's Sanitarium St. 28-11 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME

(Residence in Baltimore: No. 709 Cooks Lane St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March July 16, 1862 (Month) (Day) (Year)

7-AGE, 69 yrs. 7 mos. 3 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Lady
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Baltimore County Maryland

PARENTS.

10-NAME OF FATHER, John Cook

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Pfeffer

13-BIRTHPLACE OF MOTHER (State or Country), Howard County, Md. Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. John A. Cook

(Address) 709 Cooks Lane

15- Filed 1932 C. HAMPSON JONES, M. D. Dec. 191 H. O. H. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 1, 1932 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 25 1931, to March 1 1932, that I saw h-r alive on March 1 1932, and that death occurred, on the date stated above, at 3.45 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma Ca

March (Duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. D.

March 1, 1932. (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 7 yrs. 6 mos. 23 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Home

Former or usual residence Baltimore Co + Cooks Lane

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery

DATE OF BURIAL, March 4, 1932

20-UNDERTAKER J. Wm. Cook

ADDRESS 1003 West Baltimore St.

C.—1-30—M. & T.—250 Bks

77272 HEALTH DEPARTMENT—CITY OF BALTIMORE 77272

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1202 Sabina Ave (ST.) 27-54 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah C. Palmer

(a) RESIDENCE NO. 1202 Sabina Ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Widow

If married, widowed, or divorced HUSBAND of or) WIFE of George Henry Palmer

DATE OF BIRTH (month, day, and year) May 31-1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	9	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

10 NAME OF FATHER William Freeland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Maryland

Informant (Address) Mrs. Dora Goldsenden 5717 Falls Road

Filed 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-1-1932

17 I HEREBY CERTIFY, That I attended deceased from Dec. 15 1931 to Feb 29 1932

that I last saw h alive on Feb. 29 1932

and that death occurred, on the date stated above, at 4.40 a. m.

The CAUSE OF DEATH* was as follows:

Senile degeneration - Frac. Lobar Pneumonia with Mitral Regurgitation

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) E. H. Beeler, M. D.

3-1 1932 (Address) Fort Washington Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet, Freelands Balto Co. | DATE OF BURIAL March 4 1932

20 UNDERTAKER Horace H. Burgee | ADDRESS 4631 Falls Rd.

aCo. 5-31 2'0B

77273 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 77273

258339

CERTIFICATE OF DEATH

Registered No. 125

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. ..... St. 8-17 Ward)

ngth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mildred Lee King

(a) Residence: No. 1329 N. Lafayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) about 1910

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22.			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Charles Lee

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Minnie King

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Res. Phys.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Christ Cemetery Date Mar. 5 1932

19. UNDERTAKER Pocomoke John A. Bradshaw
(Address) Crisfield, Md.

20. FILED 1932 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 29, 1932 to March 2, 1932

I last saw her alive on March 2, 1932 death is said to have occurred on the date stated above, at 4:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Yellow Atrophy of Liver	2/23/32 (?)

Other contributory causes of importance:
Pt. in coma.
Marked jaundice

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ? If so, specify .....

(Signed) Alan Bernstein, M. D.

(Address) Johns Hopkins Hosp

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77274 ✓ 221 E 77274

CERTIFICATE OF DEATH

Registered No. 210

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital (St.) (Ward) 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William P. Frazier

(a) Residence: No. Main St. (Usual place of abode) St. Edmondston City Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Feb 21, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Repair Bricks in car tracks

10. Date deceased last worked at this occupation (month and year) 2/29/32

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Granite, Md.

FATHER

13. NAME Jedier Frazier

14. BIRTHPLACE (city or town) (State or country) Balto. County

MOTHER

15. MAIDEN NAME Harriett E. Johnson

16. BIRTHPLACE (city or town) (State or country) Howard County

17. INFORMANT Susie Frazier

(Address) Main St. Edmondston City

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date Mar. 3 . 1932

19. UNDERTAKER Easton Long

(Address) Edmondston City

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 29 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Inquiry & autopsy . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture base of skull (ant. middle + post. fossae)	2/29/32

Other contributory causes of importance:

Subdural hemorrhage
hemorrhage into left int. ✓ 4th ventricle

Name of operation ✓ Date of

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accidental Date of injury 2/29 . 1932

Where did injury occur? Eastern Ave & Caste Sts (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place street accident

Manner of injury Struck by automobile

Nature of injury Struck Head on pavement

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny M. D. Attending Physician

(Address) 2200 E. Monument St

OCCUPATION DEATHS, 1932

C. HAMPSON JONES, M. D.

aCo. 5-31 250B

E 7727 HEALTH DEPARTMENT—CITY OF BALTIMORE

V 10 E 77275

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 43-53 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Evelyn Cross.

(a) Residence: No. 3232 Keswick Rd. St., ... Ward. .....
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug. 18, ?

AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	75?	6	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto. Co.
(State or country) Md.

13. NAME Richard Cross

14. BIRTHPLACE (city or town) Balto. Co.
(State or country) Md.

15. MAIDEN NAME Liza Linderman

16. BIRTHPLACE (city or town) Balto. Co.
(State or country) Md.

17. INFORMANT Records of Balto. City Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Jessups Md. Date March 3 1932

19. UNDERTAKER Ehrenfeld & Son
(Address) 3615-17 Chestnut Ave

20. FILED MAR 3 1932 C. HAMPTON JONES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1932, to March 1, 1932

I last saw her alive on March 1, 1932 death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, General + Cerebral	More than 1 year
Other contributory causes of importance: Bronchopneumonia, terminal	48 hours

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wes G Linwell Jr M. D.

(Address) Balto. City Hosp.

...—12-9-25—A Co—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

...276

E 77276

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

...y of BALTIMORE: (No. 670 W. Saratoga St. Ward)

2-FULL NAME Granville Stenson

(a) RESIDENCE NO. 670 W. Saratoga St. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

...EX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Stenson

DATE OF BIRTH (month, day, and year): Mar 9th 1874

...GE: 57

Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
58	11	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

...IRTHPLACE (city or town): A. A. Co

(State or country): Md

10 NAME OF FATHER: Jas Stenson

11 BIRTHPLACE OF FATHER (city or town): A. A. Co

(State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Heath

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): A. A. Co Md

Informant: Annie Stenson

(Address): 670 W. Saratoga St

...Filed ... 1932 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 32: Feb 29

I HEREBY CERTIFY, That I attended deceased from Feb 25 1932 to Feb 29 1932

that I last saw h[illegible] alive on Feb 29 1932

and that death occurred, on the date stated above, at 11.00 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary): Myocarditis

(Duration) ... yrs. 1 mos. 25 ds.

18 Where was disease contracted? no

If not at place of death!

Did an operation precede death! no Date of

Was there an autopsy! no

What test confirmed diagnosis! Physical

(Signed) George F. Allen M. D.

3-2 1932 Address 5509 Belquith St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Marley A. A. Co. Md. Date of Burial 3-4 1932

20 UNDERTAKER: Jas. Jr. Skinner ADDRESS 1620 E. Broadway

ACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

77277 E 77277

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 123 N. Fulton Ave. 4-27 Ward)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Albert B. Gosnell

(a) Residence: No. 123 N. Fulton Ave Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, ~~widowed, or divorced~~
HUSBAND of (or ~~WIFE of~~) Gussie Maloy Gosnell

7. DATE OF BIRTH (month, day, year) Apr 14th 1855

AGE Years	Months	Days	If LESS than 1 day, hrs. or ... min.
76	10	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Balto. Co. (State or country) Md.

13. NAME Perry Gosnell

14. BIRTHPLACE (city or town) ... (State or country) Md.

15. MAIDEN NAME Eleanora Oursler

16. BIRTHPLACE (city or town) ... (State or country) Md.

INFORMANT Mrs Gussie M. Gosnell
(Address) 123 N. Fulton Ave

BURIAL, CREMATION, OR REMOVAL Woods Chapel Cemetery Date 3/3/1932

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 1st, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1.1.26, 19..., to 3.1.32, 19...

I last saw h... in alive on 3.1.32, 19... death is said to have occurred on the date stated above, at 8.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Senility	1 wk.

Other contributory causes of importance:

b Chronic Arthritis deformans 20 yrs.

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) O. Willis J. Tomb M. D.

(Address) 1432 Williams St.

77278

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77278

CERTIFICATE OF DEATH

50

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1621 E. 25th St. 9-46 (Ward)

2-FULL NAME Adeline Heller

(a) RESIDENCE NO. 1621 E. 25th St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. 8 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year): June 7th 1895

AGE: Years 36 Months 8 Days 22 If LESS than 1 day, hrs or min

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (City or town) (State or country): Baltimore Md

10 NAME OF FATHER: Henry A. Heller

11 BIRTHPLACE OF FATHER (City or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Amelia Fisher

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Baltimore

Informant (Address): Amelia Heller 1621 E. 25th St

Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 29 1932

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1930, to Feb 29, 1932, that I last saw h alive on Feb 29, 1932, and that death occurred, on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Left Breast

(duration) 1½ yrs. mos. ds.

CONTRIBUTORY (Secondary): Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of Sept 1930

Was there an autopsy? no

What test confirmed diagnosis? usual

(Signed) Irvin S. Wagner, M. D.

3/1, 1932 (Address) Hillsboro Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: Mch 3rd 1932

20 UNDERTAKER: E. Schloman Son

ADDRESS 1039 Hanover St

77279 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77279

CERTIFICATE OF DEATH

REGISTERED NO. 47

1 PLACE OF DEATH
CITY OF BALTIMORE (No. 314 Park Ave St. 25 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Jennie Boyd Burkington

(a) RESIDENCE NO. 314 Park Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem.
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced. (write the word): Married.

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of: Albert Burkington

DATE OF BIRTH (month, day, and year): May 1/1877

AGE	Years	Months	Days	If less than 1 day, hrs. or min.
	54	9	18	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Missionary
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (state or country): Walnut Point Pa

10 NAME OF FATHER: Robert Caskie
11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.
12 MAIDEN NAME OF MOTHER: Mary Watt
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Phila Pa

Informant: Rev. Albert Burkington
(Address): 314 Park Ave

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 29 1932

17
I HEREBY CERTIFY, That I attended deceased from Feb 17, 1932 to Feb 27, 1932
That I last saw h or alive on Feb 27, 1932
and that death occurred, on the date stated above, at 11.55 a.m.

The CAUSE OF DEATH* was as follows:
Myocardial Insufficiency
Tumor of Mediastinum (Probably Malignant)

(duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical

(Signed) J. H. Walter M. D.
3/2/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem
DATE OF BURIAL: Mar. 3 1932
UNDERTAKER: Wm Hickner & Sons
ADDRESS: North & Pa

Filed 1932 C. RAWLSON JONES, M.D. Registrar

Pal

Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

7280

CERTIFICATE OF DEATH

Registered No. 179 E 77280

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hop. St. 17-24 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Horace Silverstein

(a) Residence: No. 535 Dolphin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 27 1930

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	9	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Louis Silverstein

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Sarah Klotzman

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Harry Klotzman
(Address) 1813 E Fayette st

BURIAL, CREMATION, OR REMOVAL
Place Sinai Washington Park Date March 3 1932

UNDERTAKER Lemmon & Bro
(Address) 127 E Balto st

FILED 3-4-1932 C. H. MURRAY JONES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ~~Mar~~ Mar 1. 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/2/32, 19 , to 3/2/32, 19

I last saw him alive on 3/1/32, 19 death is said to have occurred on the date stated above, at 7 30 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Methyl Sulicylate - Poisoning	3/1/32
Accidental death	
Other contributory causes of importance:	

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Swallowed some oil

Nature of injury ? Wintergreen

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry P. Shelley, M. D.

(Address) University Hospital

Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

77281 E 77281

CERTIFICATE OF DEATH

46

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hosp 27-44 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Grace Geiselman

(a) Residence: No. 4812 Hamptnett Ave Balt Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

If married, widowed or divorced
HUSBAND of (or) WIFE of Frederick F. Geiselman

DATE OF BIRTH (month, day, year) Jan 21 1879

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	1	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home Duties

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) Baltimore Md
(State or country)

13. NAME Frances Kesse

14. BIRTHPLACE (city or town) Virginia
(State or country)

15. MAIDEN NAME Isabella Hardesty

16. BIRTHPLACE (city or town) Baltimore Md
(State or country)

INFORMANT Frederick F. Geiselman
(Address) 3512 Hamptnett ave

BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date March 5 1932

UNDERTAKER Sr & Sr John H. Luther & Son
(Address) 501 E Fayette St.

C. PARTON JONES, M. D.

FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 12 1932 to March 2nd 1932

I last saw her alive on March 2nd 1932 death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix	1 yr history

Other contributory causes of importance

Obstructive Jaundice	2 wks.
Purpura	
Toxemia	

Name of operation Blood Transfusion Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. Parton Jones M. D.

(Address) St Joseph Hosp. Balt

ACo. 5-31 250R

77282 HEALTH DEPARTMENT CITY OF BALTIMORE E 77282

CERTIFICATE OF DEATH

10

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital Ward)

Length of residence in city or town where death occurred 3 yrs. mos 24 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Hilbert Whitehead

(a) Residence: No. 225 N. Henrietta St. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/7/29

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3		24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Md.

12. NAME Willie White

14. BIRTHPLACE (city or town)
(State or country) Va.

15. MAIDEN NAME Rosalie Whitehead

16. BIRTHPLACE (city or town)
(State or country) Va.

17. INFORMANT Rosalie Whitehead
(Address) 225 N. Henrietta St.

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Cemetery Date 3/3 1932

19. UNDERTAKER Walter B. Saizop
(Address) 130 W. Hoffman St.

20. FILED ..... 19..... THOMPSON JONES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/2/32 19

22. I HEREBY CERTIFY, That I attended deceased from 3/1/32 19 to 3/2/32 19
I last saw him alive on 3/2/32 19 death is said to have occurred on the date stated above, at 12:25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laryngeal Diphtheria	2/26/32
Other contributory causes of importance:	
Acute Myocarditis	3/2/32

Name of operation Intubation Date of 3/1/32
What test confirmed diagnosis? Culture Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) M. V. Jackson M. D.
(Address) Sydenham Hospital

30—M & T—100 B—50L

Charles H Hall

E 77283

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77283

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Good Shepherd Hospital WARD 18-16

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H Hall

(a) RESIDENCE NO. 1034 Sarah Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced (write the word) Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Hall

7 DATE OF BIRTH (month, day, and year) Dec 12-1887

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	2	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Abram Hall Col

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Emily Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Julia Hall 1034 N. Sarah

15 Filed 3-1932 E. RAMSAY JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 29th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 1 ds

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? By Appearance

(Signed) ..... M. D.

(Address) ..... Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery

DATE OF BURIAL Mar. 5, 1932

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 322 N. Shroeder St

H. D. H. 1265-9

E 77284

77284 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47 1

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. ..... St. 5-8 (Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 2 yrs. ... mos. ... ds.

2. FULL NAME Julius Kessler

(a) Residence: No. 1106½ E. Fayette St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ida Kessler

7. DATE OF BIRTH (month, day, year) July 25-1872

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	8	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Junk Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Aaron Kessler

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mercy Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lebanon Date 3-3 1932

19. UNDERTAKER Isaac Lewis Jr.
(Address) 1411 E. Fayette St.

20. FILED MAR - 1932 C. FLOYD JONES M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 2 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 16 1932 to Mar 2 1932

I last saw him alive on Mar 2 1932. Death is said to have occurred on the date stated above, at 6:15 Am.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Larynx — Date of onset Oct. 1930

Other contributory causes of importance:

Pulmonary Tuberculosis — Date of onset Oct. 1931

Name of operation Laryngectomy Date of ...

What test confirmed diagnosis? Micro. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. H. Burns M. D.

(Address) Mercy Hospital

ACo 5-31 2508

Grace or Katie B. O'Connor

77285 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77285

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH Baltimore City Hospitals Registered No. 27-46
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 27 Ward)

Length of residence in city or town where death occurred life mos ds How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Grace O'Connor (Katie B.)

(a) Residence: No. 4717 Charlton Ave. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Edw. J. O'Connor

DATE OF BIRTH (month, day, year) ~~June~~ (April) 15, 1885 ?

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
(46)	46	10	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ? 0

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME John ~~Bowler~~ (Leitch)

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Agnes Fischer

16. BIRTHPLACE (city or town) (State or country) ? Germany

17. INFORMANT Records of

(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Mem Cathedral Date 3-4- 1932

19. UNDERTAKER Leonard J. Ryck

(Address) 5200 Harford Rd

20. FILED MAR 3 - 1932 HARRY S. JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1932 to March 1, 1932

last saw her alive on March 1, 1932 death is said to have occurred on the date stated above, at 8:45 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chr.	about Oct 1931
Nephritis, Chr.	" "
Hypertension	" "
Syphilis, testing	" "

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Jos. L. Heuwood M. D.

(Address) Balto. City Hosp.

30—M. & T.—100 B—50L

E 77236

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

E 77236

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Pronounced dead at Hopkins Hospital ST 2-4 WARD)

2-FULL NAME CHARLES H. HUHN

(a) RESIDENCE NO 911 S. Bond St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Huhn

DATE OF BIRTH (month, day, and year) 1833

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
66	65			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boat Builder 015

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Mary E. Huhn (Wife)

(Address) 705 S. Dallas St.

15 Filed ..... 192 ..... Registrar

3-1932 C. H. HUHN JONES

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 1/32 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to h[illegible]s death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage- Fractured skull at occipit. Accidently fell from 2nd story of residence

(duration) yrs. mos da

CONTRIBUTORY (Secondary) Acute Alcoholism

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? inquiry

(Signed) [signature] M. D. Coroner

2/2/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Paul's Cemetery — DATE OF BURIAL: Mar. 3 1932

20 UNDERTAKER: Henry Sander & Sons, Inc. — ADDRESS: BALTIMORE ST. & BROADWAY.

—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

E 77287

E 77287

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—PLACE OF DEATH

TY OF BALTIMORE: (No.) 1311 N Rose ST. 8-16 (WARD)

—FULL NAME Margaret Ann Diffendall

(a) RESIDENCE NO. 1311 N Rose ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

rth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

married, widowed, or divorced (or) WIFE of Wm Henry Diffendall

ATE OF BIRTH (month, day, and year) 1-9-1860

E Years	Months	Days	If LESS than 1 day, hrs. or min.
72	1	23	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

RTHPLACE (city or town) (State or country) Baltimore

0 NAME OF FATHER Peter Burke

1 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

2 MAIDEN NAME OF MOTHER Catherine Cawton

3 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Ambrose W. Diffendall

(Address) 1766 E North Ave

Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-2-32.

17 I HEREBY CERTIFY, That I attended deceased from 10-17-31 to 3-2- 19 32.

that I last saw h[illegible] alive on 3-1- 19 32

and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Chr. myocarditis
arteriosclerosis
hypertension

(duration) yrs. 4 mos. 14 ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) George Abner Burden, M. D.

3/4, 19 32 (Address) 1517 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL March 5 1932

20 UNDERTAKER George H Schilling

ADDRESS 1124 E Monument

6-0-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77288

CERTIFICATE OF DEATH.

54 E 77288

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: No St Agnes Hospital ST. 14 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna E. Myers

(a) RESIDENCE NO. 1919 Eutaw Place ST. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem.

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Taylor Myers

6 DATE OF BIRTH (month, day, and year): Dec 1 1869

7 AGE — Years: 62 Months: 3 Days: 2 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: George Zang

11 BIRTHPLACE OF FATHER (city or town) (State or country): Paris France

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Munich Germany

14 Informant: John Taylor Myers (Address): 1919 Eutaw Place

15 Filed MAR 3 - 1932 HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 3 1932

17 I HEREBY CERTIFY, That I attended deceased from February 22, 1932, to March 3, 1932, that I last saw her alive on March 2, 1932, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1919 Eutaw Place

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Diagnosis

(Signed) J. W. Keown, M. D.

3/3/1932 (Address) 1938 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral

DATE OF BURIAL: Mar 5 1932

20 UNDERTAKER: Henry N Jenkins & Co

ADDRESS: McCulloh & Druid Sts

c.—2-29-28—L. F. S.—500 Bks.

Zuell

HEALTH DEPARTMENT—CITY OF BALTIMORE

157-004

E 77289

CERTIFICATE OF DEATH

E 77289

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 3103 Fait Ave ST., 1-1 WARD)

2—FULL NAME Joan Phyllis Zuell

(a) RESIDENCE NO. 3103 Fait Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	S

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and year) Feb 17, 1932

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			2 weeks	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) Balto
(State or country) Md

10 NAME OF FATHER Adam Zuell

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

12 MAIDEN NAME OF MOTHER Taylor

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

Informant Father Adam Zuell

(Address) 3103 Fait Ave

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3/32

17 I HEREBY CERTIFY, That I attended deceased from 3/2, 1932, to 3/3, 1932

that I last saw h alive on 3/2, 1932

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Infection

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) a congenital anomaly Infection of Eye & Paralysis of Eye muscles (duration) yrs. mos. 2 wks

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) M. Feldman M. D.

19 (Address) 1402 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL March 3rd 1932

20 UNDERTAKER Lilly - Zeiler Inc.

ADDRESS 4033 S. Wolfe St

D. B. 1268-9

E 77290 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 77290

CERTIFICATE OF DEATH

34 V

1. PLACE OF DEATH — Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mercy Hospital St., 8-29 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Frank Murdock

(a) Residence: No. 840 W. Pratt St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 22, 1892

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40		11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumberman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 686

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME Joseph Murdock

14. BIRTHPLACE (city or town) (State or country) Poland.

15. MAIDEN NAME Cattani?

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT (Address) Hospital Records.

18. BURIAL, CREMATION, OR REMOVAL Place Phila Pa. Date 3/6, 19

19. UNDERTAKER (Address) J. Fred McCully Baltimore Md.

20. FILED MAR 8 1932, 19 C. HAMPSON GORE, M.D. Registrar No. 447

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from December 17, 1931 to March 8, 1932

I last saw h[illegible] alive on March 8, 1932 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Rheumatic Carditis. Vascular Disease + Cardiac Decompensation	15 yrs.
	?

Other contributory causes of importance:

2) Pulmonary Embolism	1 day
3) Syphilis.	?
4) Chronic Glomerulo Nephritis	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) F. L. Chamberlain M. D.

(Address) Mercy Hospital

ACo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77291

CERTIFICATE OF DEATH

159 E 77291

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secours Hospital St. ..... Ward) 20-27

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Griffith

(a) Residence: No. Mt Airy Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	Infant

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) February 6/32

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	—	—	27.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Robert Griffith

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Evelyn Cashour

16. BIRTHPLACE (city or town) (State or country) Mt Airy Md.

17. INFORMANT Dr Ian Poole
(Address) Mt. Airy. Maryland.

18. BURIAL, CREMATION, OR REMOVAL
JOHNS HOPKINS HOSPITAL
Date MAR 3 1932

19. UNDERTAKER [illegible]
(Address)

20. FILED ..... 19..... Registrar.

1932 HAMSON JONES, M. D.
6686

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from February 6, 1932 to March 3, 1932
I last saw him alive on March 3, 1932 death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital debility	2-6-32

Other contributory causes of importance:

Premature birth	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Alyse E. Poole, M. D.

(Address) Bon Secours Hosp

Co. 5-31 2500

77292 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 77292

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Balto. City Hospitals

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-13 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Esther Green

(a) Residence: No. 1032 McDonough St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: David

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
55?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: Thomas Young

14. BIRTHPLACE (city or town) (State or country): ? Md.

15. MAIDEN NAME: Maria ?

16. BIRTHPLACE (city or town) (State or country): ? Md.

17. INFORMANT (Address): Records of Balto. City Hosp.

18. BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL Date MAR 3 - 1932, 19

19. UNDERTAKER (Address): C. HARRISON SONS, INC.

20. FILED ..... 1932 ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1932 to March 1, 1932

I last saw her alive on March 1, 1932 death is said to have occurred on the date stated above, at 4:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis. chr.	[illegible]

Other contributory causes of importance:

Hypertension	
Arteriosclerosis	[illegible]

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ida Schmidt M. D.

(Address) Balto. City Hosp.

6058

D. R. 1208-9

77293 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 77293

CERTIFICATE OF DEATH 144-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 11 (Ward) 14

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret M. Reus

(a) Residence: No. 810 E. Eager St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John F. Reus

DATE OF BIRTH (month, day, year) May 1/1896

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	11	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Joseph H. Whelan

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

15. MAIDEN NAME Mary E. McKenna

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT (Address) Howard J. Whelan 831 E. Chase St

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date Mar 5, 19 32

19. UNDERTAKER (Address) Grant F. Compton 814 E. Eager St

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2/32

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19... I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock- Post Partum Hemorrhage	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. S. Watson M. D. Coroner

(Address) 8/2/32 808 E. ...

Spec.—9-30—A. & Co.—250 Blks.

77294 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77294

CERTIFICATE OF DEATH. 131

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No.) 2151 Chelsea Ter St. 15-61 Ward

2 FULL NAME Katherina Wilhelmina Muhly

(a) RESIDENCE NO. 2151 Chelsea Ter St. Ward

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 6 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced (or) WIFE of John Henry Muhly

DATE OF BIRTH (month, day, and year) Aug 4 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	6	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Frederick Stissell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Lang

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

Informant John Henry Muhly

(Address) 2151 Chelsea Ter

Filed 3-2 1932 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 1st 1932

17

I HEREBY CERTIFY, That I attended deceased from Oct. 4, 1931, to March 1, 1932

that I last saw her alive on March 1, 1932

and that death occurred, on the date stated above, at 12 noon m.

The CAUSE OF DEATH* was as follows:

chronic nephritis with hypertension and oedema. Arteriosclerosis

(duration) do not know yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic myocarditis with dilatation & failure (duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical findings

(Signed) Maurice E. Shamer M. D.

3/2/1932 (Address) 3300 W. Pratt Balto.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL 3/4/1932

20 UNDERTAKER Geo. Weber Don 2503 Edmondson Ave

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

77295 E 77295

CERTIFICATE OF DEATH 210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen. Hosp. St., ... Ward) 10-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Parkinson Howard

(a) Residence: No. 2440 Lauretta Ave St. Ward. G

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

3a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ of Jessie H. Howard

6. DATE OF BIRTH (month, day, year) May 4, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas & Electric Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alabama

FATHER

13. NAME John F. Howard

14. BIRTHPLACE (city or town) (State or country) Alabama

MOTHER

15. MAIDEN NAME Hattie Parkinson

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Jessie H. Howard

(Address) 2440 Lauretta Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 3/5/ 19 32

19. UNDERTAKER Geo. Potter & Son

(Address) 2302 Edmondson Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from 19... to ... 19...

I last saw him alive on Injury & autopsy 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subarachnoid hemorrhage Intracranial	3/1/32

Other contributory causes of importance:

Fracture rt. humerus & rt. fibula, hemorrhage into joint

Name of operation ~~None~~ trauma. Date of ~~None~~

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accidental Date of injury 3/1, 1932

Where did injury occur? Edmondson nr Hilton St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place street accident

Manner of injury Struck by automobile

Nature of injury Fracture

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny Coroner M. D.

(Address) 200 E Madison St

aCo. 5-11 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

77296 — 59 E 77296

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St. 17-25 ____ Ward ____)

Length of residence in city or town where death occurred fifteen yrs ____ mos ____ ds. How long in U.S. if of foreign birth? ____ yrs ____ mos ____ ds.

2. FULL NAME Helen Smith

(a) Residence: No. 645 W Franklin St., ____ Ward. Color W
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Jan 26 1859

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	73	1	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____ | 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Henry Smith

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Schneider

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Friends

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Cem Date Mar 4, 1932

19. UNDERTAKER Edgar T. Evans Son
(Address) 118 W Mt. Royal Ave

20. FILED Mar 4 1932 — HAMILTON JONES, M. D. — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1932 to March 2, 1932

I last saw her alive on March 2, 1932 death is said to have occurred on the date stated above, at 9:35 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 II 32
Acute delirium	
Myocardial failure	1 28 32

Other contributory causes of importance:

Diabetes Mellitus	905
Emphysema	

Name of operation None Date of

What test confirmed diagnosis? ____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ____, 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify no

(Signed) Alan Bernstein, M. D.

(Address) Johns Hopkins Hosp

—2-29-28—L. F. S.—500 Bks.

77297

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 77297

93-004

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1511 N. Broadway ST. 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Peter Joseph Kelly

(a) RESIDENCE NO. 1511 N. Broadway ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 6 1907

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	7	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Plumber. 059

(b) General nature of Industry, business, or establishment in which employed (or employer) "

(c) Name of employer Peter Kelly.

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Peter Kelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Y.

12 MAIDEN NAME OF MOTHER Nellie Cassidy.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

Informant Peter Kelly
(Address) 1511 N. Broadway

Filed Mar 1 1932, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 1-1932

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1- 1932, to Mar. 1 1932 that I last saw h[illegible] alive on Mar. 1 1932 and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

myocardial Insufficiency

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Embolism Cerebral

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Examination.

(Signed) Frank C. Mound, M. D.

Mar 1-1932 (Address) 1117 St. Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: March 4th 1932

20 UNDERTAKER: Chas. P. Maus & Son — ADDRESS: 118 W. Mt. Royal Ave

Spec.—8-24-14—M. & T.—2000 Bks.

77298

HEALTH DEPARTMENT—CITY OF BALTIMORE E 77298

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6105 Maywood St., Ward 27-54

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David J. Melamet

(Residence in Baltimore: No. 6105 Maywood St.; 40 yrs., -- mos. -- ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE. W.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH. Sept 16, 1861. (Month) (Day) (Year)

7-AGE. 70 yrs. 5 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work. Musician

(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Mmel-Germany.

PARENTS.

10-NAME OF FATHER. Not obtainable

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Paula --------

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Otto Melamet

(Address) 12 E. Mt. Vernon Place

15- Filed Mar 1932 191.... C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 3, 1932 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 29 1932, to Mar 3 1932, that I saw him alive on Mar 3 1932, and that death occurred, on the date stated above, at 4:30 Am.

The CAUSE OF DEATH* was as follows:

arteriosclerosis; Hypertension

Uraemia

Coronary thrombosis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Paul H. Illoway M. D.

Mar 3, 1932 (Address) 24 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park Cemetery

DATE OF BURIAL, 3/5, 1932

20-UNDERTAKER Henry A. Meads

ADDRESS 705 N. Calvert

Co. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE E 77299

7299 Aspinall ✓ X 131

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bay View Hosp St. [illegible] Ward 9

Length of residence in city or town where death occurred 30 yrs. ... mos. 6 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Catharine Aspinall

(a) Residence: No. Fleetwood Ave Catonsville Md Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of John L. Aspinall

6. DATE OF BIRTH (month, day, year) Nov 20, 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	9	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) England

13. NAME Alice A. Cahill

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Ann Kaple

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT John L. Aspinall

(Address) 1500 Fleetwood Ave Catonsville

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date 3/4 1932

19. UNDERTAKER Harry A. Metzger

(Address) 1 Fleetwood Ave

1932 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1932, to March 2, 1932

I last saw her alive on March 2, 1932 death is said to have occurred on the date stated above, at 1.35 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	March 29-32

Other contributory causes of importance:

Hypertension & Cardio-renal syndrome for 15 yrs.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [illegible], M. D.

(Address) [illegible]

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

77300

CERTIFICATE OF DEATH

E 77300

16-6-94

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2315 W. Lanvale St., St., Ward)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louisa Ogle Gwynn

(a) Residence: No. 2315 W. Lanvale St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

6a. If married, widowed, or divorced WIFE of (or) HUSBAND of James S. Gwynn

6. DATE OF BIRTH (month, day, year) July 5, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	7	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Richard L. Ogle

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Priscilla Bowie

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Susan O. Welsh
(Address) 266 King George St., Annapolis

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem'ty Date Mar. 4, 1932

19. UNDERTAKER John G. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED 1932 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1932, to Mar 1, 1932

I last saw her alive on Mar 1, 1932 Death is said to have occurred on the date stated above, at 8.45 P m.

The principal cause of death and related causes of importance were as follows:

Lung Cancer

Date of onset

Other contributory causes of importance:

Bronchio-Pneumonia

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. L. Le Fevre M. D.

(Address) 43 Warwick Ave

aCo. S-H 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

77301 — CERTIFICATE OF DEATH — E 77301

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2716 Maryland Ave St. 42 Ward 61

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Wm T. Kelley

(a) Residence: No. 2716 Maryland Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced — HUSBAND of (or WIFE of) Alice G. Kelley

DATE OF BIRTH (month, day, year) Oct 11th 1856

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	4	21	

8. Trade, profession, or particular kind of work — Licensed Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Balto City Court
10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation 19

BIRTHPLACE (city or town) (State or country) Balto Md

12. NAME James Kelley

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ellen Fitzsimmons

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Alice G. Kelley
(Address) 2716 Maryland Ave

BURIAL, CREMATION, OR REMOVAL
Place London Park Date 3/5, 1932

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED 1932 C. HAMPSON JONES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 2nd, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 1932 to March 2, 1932

I last saw him alive on March 1st, 1932 death is said to have occurred on the date stated above, at 2.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	2nd Attack
Cerebral Hemorrhage	2/27/32

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical & examination Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank M. Little M. D.
(Address) 2480 Maryland Ave

aCo. 5-31 250B

77302 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 77302

Registered No. 76-42

1. PLACE OF DEATH Baltimore City Hospitals (Tbc.) St., Ward.
(If death occurred in hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Oswald Miller

(a) Residence: No. 5412 Knell ave. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 30, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24		1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laboratory Technician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) (State or country) Austria

13. NAME Otto Miller

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Augusta Schwermer

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Date 19

UNDERTAKER
(Address)

FILED 1932 C. HAMPSON JONES, M. D.
Registrar.
By R. P. T.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from January 19 1932 to March 1 1932
I last saw him alive on March 1 1932 death is said to have occurred on the date stated above, at 5.35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unknown

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Lawrence H. Sens. M. D.
(Address) Baltimore City Hospitals

30—M & T.—100 B—50L

77303

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77303

CERTIFICATE OF DEATH

181

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto Gen Hosp ST. 15 WARD 1

2-FULL NAME Elias Richardson

(a) RESIDENCE NO 2508 Clifton Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City of Baltimore or in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE (Col.)

5 Single, Married, Widowed, or Divorced (write the word) Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma -

6b DATE OF BIRTH (month, day, and year) April 1882

7 AGE: Years 50, Months 10, Days, If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Fireman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Calvin Richards

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Richards

14 Informant Emma Richards

(Address) 4[illegible]

15 Filed ..... 192 HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows*

Accident 2nd degree Burns of legs & Arms Cellulitis of Face

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Furnace explosion

(duration) ds.

18 Where was disease contracted if not at place of death? 2508 Clifton Ave

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) H. C. Smith Coroner, M. D.

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cemetery

20 UNDERTAKER Thomas C. Kelly

DATE OF BURIAL May 4 1932

ADDRESS 1303 Pennsylvania

D. B. 1265-9

77304

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 77304

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 478 Bruce St., 15-W'd)

Length of residence in city or town where death occurred 36 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillie Rice

(a) Residence: No. 478 Bruce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sylvester Rice

DATE OF BIRTH (month, day, year) 4/3/1896

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	1		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

13. NAME William Turner

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Maggie Turner

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Maggie Rice
(Address) 478 Bruce St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem Date 4/7, 1932

19. UNDERTAKER Thomas E. Kelly
(Address) 1303 Freeltown St.

20. FILED 1932 C. HARRISON JAMES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3rd, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/27/32 to 5/3/32

I last saw h alive on 5/3/32, 19. Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Coma	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Was there an autopsy

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. Lee Hall, M. D.

(Address) 774 Mosher

30—M & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77305 ✓ 0.03 E 77305

E 77305

CERTIFICATE OF DEATH

157

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1842 Wilhelm ST. 19-28 WARD 8

2-FULL NAME Maria Loretta Donnella

(a) RESIDENCE NO 1842 Wilhelm ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 20 hrs. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): —

6a If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): March 2, 1932

7 AGE: Years — Months — Days — If LESS than 1 day 20 hrs. or . min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: John Donnella

11 BIRTHPLACE OF FATHER (city or town) (State or country): Altoona Pa.

12 MAIDEN NAME OF MOTHER: Mary Coghan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant: Mary Donnella

(Address) 1842 Wilhelm St.

15 Filed 1932

C. HAMPSON JONES, M. D.
C. C. H. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 3 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Congenital Heart Disease

(duration) yrs. mos 20 hrs. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Bramwell M. D. Coroner

3/3. 1932 (Address) 1203 Patapsco Ave., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Paul's cem Mar 4 1932

DATE OF BURIAL

20 UNDERTAKER: John C. Miller 2435 Sharp

ADDRESS

...ber.—9-30—A. & Co.—250 Blks.

77306 E 77306

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary St. 6-9 WARD)

2 FULL NAME Rev. Millard Minnicks

(a) RESIDENCE NO. Rockville, Md. ST. WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Edith Minnicks 1663

DATE OF BIRTH (month, day, and year) Oct 10 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	4	23	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Minister
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Uriah Minnicks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lancaster county, Pa

12 MAIDEN NAME OF MOTHER Ann Callander

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md

Informant (Address) Deceased (merchant)

Filed 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-3-32

17
I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1931, to March 3, 1932
that I last saw h[illegible] alive on March 3, 1932
and that death occurred, on the date stated above, at 9.35 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Myocarditis, Chronic

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Rockville, Md

Did an operation precede death? Yes Date of Feb 2, 1932

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Allyn B. Choate M. D.

19 (Address) Church Home

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rockville Md.

DATE OF BURIAL 3, 5, 1932.

20 UNDERTAKER Warner & Pumphrey

ADDRESS Rockville

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77307 E 77307

CERTIFICATE OF DEATH

174

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 5-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah A. (Frances) Perkins

(a) Residence: No. 517 Aisquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) April 15/1902

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	10	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Genl Public

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Thomas Perkins

14. BIRTHPLACE (city or town) (State or country) Hanover Co., Va.

15. MAIDEN NAME Mary Branford

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mary Perkins (mother)
(Address) 705 W. Franklin St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Mar 4, 1932

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder St.

FILED MAR 4 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1/32. 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Meningitis- Infection	
Other contributory causes of importance: Fractures of Maxillary & andible- Multiple Lacerations of head and face- Struck with ax- Homicide ?	2/19/32

Name of operation Date of

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury Feb 19/32

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury As stated

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. S. McCann M. D.
Coroner

3/3/32 (Address) 1056 E Fort Ave

Spec.-3-17-26—A Co.—200 Blks.

77308

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 ✓ E 77308

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital St. 18-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lottie Lane

(a) RESIDENCE NO. 904 Pierce Street St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 21 Months Days IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Presser

(b) General nature of industry, business, or establishment in which employed (or employer): Hanover Shirt Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Cambridge Md

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (City or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Reta Myers

(Address) 904 Pierce St

15 Filed 3-4 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 32

3 — 3

17 I HEREBY CERTIFY, That I attended deceased from 3-1, 1932, to 3-3, 1932, that I last saw h CR alive on 3-3, 1932, and that death occurred, on the date stated above, at 12-05 P.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 9 da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Geo. F. McDonnell, M. D.

3 4 19 3 2 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cambridge Md

Date of Burial: Mar 8 1932

20 UNDERTAKER: L H Raynerum

ADDRESS: Camb

Cambridge Md

CHARLOTTE JONES M D

Registrar

MAR 4 1932

AdCo. 5-31 2508

E 77309 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97 ~ E 77309

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1041 Harford Ave St. 10-14 Ward)

Length of residence in city or town where death occurred 3 yrs. 4 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John T. Tobin

(a) Residence: No. 1041 Harford Ave St, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	~~Married~~ Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret Hagerty

DATE OF BIRTH (month, day, year) Feb. 3, 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	1	—	09

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Thomas Grocery
10. Date deceased last worked at this occupation (month and year) about 1 year
11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (city or town) (State or country) New York N.Y.
13. NAME John T. Tobin
14. BIRTHPLACE (city or town) (State or country) New York N.Y.
15. MAIDEN NAME Ann Kelly
16. BIRTHPLACE (city or town) (State or country) Ireland
17. INFORMANT Mrs. T. Kelly (Address) 1041 Harford Ave
18. BURIAL, CREMATION, OR REMOVAL. Place New Cathedral Date May 19 32
19. UNDERTAKER Geo. Fr. Eppler (Address) 2246 Eastern Ave.

Filed 1932 H. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/3 1932

22. I HEREBY CERTIFY, That I attended deceased from 2/24 1932 to 3/3 1932

I last saw h alive on 3/2 1932 death is said to have occurred on the date stated above, at a m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr. Benjamin Lowe M. D.
3/4/32 (Address) 1216 E Calvert St

cc.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

77310 E 77310

CERTIFICATE OF DEATH.

23

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 N. Carrollton Ave. ST. 23 WARD)

2-FULL NAME Charles Randolph Prince

(a) RESIDENCE NO. 502 N. Carrollton Ave. ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. 7 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 22, 1914

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	17	7	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto. Md

10 NAME OF FATHER Joseph Prince

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Katie Bourie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant Katie B Johnson

(Address) 502 N. Carrollton Ave

Filed Mar 4 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 1, 1932

17 I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1931, to March 1, 1932, that I last saw him alive on Feb. 29, 1932, and that death occurred, on the date stated above, at 6:15 a.m.

The CAUSE OF DEATH* was as follows:

Pul. Phthisis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical, Lab

(Signed) H. Marco Williams M. D.

3-2-1932 (Address) 1030 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 3/5 1932

20 UNDERTAKER Charles S. Cooper

ADDRESS 514 Cathedral St

Spec.—9-30—A. & Co.—250 Blks

77311 HEALTH DEPARTMENT—CITY OF BALTIMORE 77311

CERTIFICATE OF DEATH

46

27-48

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 504 Richwood Ave. ST. (WARD)

2 FULL NAME Laura Virginia Bock

(a) RESIDENCE NO. 504 Richwood Ave. ST. WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Bock

6 DATE OF BIRTH (month, day, and year) Aug. 13. 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	6	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Henry Richards

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant (Address) Mr. Henry Bock (Husband) 504 Richwood Ave.

15 [illegible] 1932 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 1. 1932

17

I HEREBY CERTIFY, That I attended deceased from Feb 19. 1932. to Mch 1. 1932

that I last saw h[illegible] alive on Mch 1. 1932

and that death occurred, on the date stated above, at 3.15 P m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Valvular Heart disease

(duration) 20 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jacob Frisher M. D.

3/2. 1932 (Address) 1823 N. Hanl. St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Mar. 4. 32

20 UNDERTAKER Henry Sander & Sons Inc — ADDRESS BALTIMORE ST & BROADWAY

[illegible] 1932 [illegible] Mch 4 [illegible]

aCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77312

CERTIFICATE OF DEATH

50 V E 77312

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. Woman's Hospital 2-4 Ward)

ngth of residence in city or town where death occurred Life yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Julia Plitt

(a) Residence: No. 2004 Bank St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anton Plitt.

DATE OF BIRTH (month, day, year) Feb. 16, 1932

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	72	0	13.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home.
10. Date deceased last worked at this occupation (month, day, year) Feb 18, 1932. 11. Total time (years) spent in this occupation 48 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

13. NAME Henry Sohl.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT George W. Plitt.
(Address) 3102 Chesterfield Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Co. Date March 4, 1932

19. UNDERTAKER H. Sander Sons Inc
(Address) 1710 Pierce

20. FILED 1932 [illegible] JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 29, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1932 to Feb. 29, 1932
I last saw her alive on Feb. 29 1932 death is said to have occurred on the date stated above, at 8 58 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left breast.	8 mo. ?
Post operative shock	Feb 29, 1932

Other contributory causes of importance:

Name of operation Amputation of left breast Date of Feb 26, 1932
What test confirmed diagnosis? Clinical (Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? / Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. /
Manner of injury /
Nature of injury /

24. Was disease or injury in any way related to occupation of deceased? No If so, specify /

(Signed) Rudolph J. Schaefer, M. D.
(Address) Woman's Hospital.

ACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

77313 E 77313

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3517 E Lombard St., 1 Ward) 1-6-31

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rachel A. Hartner

(a) Residence: No. 3517 E Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew F Hartner

7. DATE OF BIRTH (month, day, year) Dec 7th 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	2	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Hand Steever

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Ann Broom

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Paul Chaney.

(Address) 3517 E Lombard

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date May 7 1932

19. UNDERTAKER John Ulmer & Co

(Address) 2008 Eutaw St

20. FILED 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/3/1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1932 to March 2, 1932

I last saw her alive on March 2, 1932 death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
Other contributory causes of importance: Cardiac Insufficiency	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Geo F Young M. D.

(Address) 1819 E Pratt St

30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77314

77314

CERTIFICATE OF DEATH

82-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 714 S. Rose St. ST. 1-3 (WARD)

2-FULL NAME Tekla Banachowski

(a) RESIDENCE NO 714 S. Rose St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., If of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced
HUSBAND of (or) WIFE of Wojciech Banachowski

6 DATE OF BIRTH (month, day, and year) Aug 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	42	7		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER Viktor Zagycki

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER Mary Jacewicz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant Wojciech Banachowski

(Address) 714 S Rose St

15 Filed ... 192 H. LAWSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 5 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) B J Negoy md, M. D. Coroner

3/5, 1932 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus cem — DATE OF BURIAL: March 5 1932

20 UNDERTAKER: John J Luda — ADDRESS: 2811 Hudson St

...c.—1-30—M. & T.—250 Bks.

77315 HEALTH DEPARTMENT—CITY OF BALTIMORE 108 E 77315

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2309 Madison Ave. ST. 13-54 WARD)

2-FULL NAME Martha Thomas Shorter

(a) RESIDENCE NO. 2300 Madison Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widow.

If married, widowed, or divorced HUSBAND of or) WIFE of: William Shorter

DATE OF BIRTH (month, day, and year): Sept 1st 1851

AGE: Years 80 | Months 6 | Days — | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: Thomas Berry

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Not known.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant: Oscar Shorter

(Address) 2300 Madison Ave.

Filed ... 1932 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 1st 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb 26th, 1932, to Mar 1st, 1932, that I last saw her alive on Feb 29th, 1932, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) — yrs. — mos 7 da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Harry F. Brown, M. D.

3/2/1932 (Address) 1910 Penna ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL: 3/4 1932

UNDERTAKER: Samuel Wensley

ADDRESS 518 N Bdle St

ACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

77316

CERTIFICATE OF DEATH

108 E 77316

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (14-20 St., ... Ward)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Thornhill

(a) Residence: No. 1608 Division St. St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Bell Thornhill

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Appomattox Va.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) ? Va.

15. MAIDEN NAME Laura Jones

16. BIRTHPLACE (city or town) (State or country) ? Va.

17. INFORMANT Records of Balto. City Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Cremation Date 3-6 1932

19. UNDERTAKER Geo. W. Gibson
(Address)

20. FILED 1932 Mar 7 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1932, to March 3, 1932 that I saw him alive on March 3, 1932 death is said to have occurred on the date stated above, at 12:45 P.M.

The principal cause of death and related causes of importance were as follows:

Restless Pneumonia — Date of onset 12 days ago

Other contributory causes of importance:

Tuberculosis — Unknown

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? / Date of injury ..... 19.....
Where did injury occur? / (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. /
Manner of injury /
Nature of injury /

24. Was disease of injury in any way related to occupation of deceased? No If so, specify

3-4-32 (Signed) Wm. H. Knight M. D.

(Address) Balto. City Hosp.

Spec.—9 30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77317 E 77317

CERTIFICATE OF DEATH

107-0012

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 2221 Roslyn Ave. S. 15-61 WARD 1

2. FULL NAME Amanda L. Reynolds

(a) RESIDENCE No. 2221 Roslyn Ave ST. WARD
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year): Feby. 25, 1840

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	92		8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Homesburg Pa

10 NAME OF FATHER: Franklin Supplee

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Harriett Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Interment (Address): Mrs. Howard Tebbs 2221 Roslyn Ave

15 Filed MAR 5 1932 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 3-1932

17
I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1932, to March 3, 1932

that I last saw h alive on , 19

and that death occurred, on the date stated above, at 9.45 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial pneumonia

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary): Coryza

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Rales, dyspnoea

(Signed) E. T. Bonchille M. D.

3-4. 1932 (Address) 2104 St. Paul St.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem. DATE OF BURIAL: Mch 5 1932

20 UNDERTAKER: Harry W. Ehlen ADDRESS: Wm & Pratt

. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

77318

Registered No. E 77318

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2703 Strathmore, Ave. 27-44 Ward)

Length of residence in city or town where death occurred 4 yrs 4 mos da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Ruth E. Dawes

(a) Residence: No. 2703 Strathmore Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Dawes

DATE OF BIRTH (month, day, year) June 3/1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	8	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Mary's Co., Md

13. NAME Mack Hammett

14. BIRTHPLACE (city or town) (State or country) St. Mary's Co., Md

15. MAIDEN NAME Edna Clocker

16. BIRTHPLACE (city or town) (State or country) St. Mary's Co., Md.

17. INFORMANT George W. Little
(Address) 2700 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cmt. Date March 4 1932

19. UNDERTAKER Geo. W. Little
(Address) 2700 Edmondson Ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 2/32 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Duration
Apoplexy	3/2/32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) J. S. Mallen Coroner M. D.

(Address) 508 E York

ACo. 5-11 250B

77319 HEALTH DEPARTMENT—CITY OF BALTIMORE 77319

CERTIFICATE OF DEATH

93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 13-30 Ward)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U.S. If of foreign birth? 48 yrs. mos. ds.

2. FULL NAME Abraham Kramer

(a) Residence: No. 624 West North Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Kramer

7. DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
70				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Builder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 016
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Israel Kramer

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry Kramer
(Address) 313 E. 21st St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 3-7 1932

19. UNDERTAKER Jacob Lewis Levy
(Address) 1427 E Balt St

20. FILED [illegible] 19[illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/4/1932

22. I HEREBY CERTIFY, That I attended deceased from 2/28 1932 to 3/4 1932
I last saw him alive on 3/4 1932 death is said to have occurred on the date stated above, at 3:05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2/27/32
Chronic myocarditis	years ?

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Milton B. Kirsh, M. D.
(Address) Sinai Hospital

spec.—9 30—A. A. Co.—250 Bks.

77320 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77320

CERTIFICATE OF DEATH

92-001

1 PLACE OF DEATH Levindale 27-54 REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No.) (WARD)

2 FULL NAME Esther Roman

(a) RESIDENCE NO. Belvedere & Greenspring Aves. CITY WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Widow

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Signed) Sigmund Rothschild
(Address) Belvedere & Greenspring

Filed R4 - 1932 H. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3/32

17 I HEREBY CERTIFY, That I attended deceased from July 21, 1931, to March 3, 1932

that I last saw h[illegible] alive on March 3, 1932

and that death occurred, on the date stated above, at 2.30 P. M.

The CAUSE OF DEATH* was as follows:

Chr. valvular heart disease

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) H Edmund Levin M. D.

19 (Address) Levindale

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Gilbert Greenbaum

20 UNDERTAKER Jos. Levin Inc.

DATE OF BURIAL 3-4 1932

ADDRESS 1437 E. Baltimore

ACo. 5-31 250M

E 77321 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77321

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital 1214 St. 22 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Katherine E. Sellingman

(a) Residence: No. 4016 Woodbine Court St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frederick C. Sellingman

DATE OF BIRTH (month, day, year) Oct 11 1882

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	5		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME Augusta C. Wardlaw

16. BIRTHPLACE (city or town) Washington D.C.
(State or country)

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date March 4, 1932

19. UNDERTAKER George W. Zirkler
(Address) 1737 E. Eager St.

20. FILED MAR 4 1932 HAMILTON JONES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/1/32, 19

22. I HEREBY CERTIFY, That I attended deceased from 2-17-, 19 32, to 3-1-, 19 32, I last saw h[illegible] alive on 2-1- 19 32 death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute suppurative bronchitis	2-17-32
& bronchial pneumonia	
Other contributory causes of importance:	
Coronary thrombosis embolism	?

Name of operation Laparotomy Date of 2-17-32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) [illegible] M. D.
(Address) [illegible]

Spec.—9-30—A. & Co.—250 Blks

77322 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77322

CERTIFICATE OF DEATH. 46

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No 1724 N. Broadway ST 8-17 WARD)

2 FULL NAME Simon V. Cullen.

(a) RESIDENCE NO 1724 N. Broadway ST WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Caroline M. Cullen

7 DATE OF BIRTH (month, day, and year) Aug. 12 1853

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	6	21	

9 OCCUPATION OF DECEASED 009

(a) Trade, profession or particular kind of work Messenger

(b) General nature of industry, business, or establishment in which employed (or employer) Clerk Court of

(c) Name of employer Common Pleas

10 BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Patrick Simon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Byrne

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Vincent Cullen 1724 N. Broadway

15 Filed 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3rd. 1932

17 I HEREBY CERTIFY, That I attended deceased from Oct. 21 1931 to Mar 3d 1932.

that I last saw h[illegible] alive on March 2d 1932.

and that death occurred, on the date stated above, at 5.40 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Oesophagus

(duration) 5 mos. ds.

CONTRIBUTORY (Secondary) Ingestion

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Ex Ray

(Signed) Benj. D. Hayden M. D.

3/4/1932 (Address) 216 N. Caroline

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery.

DATE OF BURIAL Mar. 5 19 32

UNDERTAKER Chas. P. Krauss Son ADDRESS 118 N. Eutaw

M. D. R. 1269-9

77323

HEALTH DEPARTMENT—CITY OF BALTIMORE

77323 E

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital (Street) 2-8-66 (Ward) 48

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lulu Katherine Feete

(a) Residence: No. 607 Brookwood Rd. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. SEX Female

4. Color or RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed or divorced HUSBAND (or) WIFE Alva D. Feete

DATE OF BIRTH (month, day, year) Sept 8 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	5	24 29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month, day, year) Feb 1932

11. Total time (years) spent in this occupation 36 yrs.

12. BIRTHPLACE (city or town) (State or country) Petersburg West Virginia

13. NAME Tom Walton

14. BIRTHPLACE (city or town) (State or country) Grant County W. Va.

15. MAIDEN NAME Virginia Douglas

16. BIRTHPLACE (city or town) (State or country) Grant County W. Va.

17. INFORMANT Alva D. Feete

(Address) 607 Brookwood Rd

18. BURIAL, CREMATION, OR REMOVAL Keyser Cem. Middletown Md.

Date 3-5 1932

19. UNDERTAKER Bernard C Harder

(Address) 1000 S. PACA St.

FILED 1932

C. HARRISON JONES, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1931, to Mar 2, 1932

I last saw her alive on Mar 2, 1932 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Cervix Uteri.	about 4½ ago

Other contributory causes of importance:

Name of operation Vaginal Hysterectomy Date of Aug 31

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury None

Where did injury occur? None (Specify, city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No injury

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) Edward G. Smith M.D.

(Address) 920 St. Paul St

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

77324 108 E 77324

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital 17-50 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Johnson

(a) RESIDENCE NO. 2458 Brentwood Ave. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 41 Months Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Janitor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Unknown.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (City or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Dora Johnson (Address) 2458 Brentwood Ave

15 Filed C. HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3 — 1 1932

17 I HEREBY CERTIFY, That I attended deceased from 2-27, 1932, to 3-1, 1932, that I last saw him alive on 3-1, 1932, and that death occurred, on the date stated above, at 10.35 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) George McDonald M. D.

3-2, 1932 (Address) Provident Hospital

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary Cem. Date of Burial: Mar 4 1932

20 UNDERTAKER: Mrs. R. A. Elliott ADDRESS: 1710 Eastlund Ave

MAR 4 1932 C. HAMPSON JONES M.D.

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77325

CERTIFICATE OF DEATH

23 E 77325

Registered No. 9-46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2827 Simpson St St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Contee

(a) Residence: No. 2827 Simpson St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	Widower

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME "

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date MAR 4 - 1932

19. UNDERTAKER Police Record
(Address) C. HARRISON JONES, M. D.

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 , to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Pulmonary Tuberculosis	
Other contributory causes of importance	

Name of operation Date of

What test confirmed diagnosis Inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. H. Mason Jones, M. D.
3/1/32 (Address) 508 E. North Ave Coroner

-30—M. & T.—100 B—50L

E 77326

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 77326

CERTIFICATE OF DEATH

210-001

REGISTERED NO. 24-35

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital WARD

2-FULL NAME Carl Horwath.

(a) RESIDENCE NO 1347 Andre St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ---- mos. ---- ds. How long in U. S., If of foreign birth? 20 yrs. ---- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	~~So~~ Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	----	----	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Machinist. 31
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hungary.

PARENTS

10 NAME OF FATHER Do not know,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Louis Toth.

(Address) 1543 E. Clerent St.

15 Filed ..... 19.. ..... Registrar

THE MORGUE

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 9, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest & autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy & inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Internal hemorrhage due to laceration of the lungs. Fracture of 2/3/4/5/ribs. Struck and knocked down by an automobile white crossing the street not at crossing. Occidental death.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? In front of 1347 Andre St. February 8, 1932

Did an operation precede death? No. Date of

Was there an autopsy? Yes at Hospital.

What test confirmed diagnosis? Inquest & autopsy.

(Signed) Carl Kinnarch Coroner, M. D.

2/20/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL MAR 4 - 1932

20 UNDERTAKER

ADDRESS

MAR 4 1932 C. HAMPSON JONES M.D. Registrar

Commissioner Health.

Dr. Wm. E. Woodall

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

77327

CERTIFICATE OF DEATH

82-001 E 77327

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 821 Sarah Ann St. 18-76 Ward)

2-FULL NAME Richard Murray

(a) RESIDENCE NO. 821 Sarah Ann St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	Negro	?

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	69			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) ?

14 Informant
(Address)

15 Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Zeller M. D.

3/3 1932 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health.

ADDRESS MAR 4 - 1932

THE MORGUE

For Wm. F. Toodal

Spec.—9-30—A. & Co.—250 Bks.

77328 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77328

CERTIFICATE OF DEATH

95-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 S. Carey ST. 16-26 WARD)

2. FULL NAME Sarah K. Greenwald

(a) RESIDENCE NO. 11 S. Carey ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of John Greenwald

6 DATE OF BIRTH (month, day, and year) Apr. 25, 1870

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
61	3	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Wm. Waters

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Richmond Va.

14 Informant Mrs. Mary L. Kotler

(Address) 11 S. Carey St.

Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3, 1932

17 I HEREBY CERTIFY, That I attended deceased from March 2, 1931, to March 3, 1932

that I last saw h[illegible] alive on March 3, 1932

and that death occurred, on the date stated above, at 8-0-0 P. m.

The CAUSE OF DEATH* was as follows:

Hypertensive cardio-renal disease, Hypertensive myocardial involvement

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) W. D. Dupuy M. D.

, 19 (Address) 1312 N. Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Jennings Chapel DATE OF BURIAL Mar. 7 1932

20 UNDERTAKER Greer & Son Inc. ADDRESS Sykesville Md

HAMILTON JONES, M. D. Registrar

ec.—1-30—M. & T.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE E 77329

CERTIFICATE OF DEATH.

77329

92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1226 Franklintown ST., 16-67 WARD)

2-FULL NAME John H. Harris

(a) RESIDENCE No. 1226 Franklintown ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	Col	Widow

If married, widowed, or divorced HUSBAND of or) WIFE of Ella Harris

DATE OF BIRTH (month, day, and year) 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Howard Co Md

10 NAME OF FATHER Sam'l Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Rose Hawkins

(Address) 230 N. Carey St

Filed Apr 1932 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 2. 1932

17 I HEREBY CERTIFY, That I attended deceased from Dec 6th, 1931, to Mar. 2nd, 1932, that I last saw h[illegible] alive on Mar. 2nd, 1932, and that death occurred, on the date stated above, at 5.25 A. m.

The CAUSE OF DEATH* was as follows:

6 M. Endocarditis

(duration) about 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchs. Pneumonia

(duration) 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jas E. Bell M.D.

3-2, 1932 (Address) 712 N. Eden St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL Mch 5, 1932

20 UNDERTAKER Wm H Case & Son

ADDRESS 638 N. Gilmor

ec.—1-30—M. & T.—250 Bks.

77330 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77330

CERTIFICATE OF DEATH.

REGISTERED NO. 46

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 230 N. Carey ST., 14-26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cecelia. Hawkins

(a) RESIDENCE NO. 230. N. Carey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced (or) WIFE of: Moses Hawkins

DATE OF BIRTH (month, day, and year): Dec 19. 1884

AGE: Years 47 | Months 2 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Taylors Island Md

10 NAME OF FATHER: Frank Murray

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Leah Cooper

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: Moses. Hawkins

(Address) 230. N. Carey St

Filed ____ 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/2/32

17 I HEREBY CERTIFY, That I attended deceased from 12/26. 1931. to March 2nd. 1932.

that I last saw her alive on March 2nd. 1932.

and that death occurred, on the date stated above, at 6. 40 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) yrs. 2 mos 5 ds.

CONTRIBUTORY (Secondary) Catarrhal Bronchitis with Ulcers of Intestines (Duration) yrs. 2 mos 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No. What test confirmed diagnosis? Clinical Exposition

(Signed) J. T. Dunn M. D.

3-3. 1932 (Address) 522 N. Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: M Auburn

DATE OF BURIAL: Mch 6 1932

20 UNDERTAKER: Sam. H. Chase Hon

ADDRESS: 638 N Gilmor

AaCo. 5-31 2'0B

HEALTH DEPARTMENT—CITY OF BALTIMORE

25 E 77331 — 72-1901 — E 77331

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. ..... Ward) 21-29

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James FOSTER

(a) Residence: No. 121 Scott St. St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of — Alice Tyler

7. DATE OF BIRTH (month, day, year) Oct 15 1896

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
35	36	4	19 20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Alice Tyler

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Mar 8 1932

19. UNDERTAKER Jos Poesdans Son
(Address) 1212 E. Baltimore St. BALTIMORE, MD.

20. FILED 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1932 to March 4, 1932

I last saw h[illegible] alive on March 4, 1932, death is said to have occurred on the date stated above, at 4:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myeloid leukemia	1930
Other contributory causes of importance	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ..., M. D.

(Address) Johns Hopkins Hosp. Balto

ACo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77332 E 77332

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 12-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edna Eggleston

(a) Residence: No. 436 E. Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellis Rudolph Eggleston

DATE OF BIRTH (month, day, year) July 3 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	7	32	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Artist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brokerage

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME OF FATHER Wm. Eggleston

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME OF MOTHER Mary Warner

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Ellis R. Eggleston

(Address) 436 E. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Placed in Woodlawn Date 3-5-32

19. UNDERTAKER Arch M. Cook

(Address) 1003 N. Eutaw St.

20. FILED Mar 4 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 20 1931 to March 3 1932

I last saw h[illegible] alive on March 3 1932 death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Pulmonary Tuberculosis	Nov. 31

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

x (Signed) Harry Kelly, M. D.

(Address) Wilmington, Del.

1-30—M. & T.—250 Blue

77333

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77333

CERTIFICATE OF DEATH.

159

REGISTERED NO.

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Dayette & Caliaunt ST., 16-66 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Martin

(a) RESIDENCE NO. 633 Woodington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	(c) White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) March 4-1932

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) md

10 NAME OF FATHER James E Martin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Miriam Kerner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant James E Martin
(Address) 633 Woodington Rd

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4, 1932

17 I HEREBY CERTIFY, That I attended deceased from March 4, 1932, to March 4, 1932,

that I last saw him alive on March 4, 1932,

and that death occurred, on the date stated above, at 7:45 A m.

The CAUSE OF DEATH* was as follows:

Prematurity about
24 - 26 wks gestation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Born at Hospital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Myron B. Shriber, M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Mar 5 1932

20 UNDERTAKER F Vernon Kushner — ADDRESS Hollins

M. D. B. 1268-9

77334 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

E 77334

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 945 W. Lombard St. 18-24 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna T. Wyatt

(a) Residence: No. 945 W. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of the late Chas. P. Wyatt

7. DATE OF BIRTH (month, day, year) Oct 29th 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53.	4	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Michael J. Murphy

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Elizabeth Broderick

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Joseph M. Wyatt
(Address) 945 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral. Date 3/7/, 1932

19. UNDERTAKER John F. Cowan & Son
(Address) 501 N. Howard St

20. FILED 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/3/, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1932 to Mar. 3 1932

I last saw h[illegible] alive on Mar 3. 1932 Death is said to have occurred on the date stated above, at 2:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	3/3/32
Other contributory causes of importance:	
Chronic Mitral Regurgitation	6 mo
Fatty Infiltration of Heart.	6 mo

Name of operation None Date of —

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Horton, M. D.

(Address) 853 W. Lombard St

AaCo. 5-11 2508

77335 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77335

256036

CERTIFICATE OF DEATH

X 51

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 9-9 Ward)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry F. Ostrander

(a) Residence: No. 4000 Denny Blaine Place St., Ward. Seattle Washington
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Lenore

DATE OF BIRTH (month, day, year) May 29 - 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	9	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. [illegible]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sand & Gravel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconson

13. NAME Lena Ostrander

14. BIRTHPLACE (city or town) (State or country) Wis

15. MAIDEN NAME Hattie Fargo

16. BIRTHPLACE (city or town) (State or country) Wis

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Seattle Wash. Date March 4 1932

19. UNDERTAKER Lyon & Mitchell & Sons
(Address) 1420 Madison Place

20. FILED 1932 Mar 10 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1931 to March 4, 1932
I last saw him alive on March 4, 1932 death is said to have occurred on the date stated above, at 2.15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate & involvement of anterior rectal mucosa.	1930?
Other contributory causes of importance: Agranulocytosis	3/2/32
Colostomy Radical total prostatectomy	12/28/31

Name of operation Date of 1/13/32

What test confirmed diagnosis? Path & Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lloyd T. Fargo M. D.
(Address) Johns Hopkins Hospital

Spec. 7-17-26—A Co.—200 Bks.

77336

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 77336

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Provident Hosp. St. 16-23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bessie Newman

(a) RESIDENCE NO. 802 Stockton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	Widowed

8a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1894

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Maid

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Va

(State or country)

PARENTS

10 NAME OF FATHER Elza Williams

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Bessie Williams

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Rev William K Johnson

(Address) 812 N Carey Street

15 Filed 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 2 1932

17 I HEREBY CERTIFY, That I attended deceased from 2/18 1932 to Mar 2 1932

that I last saw h alive on Mar 2 1932

and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

Carcinoma of Sigmoid

(duration) Several yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of 2/18/32

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Bessie Barnes M. D.

3/7 1932 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Zion

Date of Burial 2-7-1932

20 UNDERTAKER Joseph A Lively

ADDRESS 409 N Mount st

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

77337 77337

CERTIFICATE OF DEATH

159 E 77337

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 17-24 St., Ward)

Length of residence in city or town where death occurred yrs. mos ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME Baby Girl Barrett

(a) Residence: No. 1120 Shields Alley St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Jan 27 32

8. AGE	Years	Months	Days 7 / Hours 12	If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Ernest Barrett

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME ~~Ernestine~~ Mildred Williams

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Woburn Cem Date 3-4th 1932

19. UNDERTAKER Jas. M. Skinner
(Address) 1625 E. Fred St

20. FILED 3-4-1932 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1932 to March 3, 1932.
I last saw her alive on March 3, 1932 death is said to have occurred on the date stated above, at 5.40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2/24/32
Peritonitis	
Other contributory causes of importance:	
Diarrhea + enteritis	2/15/32
Prematurity	birth

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. W. Buckfod Jr. M. D.
(Address) Johns Hopkins Hosp.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77338 ✓ 97-08 E 77338

CERTIFICATE OF DEATH.

REGISTERED NO. 97

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 811 S. Streeper (St.) 1-1 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jozefa . Szymanski

(a) RESIDENCE NO. 811 S. Streeper (St.) (Ward)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs mos ds. How long in U. S., if of foreign birth? 40 yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ? 1868

7 AGE: Years 63; Months; Days; If LESS than 1 day, hrs or min.

64

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mr. Martin . Szymanski

(Address) 811 S. Streeper Street

15 Filed 1932 . 19 H. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 2 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb. 27 . 1932 . to March 2 . 1932 .

that I last saw her alive on March 1 . 1932 .

and that death occurred, on the date stated above, at 9a m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

Myocardial Insufficiency

CONTRIBUTORY (Secondary) Cardiac Asthma (duration) yrs mos ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Andrew Kuszmaul, M. D.

. 19 (Address) 2579 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem. DATE OF BURIAL: March 5 1932

20 UNDERTAKER: John M Weber ADDRESS: 401 S. Chester

A&Co. 5-31 250B

77339 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 77339

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 5-8 Ward)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Burt Fitch

(a) Residence: No. 103 Aisquith St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Jan. 15, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	53		14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. gtd
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Rochester
(State or country) Minn.

13. NAME Ausden

14. BIRTHPLACE (city or town) ?
(State or country)

15. MAIDEN NAME Matilda Reister

16. BIRTHPLACE (city or town) Rochester
(State or country) Minn.

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 3/5 1932

19. UNDERTAKER J. J. Foley Sons
(Address) 1815 E. Fayette St.

20. FILED ..... 1932 C. HARRISON JONES, M. D.
By ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1932, to Feb. 29, 1932
I last saw him alive on Feb. 29, 1932 death is said to have occurred on the date stated above, at 12:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chr	more than 2 months
Nephritis, chr	

Other contributory causes of importance:

Arteriosclerosis, gen	long

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jas. E. Arnold Jr. M. D.
(Address) Balto. City Hosp.

...ec.—1-12-23—M&T—500 Blks.

77340

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-01V E 77340

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) aged men & women ST. Hope 33 WARD

2-FULL NAME Albert Hawkins

(a) RESIDENCE NO. 822 S. Carrollton Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of: ? Unknown

7 DATE OF BIRTH (month, day, and year): ? 1852

8 AGE: Years 80 | Months | Days | If LESS than 1 day, hrs or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: ? Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Rosie Stewart
(Address) 822 Carrollton Ave

15 Filed ... 1932 ... 19 ... E. HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 2 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb 20, 1932, to March 2, 1932

that I last saw h alive on March 2, 1932

and that death occurred, on the date stated above, at 12 N. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Old age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edw. Brantley, M. D.

3/4, 1932 (Address) 1230 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: 3-5 1932

20 UNDERTAKER: John H. Fradovic

ADDRESS: 1027 Druid Hill Ave

-30—M. & T.—100 B—50L

77341

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77341

CERTIFICATE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
CITY OF BALTIMORE, (No.) Provident Hosp ST. 16-23 WARD

2-FULL NAME Jas H. Smith Sr

(a) RESIDENCE NO 1338 W Lafayette ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE Col | 5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Aug 27 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	6	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bowie Md

PARENTS
10 NAME OF FATHER Geo Smith
11 BIRTHPLACE OF FATHER (city or town) (State or country) Va
12 MAIDEN NAME OF MOTHER Mary Duckett
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Mrs L Peters 1736 Division Ave

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Nov 3rd 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocardial Failure

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) H. Schmitz, M. D. Coroner
19 (Address) Cor

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL Paynes Cemetery Wash D.C.
DATE OF BURIAL 3/4 1932
UNDERTAKER Samuel P. Chase & Son
ADDRESS 608 N. Gilmor

D. B. 1268-9

(Garrison)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17342

7342

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., W-7 Ward)

Length of residence in city or town where death occurred ...yrs. 1 ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME James Clinton Farris

(a) Residence: No. Zeliensople Pa. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

DATE OF BIRTH (month, day, year) Nov 18 1876

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	56			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME David Farris

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME Anna E. Blair

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Pikesville Md. Date Mar 4 1932

19. UNDERTAKER C. Miller
(Address) 2455 E. Baltimore St

20. FILED ...1932 ...19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3 1932

22. I HEREBY CERTIFY, That I attended deceased from January 30 1932 to March 3 1932

I last saw him alive on March 3, 1932. Death is said to have occurred on the date stated above, at 7.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic C. V. Disease with Mitral Insufficiency and Stenosis	40 yrs.
Lacunar Fibrillation	4½ mos.
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Simon Boyer, M. D.

(Address) Mercy Hospital.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

77343

CERTIFICATE OF DEATH

107 E 77343

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph Hospital St. 13-54 Ward

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John T. Seward

(a) Residence: No. 2301 Ruskin Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hattie Seward

6. DATE OF BIRTH (month, day, year) Nov 18/1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railway

10. Date deceased last worked at this occupation (month and year) 2 weeks Ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Queen Anne Co., Md.

FATHER

13. NAME William Seward

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Godman

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Willard Ellis (sister)
(Address) 2301 Ruskin Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Catonsville Md. Date Mch. 6 1932

19. UNDERTAKER Harry W. Ehlen
(Address) 1944 W. Pratt St. Balto. Md.

20. FILED Mar 7 1932 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 3/32 , 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on inquiry , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. H. Paul M. D.
Coroner

(Address) 508 E Fort Ave

A&Co. 5-31 2501

77344 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97 E 77344

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 1044 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Hall

(a) Residence: No. Frederick & Valley St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of George Hall

DATE OF BIRTH (month, day, year) May 26 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	9	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) New York

13. NAME Robert Gerard

14. BIRTHPLACE (city or town) (State or country) ...

15. MAIDEN NAME Bridget Kennedy

16. BIRTHPLACE (city or town) (State or country) ...

17. INFORMANT Little Sisters of the Poor
(Address) 1220 Valley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Mar 5. 1932

19. UNDERTAKER Pike Windfield
(Address) 914 Fremont Ave

20. FILED Mar 7 1932 HARRISON JONES M D
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 3. 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 21 1931 to March 3 1932

I last saw her alive on March 3 1932 death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility - Cortico Sclerosis	

Other contributory causes of importance:

Asthma

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Edward M.C. Parker M. D.
(Address) 111 E Monument

77345

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-901 V
E 77345

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 4401 Cook Ave St.. 26 Ward) 41

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Clautice

(a) RESIDENCE NO. 4401 Cook Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

3 DATE OF BIRTH (month, day, and year) May 5 1843

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
✓	88	9	28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

10 NAME OF FATHER John Clautice

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Betty Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs. Clautice (Address) 4401 Cook Ave

15 Filed ... 19 ... Registrar

HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 9 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb 26 1932, to March 3 1932

that I last saw him alive on March 3, 1932

and that death occurred, on the date stated above, at 6.55 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) Arterial Sclerosis

(duration) 1 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of ...

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Geo. L. Zimmerman M. D.

3/3 1932 (Address) 2858 Harford Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Date of Burial: Mar 7 1932

20 UNDERTAKER: Bika Wiedefeld ADDRESS 914 Gunnt

AaCo. 5-31 2500

77346 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

E 77346

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2909 Bernard St St 12-51 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U.S. if of foreign birth 54 yrs. mos. ds.

2. FULL NAME Mary F. McCleary

(a) Residence: No. 2909 Bernard St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of George S. McCleary

7. DATE OF BIRTH (month, day, year) Nov. 2 1865

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	66	4	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Patrick Porcell

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Winifred Joyce

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Nora Ellen Heath
(Address) 2909 Bernard St

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem Date Mch 7 1932

19. UNDERTAKER George W. Grimes
(Address) 1737 E. Eager St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from circ. Feb. 15, 1932 to March 3, 1932

I last saw her alive on March 3, 1932 death is said to have occurred on the date stated above, at 6.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Cerebral Thrombosis	1932

Other contributory causes of importance:
Senility

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Wm. Paul Gutteridge M. D.

(Address) 824 Park Ave

D. B. 1268-0

77347 HEALTH DEPARTMENT—CITY OF BALTIMORE 77347

CERTIFICATE OF DEATH

175

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. St. Joseph Hospital St. 26-2 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Amelia F. Crisp

(a) Residence: No. 3213 E. Baltimore Md. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Divorced

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Milton Crisp

DATE OF BIRTH (month, day, year) Feb 19/1900

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	0	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamtress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME ~~Frederick J. Hartz~~

14. BIRTHPLACE (city or town) (State or country) New York City, N.Y.

15. MAIDEN NAME Anna M. Addick

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Anna M. Hartz (Address) 3213 E. Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn. Date Mch. 5 1932

19. UNDERTAKER George W. Zurkler. (Address) 1727 Eagle St.

FILED 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 2/32 1932

22. I HEREBY CERTIFY, That I attended deceased from Inquiry to 1932

I last saw h alive on 1932 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Septicemia-Peritonitis — Date of onset ?

Other contributory causes of importance: Abortion- Bougie passed by some unknown person — about 2/24/32

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1932

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John H. Weller Coroner M. D.

(Address) 508 E. North Ave

H. D. B. 1268-9

77348 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 77348

CERTIFICATE OF DEATH

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 5-6 Ward)
Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Douglas Adams
(a) Residence: No. 409 Somerset St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col.	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓
DATE OF BIRTH (month, day, year) ~~March 3, 1932~~ May 17, 1925

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6 yrs	9	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) ✓
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Johns Hopkins Hosp

13. NAME Isabel Adams
14. BIRTHPLACE (city or town) (State or country) Talbott Co, Md.
15. MAIDEN NAME Rosie Adams.
16. BIRTHPLACE (city or town) (State or country) Talbot Co, Md

17. INFORMANT Elaine Donnelly
(Address) 409 Somerset St

18. BURIAL, CREMATION, OR REMOVAL
Place Claytonsville Md Date Mch. 6 1932

19. UNDERTAKER Wm J. G. Locke
(Address) 130 E. Jefferson St.

20. FILED ~~1932~~ 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3 1932

22. I HEREBY CERTIFY, That I attended deceased from Inquiry 19 to 19
I last saw him alive on & autopsy 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Ruptured spleen & liver.
Int hemorrhage into abdom & pericardial cavity.

Date of onset 3/3/32

Other contributory causes of importance:

Fractured left 6 & 7 ribs.
right 10th rib

Name of operation None Date of
What test confirmed diagnosis? ✓ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 3/3 1932
Where did injury occur? Aisquith & Orleans Sts
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street accident
Manner of injury Struck by automobile
Nature of injury Crush injury of abdomen

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Joseph Pokorny Coroner M. D.
(Address) 220 E. Madison St

AaCo. 5-31 250B

7349 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23E 77349

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3317 Saint St. 13-52 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theodore Redmon

(a) Residence: No. 3317 Saint St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 12 1892

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	2	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME OF FATHER John Jesse Redmon

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME OF MOTHER Lillie F. Peterson

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Laurence Redmon
(Address) 3317 Saint St

18. BURIAL, CREMATION, OR REMOVAL
Place Mary Land Date Mar 7 1932

19. UNDERTAKER Fritz Davis
(Address) 34 E Chestnut Ave

20. FILED 1932, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 3, 1932, to Mar 4, 1932
I last saw h[illegible] alive on Mar 4, 1932, death is said to have occurred on the date stated above, at 9:58 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia Peritonitis	
Advanced Tuberculosis Lungs	

Other contributory causes of importance

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19 —

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) [illegible], M. D.

(Address) [illegible]

AaCo. 5-31 250B

77350 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 77350

46

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 Ilchester Ave. St., 12-50 Ward)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Florence M. Carlisle.

(a) Residence: No. 409 Ilchester Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of E. Howard Carlisle.

7. DATE OF BIRTH (month, day, year) May 10. 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	9	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Adolphus Frederick,

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT E. Howard Carlisle
(Address) 409 Ilchester Ave

18. BURIAL, CREMATION, OR REMOVAL MAR 7 1932
Place Loudon Park Date 19

19. UNDERTAKER Geo. W. Settles
(Address) 2700 Edmondson Ave.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1932, to Mch 5, 1932
I last saw her alive on Mch 4, 1932 death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach Pylorus	Feb 16-32
Other contributory causes of importance:	
Metastasis - Lungs	5 days

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Gill Hall M. D.
(Address) 1631 E. North Ave

Rev. 6-9-19—H. P. Co.—1000 Blks.

77351 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77351

CERTIFICATE OF DEATH. 23

1 PLACE OF DEATH

CITY OF BALTIMORE: No. 633 Cumberland St. 15-21 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Leroy Parker-

(a) RESIDENCE No. 633 Cumberland St. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. dy. How long in U. S., if of foreign birth? yrs. mos. dy.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Marri[illegible]

5a If married, widowed, or divorced HUSBAND of ~~Wife of~~ Beatrice Parker

6 DATE OF BIRTH (month, day, and year) 1896

7 AGE: Years 36 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bellman

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Albert Parker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Lucilla Allen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Interment (Address) Beatrice Parker 633 Cumberland St

15 Filed 5 - 1932

16 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-4-32

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1931 to March 4 1932

that I last saw h[illegible] alive on March 2, 1932

and that death occurred, on the date stated above, at 4:30 A m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Tuberculosis

Contributory

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. K. Ferguson, M. D.

May 5, 1932 (Address) 117 W. Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn DATE OF BURIAL: May 7 1932

20 UNDERTAKER: Virginia G. Brooks ADDRESS: 1465 N. Carey

ec.—2-29-28—L. F. S.—500 Bks.

E 77352

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77352

CERTIFICATE OF DEATH

119

REGISTERED NO.

1—PLACE OF DEATH

ITY OF BALTIMORE: (No. 5210 Midwood Ave ST.) 27-48 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ray Wilson Fishpaw.

(a) RESIDENCE NO. 5210 Midwood Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

ngth of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) July 15, 1931

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		7	19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child. do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) md.

10 NAME OF FATHER Clarence Fishpaw

11 BIRTHPLACE OF FATHER (city or town) (State or country) md.

12 MAIDEN NAME OF MOTHER Rae Swem

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md.

Informant Clarence Fishpaw

(Address) 5210 Midwood Ave Govans

Filed — 1932 19 C. HAMILTON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4, 1932

17 I HEREBY CERTIFY, That I attended deceased from 2/20 1932, to 3/4 1932,

that I last saw him alive on 3/4 1932

and that death occurred, on the date stated above, at 8 20 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration

Enteritis & Ileo Colitis (duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) Paul Miller, M. D.

3/5 1932 (Address) 1500 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood

DATE OF BURIAL Mar 7 1932

20 UNDERTAKER Edmondson Avenue

ADDRESS 3615 Edmondson Ave

A4Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

77353

CERTIFICATE OF DEATH

46 E 77353

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2530-E. Madison Street St., 7-12 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth 40 yrs. ..... mos. ..... ds.

2. FULL NAME Antone Gagalski

(a) Residence: No. 2530-E. Madison Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth (Williams)

7. DATE OF BIRTH (month, day, year) 5/29/1868

8. AGE Years	Months	Days	If LESS than 1 day hrs. min.
63	9	3	XXXXXX

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ice etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dealer
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Anna Potes
(Address) 2530-E. Madison Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 3/7/1932 19

19. UNDERTAKER Geo. J. Potts Co.
(Address) 1765-Harford Ave.

20. FILED ..... 19 1932 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3rd 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 19 ....., 1930 to March 3rd 1932
I last saw alive on March 3 1932 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma (oesophagus)	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? X Ray Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Louis Krauce M. D.
(Address) Med. Arts Bldg

A&Co. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

77354

CERTIFICATE OF DEATH

93-0 E 77354

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals 14-27
CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ~~Life~~ 30 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Milton West

(a) Residence: No. 252 Bruce St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mammie West

6. DATE OF BIRTH (month, day, year) Aug. ?

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	?		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) Anne Arundle Co.
(State or country) Md.

13. NAME Ben West

14. BIRTHPLACE (city or town) Anne Arundle Co.
(State or country) Md.

15. MAIDEN NAME Liza Waran

16. BIRTHPLACE (city or town) Anne Arundle Co
(State or country) Md.

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date Mar 7, 1932

19. UNDERTAKER Mr. Kahler L. Williams
(Address) 2224 Ashland Ave.

20. FILED 1932 C. HAMPSON JONES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1932, to March 3, 1932
I last saw him alive on March 3, 1932 death is said to have occurred on the date stated above, at 1:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chr	Sept 1931
Other contributory causes of importance: Bronchopn	3 days

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. H. Arnold Jr., M. D.
(Address) Balto. City Hosp.

A&Co. 5-31 250B

Dr Nathaniel Beck 100 E. 23rd St B-L 9061 ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

7355

CERTIFICATE OF DEATH

23 E 77355

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 E. 36th St., 9-47 Ward)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William H. Kraft

(a) Residence: No. 600 E. 36th St., Ward. .....
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Beulah Kraft

7. DATE OF BIRTH (month, day, year) Sept 15th 1873

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or ... min.
58	5	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

9. Industry or business in which work was done, as ~~cotton~~ mill, saw mill, bank, etc. Martha Washington Candy Co

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Daniel Kraft

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Caroline Clough

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Beulah Kraft
(Address) 600 E. 36th St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemetery Date 3/5/ 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 3-5-1932, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3rd, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1932, to Mar 3, 1932

I last saw h Im alive on Mar 3, 1932 death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis.	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify no

(Signed) Nathaniel M Beck M. D.

(Address) 100 E. 23rd St.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

77356 E 77356

CERTIFICATE OF DEATH

92-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 23-30 Ward)

Length of residence in city or town where death occurred 40 yrs mos da. How long in U S. if of foreign birth? yrs mos da.

2. FULL NAME Jackson Mosley

(a) Residence: No. 502 Welcome Alley St., Ward.
(If usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha

7. DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Halifax Co. Va.

13. NAME Gilbert

14. BIRTHPLACE (city or town) (State or country) Halifax Co. Va.

15. MAIDEN NAME Lucinda ?

16. BIRTHPLACE (city or town) (State or country) Halifax Co. Va.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date 3/7 1932

19. UNDERTAKER Isaiah L Brown Sons (Address) 1012 W Pratt

20. FILED MAR 5 - 1932 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 32 to March 3, 32

I last saw him alive on March 3, 32 death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chr	more than 1yr
Arteriosclerosis	
Hypertension	

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.
(Address) Balto. City Hosp.

AACo. 5-31 250B

77357

HEALTH DEPARTMENT CITY OF BALTIMORE

77357

CERTIFICATE OF DEATH

160-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH University Hospital (If not in hospital give street address) 22-31 (Ward)

CITY OF BALTIMORE: (No. .....) Length of residence in city or town where death occurred ... yrs. 20 min mos ... da. How long in U.S. if of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Baby Boy Williams

(a) Residence: No. ... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) Mar. 2, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 20 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME James Brown

14. BIRTHPLACE (city or town) (State or country) Wilmington Del.

15. MAIDEN NAME Rosella Williams

16. BIRTHPLACE (city or town) (State or country) Norfolk Va.

17. INFORMANT ... (Address) MAR 5 - 1932

18. BURIAL, CREMATION, OR REMOVAL Date ... 19... Place UNIVERSITY OF MARYLAND

19. UNDERTAKER Morgue Health (Address) ...

20. FILED ... 19... C.S.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 2. 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 2, 1932, to Mar. 2, 1932

I last saw him alive on Mar. 2, 1932 death is said to have occurred on the date stated above, at 1:20 a.m.

The principal cause of death and related causes of importance were as follows:

Intracranial hemorrhage — Date of onset 2-2-32
Birth injury — 2-2-32

Other contributory causes of importance:

Premature labor

Name of operation None Date of —

What test confirmed diagnosis? Spinal puncture. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify —

(Signed) Chas. H. Hampson Jones M. D.
(Address) Univ. Hosp.

CHAS. H. HAMPSON JONES, M. D.

AACo. 5-31 250B

77358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 E 77358

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 17-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Levi #2

(a) Residence: No. 605 Pierce St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Feb. 29, 1932

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			3 d	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME William Hansel

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Courtney Levi

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT

(Address)

18. PLACE OF BURIAL, CREMATION OR REMOVAL

UNIVERSITY OF MARYLAND

Date 19

19. UNDERTAKER Commissioner Health

(Address) Per Wm. E. Woodall

20. FILED MAR 5 1932 19 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 29, 1932, to Mar. 3, 1932

I last saw him alive on Mar. 3, 1932 death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	2-29-32
Hyaline Membrane Disease	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Measurements Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis B. Kemp M. D.

(Address) Lincoln Bldg

10—M & T—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77359

CERTIFICATE OF DEATH

159

E 77359

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 307 Edmondson Ave. ST., 26 WARD

2-FULL NAME Sarah Dobson

(a) RESIDENCE NO 307 Edmondson ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Mar 4/32

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
			2 hours	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Simon Dobson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Estella Lavoh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Simon Dobson

(Address) 307 Edmondson

Filed Mar 5 1932 C. HAMPSON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows: (2 months Baby)

Premature Birth

2 hours

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Herbert Bond, M. D. Coroner

19 (Address) Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bush Park Cemetery Howard Co Md

DATE OF BURIAL Mar. 5, 1932

20 UNDERTAKER Mrs Katie R. Williams

ADDRESS 312 N Edmondson Ave

AACo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

77360 12538401

CERTIFICATE OF DEATH

X 53 E 77360

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Ray Mosley

(a) Residence: No. 124-E. 6th St., Ward, Jacksonville Fla
(Usual place of abode) (If not resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dorothy

7. DATE OF BIRTH (month, day, year) Unknown

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ala

13. NAME Thomas Mosley

14. BIRTHPLACE (city or town) (State or country) Ga

15. MAIDEN NAME Sally Matthews

16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Cremation Date 3/6 19 32

19. UNDERTAKER Wm J. Jefferson & Son
(Address) North & E

20. FILED MAR 8 1932 H. M. [illegible] JONES, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1932 to March 5, 1932
I last saw him alive on March 5, 1932 death is said to have occurred on the date stated above, at 2:15 Pm
The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor, cerebral	
Malignant glioma	3 mos.

Other contributory causes of importance:

Operation

Name of operation Craniotomy Date of 3-2-32
What test confirmed diagnosis Section Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M Bodenheimer M. D.
(Address) Johns Hopkins Hospital

A&Co. 5-H 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

77361 — 15-61 — 159 — 77361

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

77361

CITY OF BALTIMORE: (No. Woman's Hosp. St.) (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby John Spaulding. (#2).

(a) Residence: No. 3509 Powhatan Ave. St., Ward. Woman's Hosp. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single (Premie)

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) San. 22, 1932

8. AGE	Years	Months	Days 13	If LESS than 1 day, hrs or min.
		1	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Donald Cyril Spaulding

14. BIRTHPLACE (city or town) (State or country) New York

15. MAIDEN NAME Laura Josephine McCarthy

16. BIRTHPLACE (city or town) (State or country) New York.

17. INFORMANT mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Glens Falls N.Y. Date 3 to 6 1932

19. UNDERTAKER Wm J. Tuckner + Son
(Address) North + Pa

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1932 to March 5, 1932
I last saw him alive on March 5, 1932 death is said to have occurred on the date stated above, at 5.05 a.m.

The principal cause of death and related causes of importance were as follows:

Prematurity 7 month
Congenital Debility

Date of onset

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. home
Manner of injury home
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? If so, specify None

(Signed) W. A. Deckel M. D.
(Address) Woman's Hospital

1-80—M. & T.—100 B—50L.

77362

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-186-E 01 77362

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital ST. 22-31 WARD)

2-FULL NAME Daniel Nelson.(C)

(a) RESIDENCE NO 122 W. Hughes St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) February 5, 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	0	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Fairfax Co. Va.

PARENTS

10 NAME OF FATHER Corban Nelson.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Fairfax Co. Md.

12 MAIDEN NAME OF MOTHER Mollie Gibson.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Fairfax Co. Md.

14 Informant Mary Lee.(C) sister.

(Address) R.F.D. 5. Alexandria Va.

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.
Occidental fall down stairway.
Cerebral concussion.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 122 W. Hughes St. 122 W. Hughes St.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto A. Reinhardt, M. D. Coroner

2/5/32, 19 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Alexandria, Va. DATE OF BURIAL 3/5 1932

20 UNDERTAKER Jno. Semmes & Son ADDRESS Alex, Va.

B. D. B. 1268-0

77363

HEALTH DEPARTMENT—CITY OF BALTIMORE

77363

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2600 Huron St. 25-73 Ward.

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth 60 yrs. mos. ds.

2. FULL NAME Carrie Parker

(a) Residence: No. 2600 Huron St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles T. Parker

7. DATE OF BIRTH (month, day, year)

8. AGE: Years 60; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER FATHER

13. NAME: Augustus Murdock

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Charlotte Downs

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Charles T. Parker

(Address) 2600 Huron St. Mt. Vernon

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Auburn Cemetery Date: March 6 1932

19. UNDERTAKER: Archibald A. Gaddis

(Address) 1844 Mc Culloh St.

20. FILED 1932 MARTIN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4th 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 11th 1930 to March 4th 1932

I last saw her alive on Feb 28 1932. Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis	8-1930

Other contributory causes of importance:

Anemia

Name of operation: No Operation Date of

What test confirmed diagnosis: Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fennell Large M. D.

(Address) 2937 N Calvert St

AACo. 5-31 250B

Buck

HEALTH DEPARTMENT—CITY OF BALTIMORE

77364

CERTIFICATE OF DEATH

V 107-02 E 77364

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St. 6-10 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Carita Bucks

(a) Residence: No. 2332 E. Fayette St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John A Bucks

7. DATE OF BIRTH (month, day, year) 1891

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John Hanahan

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Mary E Tolland

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT John A Bucks (Address) 2332 E Fayette St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date 3/8 1932

19. UNDERTAKER Wm J Gray & Son (Address) 1200 E Fayette St

20. FILED MAR 8 1932, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 - 5 , 1932

22. I HEREBY CERTIFY, That I attended deceased from March 01, 1932 to March 5, 1932

I last saw he alive on March 5, 1932 death is said to have occurred on the date stated above, at 5:12 m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia Type ?	Feb 25,

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? ? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) M. B. Krish, M. D.
(Address) Res S. H.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77365 — 97 - E 77365

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1209 Gilford Ave St., 17-14 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Carrie Thompson

(a) Residence: No. 2009 Guilford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Luther A Thompson

6. DATE OF BIRTH (month, day, year): June 3. 1889

7. AGE — Years: 42 Months: 9 Days: 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Virginia

13. NAME: Marion M Lewis

14. BIRTHPLACE (City or town) (State or country): Virginia

15. MAIDEN NAME: Rhoda Moran

16. BIRTHPLACE (State or country): Virginia

17. INFORMANT: Luther A Thompson
(Address): 2009 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Date: 1932

19. UNDERTAKER: Fulton Doyle
(Address): 210 E Lexington St

20. FILED ..... C. HAWSON JONES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 5. 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1932 to March 5. 1932

I last saw h.. alive on March 5. 1932 death is said to have occurred on the date stated above, at 3.4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Old Rheumatic endocarditis with Acute Myocardial failure	1 yr. History
Other contributory causes of importance: Toxemia	1 wk.

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F M Gaynor-Gardner, M. D.

(Address) St Joseph Hosp.

H. D. B. 1268-9

Harper

HEALTH DEPARTMENT—CITY OF BALTIMORE

53 E 77366

CERTIFICATE OF DEATH

77366

Registered No. 9-46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Bertha Harper

(a) Residence: No. 1004 E. 20th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed or divorced
HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Jan 2. 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	2	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales lady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Adams Co. Pa.

13. NAME Thos. J. Medlar

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME Elmira Cairo

16. BIRTHPLACE (city or town) (State or country) Adams Co.

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 3/7/1932

19. UNDERTAKER Wm. Cook
(Address) (217 E. Paul St.)

JONES, M. D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from February 2, 1932 to March 4, 1932

I last saw h[er] alive on March 4, 1932 Death is said to have occurred on the date stated above, at 8:40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	6 mos.
Other contributory causes of importance: Pulmonary Embolism	10 Min.

Name of operation Nephrectomy Date of 2/1932

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Thos. Boyd M. D.
Mary Hamlet

(Address)

FILED MAR 8 - 1932 C. JOHNSON

—M. & T.—100 B—50L Coroner Potter E. North Ave

E 77367

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-004 E 77367

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1312 N. Central Ave 9-18 WARD)

2-FULL NAME Bradley M. Haller

(a) RESIDENCE NO 1312 N. Central Ave WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Mary E. Haller

6 DATE OF BIRTH (month, day, and year) June 8th 1878

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	8	26	

7 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Electrical 045

(b) General nature of industry, business, or establishment in which employed (or employer) Business

(c) Name of employer Self

8 BIRTHPLACE (city or town) (State or country) Frederick Md

9 NAME OF FATHER Eugene S. Haller

10 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick Md

11 MAIDEN NAME OF MOTHER Mary F. Knowles

12 BIRTHPLACE OF MOTHER (city or town) (State or country) Alexandria Va

Informant Mary E. Haller

(Address) 1312 N. Central Ave

Filed ..., 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 4th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocarial Insufficiency

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) J. H. Haller, M. D. Coroner

3/5/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baldwin Memorial Cemetery Hillsville Md — DATE OF BURIAL 3/7/1932

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

REC - 1932 H.H.P. JONES, M.

A4Co. 5-31 2508

E 77368 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 77368

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 47

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 8-17 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Lindermann

(a) Residence: No. 1609 N. Chapel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Sophie Lindermann

6. DATE OF BIRTH (month, day, year) Sept. 26 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	5	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Balto City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME George Lindermann

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Glaser

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Patient
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Balto Cemetery Date 3/8, 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED MAR 6 - 1932 C. HARRY JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-5-32, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-25-32, 19, to 3-5-32, 19

I last saw him alive on 3-5-32, 19 death is said to have occurred on the date stated above, at 10:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset (approx.)
(a) Carcinoma of Larynx	6-15-1930
Other contributory causes of importance: Asphyxiation	3-5-32

Name of operation Tracheotomy Date of 2-2-32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify (Dr. P. S. Hiss)

(Signed) Luther E. Little, M. D.

(Address) Baltimore City Hospitals

AACo. 5-31 2500

E 77369

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77369

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

Registered No. 26-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 907 S. Clinton St. Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Davies

(a) Residence: No. 907 S. Clinton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Edward Davies

6. DATE OF BIRTH (month, day, year) Apr 9th 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME John Miller

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edward Davis

(Address) 907 S. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Cemetery Date Mar 7th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED MAR 7 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ~~Feb~~ March 4th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1932, to Mar. 4, 1932

I last saw her alive on Mar. 3, 1932 death is said to have occurred on the date stated above, at 9.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular-Renal Disease	?
	1 year

Other contributory causes of importance:

Myocardial failure

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) A. A. Sorrentino, M. D.

(Address) 2340 Eutaw Place

APR 6 1932

A4Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77370 — 121, E 77370

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1121 East Lent St. Ward 40)

Length of residence in city or town where death occurred 50 yrs. ... mos ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Stephen Smith

(a) Residence: No. 3023 Thomson St., Ward. ...
(Usual place of abode) (If not resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maud Smith

6. DATE OF BIRTH (month, day, year) Jan 4 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	66	2	5-4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail

10. Date deceased last worked at this occupation (month and year) Feb 1932

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

13. NAME Frank Smith

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Elizabeth Brooks

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Funeral Records,
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 3/8, 1932

19. UNDERTAKER Wm Cook
(Address) 1217 East St.

20. FILED ... 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1932, to March 5, 1932

I last saw him alive on March 2, 1932, death is said to have occurred on the date stated above, at 7:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonia	2 days
Bronchitis	
Chronic Nephritis	1 year

Other contributory causes of importance:

Chronic Myocarditis	1 year
Chronic Endocarditis	

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Geo. H. Watkins M. D.

(Address) 1121 East Lent St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77371

CERTIFICATE OF DEATH

46 E 77371

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2608 Loyola South Way St. (or Ward)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minna F. Siegel

(a) Residence: No. 2608 Loyola South Way St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob

6. DATE OF BIRTH (month, day, year) Sept 1897

7. AGE: Years 34 | Months 5 | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Simon Grollman

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Bessie Karul

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Simon Grollman

(Address) 2608 Loyola South Way

18. BURIAL, CREMATION, OR REMOVAL

Place Dulaney Woods Mem. Park Date 3/6. 1932

19. UNDERTAKER Art Slingsby & Bro

(Address) 424 E Balto St

FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4. 1932

22. I HEREBY CERTIFY, That I attended deceased from August 25. 1931. to March 4 1932

I last saw her alive on March 4. 1932 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid flexure by Large intestine	1930
Carcinoma of right ovary	1931
Carcinoma of left ovary	1931
(Other contributory causes of importance:)	
Chronic intestinal Obstruction due to primary adjacent carcinomatous	1932

Name of operation Excision of Carcinoma bowel Date of Dec. 1930

What test confirmed diagnosis? Histological Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur Grollman M. D.

(Address) 710 N. Washington St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77372 CERTIFICATE OF DEATH. 167 E 77372

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 4 Merryman Court St., 13-52 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Webster Sturst

(a) RESIDENCE NO. 4 Merryman Court St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 6 mos. 5 ds. How long in U. S., if of foreign birth? 64 yrs. 6 mos. 5 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Emmy Sturst

6 DATE OF BIRTH (month, day, and year) August 31, 1867

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	64	6	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Real Estate

(b) General nature of industry, business, or establishment in which employed (or employer) Operator

(c) Name of employer Self

9 BIRTHPLACE (city or town) Balto

(State or country) Maryland

PARENTS

10 NAME OF FATHER John J. Sturst

11 BIRTHPLACE OF FATHER (city or town) Cambridge

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Hannah Webster

13 BIRTHPLACE OF MOTHER (city or town) Talbot

(State or country) Maryland

14 Informant (Address) Mrs Ida E. Sturst 4 Merryman Court

15 Filed ... 19 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/5 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (or inquiry) thereon and from the evidence obtained by said inquest, and-or inquiry, find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows: Gun Shot Wound Through Head Suicide

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

(Signed) ... M. D. (Coroner)

3/5, 1932 (Address) 369 Rolandene

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery Date of Burial 3/7 1932

20 UNDERTAKER Edward Hines & Sons ADDRESS Govans

AdCo. 5-31 250B

E 77373 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77373

CERTIFICATE OF DEATH

Registered No. 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mount Hope Retreat St. 25th Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Mary Nelligan

(a) Residence: No. Mt. Hope Retreat St., 25th Ward. (If non resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jos Nelligan

6. DATE OF BIRTH (month, day, year) 10/13/1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	0	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) (?) Virginia

MOTHER FATHER

13. NAME Richard Mervin Turner

14. BIRTHPLACE (city or town) (State or country) (?) unknown

15. MAIDEN NAME Virginia Fowler

16. BIRTHPLACE (city or town) (State or country) Louisa Co Va

17. INFORMANT (Address) Records of Mt Hope Mt Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL Place Loudoun Date May 1 1933

19. UNDERTAKER (Address) Howard Memorial

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH 3/4/33

21. DATE OF DEATH (month, day, year) Mt Hopeful 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct , 1915, to Nov 11 , 1933

I last saw h 22 alive on Nov 11 , 1933 death is said to have occurred on the date stated above, at 3 A.M.

The principal cause of death and related causes of importance were as follows:

Paresis - specific -

Had Carcinoma of Stomach Probably involving Liver & Pancreas

Date of onset (months, days, or years)

Other contributory causes of importance:

Immediate Cause of Sudden death - Embolism from Brachial Artery -

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank J Flannery , M. D.

(Address)

AaCo. 5-31 2508

77374

HEALTH DEPARTMENT—CITY OF BALTIMORE

107 E 77374

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 1-3 St., Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Collins

(a) Residence: No. 534 S. Belnord Ave. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Collins

6. DATE OF BIRTH (month, day, year) July 22, ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59?	?	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Alex Joyade

14. BIRTHPLACE (city or town) (State or country) ? France

15. MAIDEN NAME Angline Pate

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date March 7, 1932

19. UNDERTAKER F. Sander Sons Inc (Address) 1710 Druid H

20. FILED DEC 1932, 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1931 to March 4, 1932

I last saw her alive on March 4, 1932 death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Feb 8
Other contributory causes of importance:	
Paralysis Agitans	1930

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or ~~homicide~~? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased No If so, specify

(Signed) Jas Glover Jr M. D.

(Address) Balto. City Hosp.

M. D. B. 1268-9

77375

HEALTH DEPARTMENT—CITY OF BALTIMORE

186 E 77375

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Mallon

(a) Residence: No. Preston & Valley Sts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 14/1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER FATHER

13. NAME Patrick Mellon

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Bridget Redwood

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Little Sisters of Poor
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Mar 7, 1932

19. UNDERTAKER Otto Friedfeld
(Address) 411 Division Ave

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5/32 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on inquiry 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia — Duration 3/3/5

Other contributory causes of importance:

Fracture of thigh — ? 2/26/

Name of operation none Date of

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, ~~Suicide, or Homicide~~? Date of Injury 2.26/32

Where did injury occur? Balto., Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home

Manner of Injury slipped on floor

Nature of Injury as stated

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John H Ma[illegible] M. D.
Coroner

(Address) 508 E. Fort Ave

1-30—M & T—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77376

CERTIFICATE OF DEATH

163 E 77376

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No) University Hospital ST. 16-22 WARD)

2-FULL NAME Vernice McCoy

(a) RESIDENCE NO 814 N. Calhoun ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Earl McCoy

6 DATE OF BIRTH (month, day, and year) Oct 8-1911

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	4 7	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Maggett

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Retta Savage

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant Earl McCoy
(Address) 814 N. Calhoun St

15 Filed ..... 192 ..... G. HARRISON JONES, Registrar

ERG - 1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Poisoned by Bichloride of Mercury. (Suicide?)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Eugene Gelbert, M. D. Coroner

3/5, 1932 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Cem.

DATE OF BURIAL 3/6 1932

20 UNDERTAKER Samuel H. Hackley

ADDRESS 578 McCulloh

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77377 ✓ L 02 77377

CERTIFICATE OF DEATH

E 77377

Registered No. 94

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St. 15-58 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth 57 yrs. mos. ds.

2. FULL NAME Simon Harrison

(a) Residence: No. 3735 Reistertown Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Ida Harrison

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 57; Months; Days; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Abraham Harrison

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Mollie

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT (Address): David Harrison (son) 3735 Reisterstown Road

18. BURIAL, CREMATION, OR REMOVAL: Place Levering Cem Date 3-6 . 19 32

19. UNDERTAKER (Address): Stuck Funeral Inc 1432 E Baltimore St

49. [illegible] JONES, M. D. Registrar.

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) noon Mar 5/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on inquiry . 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Coronory Thrombus — Date of onset 2/29/32

Other contributory causes of importance:

Arteriosclerosis

Name of operation — Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) J. H. Mason M. D.

Coroner

(Address) 506 E Fort Ave

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-002

E 77378

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

77378 OF DEATH

CITY OF BALTIMORE: (No.) 3708 Egerton St. 15-63 (Ward)

Length of residence in city or town where death occurred 56 yrs. 6 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Philip Jacob Scheck

(a) Residence: No. 3708 Egerton Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of E. Edna Scheck

6. DATE OF BIRTH (month, day, year) Aug. 9, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	1	25	24

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motion Picture

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business

10. Date deceased last worked at this occupation (month and year) 08

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Scheck

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Samuel Letzer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Robert McL. Scheck

(Address) 3708 Egerton Rd.

18. BURIAL, CREMATION OR REMOVAL

Place Druid Ridge Cem. Date Mar. 7 1932

19. UNDERTAKER Wm. J. Ecker & Sons

(Address) North & Pennsylvania Ave

20. FILED Mar 7 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 1st 1932 to Mar 4th 1932

I last saw h[illegible] alive on Mar 4th 1932. Death is said to have occurred on the date stated above, at 345 a. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Sudden

acute coronary thrombosis
& resulting cardiac collapse

Other contributory causes of importance:

la grippe

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? none If so, specify

(Signed) M. Pogerty M. D.

(Address) 304 W. Monument Ave

Spec.—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

77379

CERTIFICATE OF DEATH

108 E 77379

REGISTERED NO.

1 PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE (No. Baltimore Wed ST.) (WARD)

2 FULL NAME Mr. Claude Catheart Holland Burhart Catheart

(a) RESIDENCE NO. 1035 W. Lombard ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 7 1879

7 AGE: Years 52 | Months 5 | Days 26 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Electrician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Joseph W. Catheart

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary E Winters

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Walter C. Catheart 1711 Hillsdale

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 4-1932

17 I HEREBY CERTIFY, That I attended deceased from Feb. 22 1932 to March 4 1932

that I last saw h[im] alive on March 3 1932

and that death occurred, on the date stated above, at 12[35] A m

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia -

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Observed

(Signed) John K Cowman M. D.

19 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: Mar 7 1932

20 UNDERTAKER: Hugh Treacy & Sons

ADDRESS: N. 4 Pa.

Spec.—2-29-28—L. F. S.—40[illegible]a.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77380

108 L 77380

CERTIFICATE OF DEATH

1—PLACE OF DEATH 1117 Warner

CITY OF BALTIMORE: (No. 1117 Warner ST., 21-31 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Hebert Wilson

(a) RESIDENCE NO. 1117 Warner ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX male

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 4 1891

AGE 41 Years — Months — Days — If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) North Carolina

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (City or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (City or town) (State or country) North Carolina

14 Informant Mary Jones

(Address) 1117 Warner

15 Filed [illegible] 19[illegible] HAMPTON JONES Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4/32

17 I HEREBY CERTIFY, That I attended deceased from Feb 23 19 32 to March 4 19 32

that I last saw him alive on March 4 19 32

and that death occurred, on the date stated above, at 1:10 PM

The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(duration) yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Dopremia

(duration) yrs. — mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) H. G. Landpeans M. D.

19 (Address) 501 W Hamburg St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calay Cemetery

DATE OF BURIAL 3/6 19 32

20 UNDERTAKER Walter B. Spigg

ADDRESS 1391 W Hamburg St.

AaCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

1455 77381

CERTIFICATE OF DEATH

77381

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St. 14 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Helen Cunningham

(a) Residence: No. 1425 N Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Cunningham

6. DATE OF BIRTH (month, day, year) 1901

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	31			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Mahoney

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Mahoney

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Charles Cunningham
(Address) 1425 N Lexington St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 3/7, 1932

19. UNDERTAKER Forge A Hurley
(Address) Fort Fayette

HAMPSON JONES, M. D.
Registrar.

FILED 3-7-1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-4-, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-20-32, 19..., to 3-4, 1932

I last saw he alive on 3-4, 1932 death is said to have occurred on the date stated above, at 11:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Puerperal infection following miscarriage - septicemia	
2. Bronchial Pneumonia	2-20-32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hyalmar S Anderson, M. D.

(Address) St Agnes Hospital

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 77382 JOHNS HOPKINS HOSPITAL

Registered No. E 77382

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME David Russell (Jr.)

(a) Residence: No. Nanmet-Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	12			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md - Da -

MOTHER FATHER

13. NAME David Russell

14. BIRTHPLACE (city or town) (State or country) Md - Da -

15. MAIDEN NAME Eliza Jones

16. BIRTHPLACE (city or town) (State or country) Md - Da -

17. INFORMANT JOHNS HOPKINS HOSPITAL Records -
(Address)

18. BURIAL, CREMATION, OR REMOVAL 3/2/32
Place Blue Creek Date Wed 1932

19. UNDERTAKER Joseph Ahearn
(Address) Funeral

20. FILED 4-6-32 1932 [illegible] JONES, JR.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar - 3, 1932 to Mar - 6, 1932

I last saw him alive on Mar 6, 1932 death is said to have occurred on the date stated above, at 11:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor - Pineal adenoma - non malignant.	Jan 1932

Other contributory causes of importance:

none	

Name of operation Left Craniotomy Date of operation 3-4-32

What test confirmed diagnosis? ... there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Fred W Veeh M. D.

(Address) Johns Hopkins Hospital

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77383 E 77383 E 77383

CERTIFICATE OF DEATH

Registered No. E 77383
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 6-4 Ward)

Length of residence in city or town where death occurred 2 yrs. 3 mos 4 ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Theodore Colton

(a) Residence: No. 1910 E. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 2, 1929

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Maurice Colton
14. BIRTHPLACE (city or town) (State or country) Russia
15. MAIDEN NAME Jennie Lichtenstein
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Maurice Colton
(Address) 1910 E Baltimore St

18. BURIAL, CREMATION, OR REMOVAL.
Place Hebrew Rodef Date 3/7 1932

19. UNDERTAKER Bush Funeral Home
(Address) 1427 E. Baltimore St.

20. FILED MAR 7 1932 HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1932, to March 6, 1932
I last saw him alive on March 6, 1932 death is said to have occurred on the date stated above, at 6 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	2/23/32

Other contributory causes of importance:

none

Name of operation none Date of
What test confirmed diagnosis? Clinical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) A. Peter Mesaros M. D.
(Address) Sydenham Hospital

1-20—M & T—100 B—50L

E 77384

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77384

CERTIFICATE OF DEATH

REGISTERED NO. 93

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1517 E Pratt ST. 3-4 WARD

2-FULL NAME Morris Leiben

(a) RESIDENCE NO 1517 E Pratt ST., ... WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Owner of Lunch Room
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Cupel Leiben

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sade

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Samuel Leiben

(Address) 2107 Jefferson St.

15 Filed 1932 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to h... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) I. J. Herzog M. D. Coroner

3/6, 1932 (Address) 1805 E Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mt. Carmel — DATE OF BURIAL 3/6 1932

20 UNDERTAKER Jack Levin Inc — ADDRESS 1944 E. Baltimore

AACo. 5-H 1508

HEALTH DEPARTMENT—CITY OF BALTIMORE

77385

CERTIFICATE OF DEATH

93-263 E 77385

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 12-51 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael Kenny

(a) Residence: No. 215 N. 23d St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sally Kenny

6. DATE OF BIRTH (month, day, year) Sept 19, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
80 ?	75	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME ? Unknown

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) ? Ireland

17. INFORMANT (Record) (Address) Balto City Hospitals

18. BURIAL, CREMATION, OR REMOVAL Cathedral Place [illegible] (City) Date 3/5, 1932

19. UNDERTAKER Wm Cook (Address) 1219 St Paul St.

20. FILED MAR 7 1932 HARRY JONES, M. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-5, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-2, 1932, to 3-5, 1932

I last saw h[illegible] alive on 3-5, 1932 death is said to have occurred on the date stated above, at 4:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic	Unknown
Arteriosclerosis	"
Hypertension	"

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos Stevens M. D.

(Address) Balto. City Hosp.

AACo. 5-11 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

E 77386

CERTIFICATE OF DEATH

E 77386

Registered No. 93-003

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2516 Ashton St. (Ward) 20-69

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dora Myers

(a) Residence: No. 2516 Ashton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed or divorced — HUSBAND of (or) WIFE of: Emil Myers

6. DATE OF BIRTH (month, day, year): June 29, 1850

7. AGE — Years: 81 | Months: 8 | Days: 6 | If LESS than 1 day: hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: -37

10. Date deceased last worked at this occupation (month and year): Baltimore Md

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

MOTHER'S FATHER

13. NAME: Louis Bethe

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Wilhelm Myers
(Address) 2516 Ashton St

18. BURIAL, CREMATION, OR REMOVAL. Place: London Park Date: Jan 31 1932

19. UNDERTAKER: Wm Cook
(Address) 1210 E Fort Ave

20. FILED: Jan 31 1932 — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 31 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1931, to Jan 31, 1932

I last saw her alive on Jan 31, 1932 death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1928
(Other contributory causes of importance:) Bronchopneumonia 2 days	1932

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Z Bruce Hooper, M. D.

(Address) 2125 Eutaw

AACo. 4-31 250B

77387 **HEALTH DEPARTMENT CITY OF BALTIMORE** E 77387

CERTIFICATE OF DEATH

59

Registered No. ....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals St., ... Ward)
Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Christopher
(a) Residence: No. 319 E. 25th St., St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ella

6. DATE OF BIRTH (month, day, year) 7-12-1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	6	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Middleton, Va.

FATHER
13. NAME Nathan Christopher
14. BIRTHPLACE (city or town) (State or country) ?

MOTHER
15. MAIDEN NAME Mary Pied
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 3/8, 1932

19. UNDERTAKER Wm Koch
(Address) 1219 E Baltimore St

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-5, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-6, 1932 to 3-5, 1932
I last saw him alive on 3-5, 1932 death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	Unknown
Myocarditis, chronic interstitial	5 days
Other contributory causes of importance:	
Bronchopneumonia	3 days

Name of operation none Date of ...
What test confirmed diagnosis? Clinical & Autopsy Was an autopsy held?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. H. Sherwood M.D.
(Address) Balto City Hosp.

Spec.—8-24-14—M. & T.—2000 Bks.

E 77388 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77388

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH 6 N Pool St

CITY OF BALTIMORE: No. 6 N Pool St St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna Esther Moore

(Residence in Baltimore: No. 6 N Pool St. yrs., mos. 16 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
F	W	Single

6-DATE OF BIRTH. 3 (Month) 5 (Day), 1932 (Year)

7-AGE. 16 yrs. mos. da. If LESS than 1 day. hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Office

9-BIRTHPLACE. (State or Country). Baltimore City

PARENTS.

10-NAME OF FATHER. James E. Moore

11-BIRTHPLACE OF FATHER (State or Country). St Mary's Co. Md

12-MAIDEN NAME OF MOTHER Estelle Blizzard

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James E. Moore

(Address) 6 N Pool St

15-

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 5 (Day), 1932 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 6.30 a.m. 3/4 1932, to 11 P.M. 3/5 1932, that I saw h-- alive on Mar 5 1932, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Hemorrhage from Nose, Mouth & Ears
undetermined

(Duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) Unknown

(Duration) ..... yrs. ..... mos. ..... da.

(Signed) Wilson Law M. D.

3/6, 1932 (Address) 2201 E Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Carmel

DATE OF BURIAL 3/7, 1932

20-UNDERTAKER J M Cook

ADDRESS 1270 E Balt St

M. D. B. 1268-B

E 77389 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77389

CERTIFICATE OF DEATH

92-0

Registered No. 21-54

1. PLACE OF DEATH Levindale

CITY OF BALTIMORE: (No. Belvedere & Greenspring St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? 30 yrs. mos. Ads.

2. FULL NAME Sara Miller

(a) Residence: No. Levindale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Isaac

6. DATE OF BIRTH (month, day, year) 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Aaron Miller

14. BIRTHPLACE (city or town) (State or country) Unknown Russia

MOTHER

15. MAIDEN NAME Aaron Miller

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sigmund Hamburger
(Address) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL Hebrew Southern Ave Date 3/7 1932

19. UNDERTAKER Sol Levinson & Bro
(Address) 1121 E. Baltimore St.

20. FILED MARCH 7 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1930 to March 5, 1932

I last saw her alive on March 5, 1932 Death is said to have occurred on the date stated above, at 10:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. valvular heart disease	
Hypertension	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(a) If so, specify

(Signed) Edmund Levin, M. D.

(Address) Levindale

AACo. 5-11 2508

258066

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 77390

E 77390

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 16-22 Ward)

Length of residence in city or town where death occurred 16 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Estelle Mackall

(a) Residence: No. 1028 N Calhoun St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wilbert

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	20			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Charlie Boston

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Emma Hall

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Records JOHNS HOPKINS HOSP.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Leeds Date March 8 1932

19. UNDERTAKER George E. Whitehill
(Address) 1001 N. Carrollton Ave.

20. FILED ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1932 to March 4, 1932

I last saw her alive on March 4, 1932 death is said to have occurred on the date stated above, at 6 25 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous pneumonia	Feb 1932
Other contributory causes of importance:	

Name of operation — Date of —

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. Osler M. D.

(Address) Johns Hopkins Hospital

Spec.—7-17-26—A Co.—200 Bks.

E 77391

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77391

CERTIFICATE OF DEATH

108

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hosp St. 15-22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Raymond Barber

(a) RESIDENCE NO. 1369 N. Gilmor St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	1	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none. 0

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Raymond Barber

11 BIRTHPLACE OF FATHER (City or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Lillie Sate

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Raymond Barber

(Address) 1369 Gilmor St

15 Filed J. HAMPTON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

March 5 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1932 to March 5 1932

that I last saw him alive on March 5, 1932

and that death occurred, on the data stated above, at 8:30 a m.

The CAUSE OF DEATH* was as follows:

Empyema

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. 1 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of 2-4-32

Was there an autopsy? no

What test confirmed diagnosis? Clinical and Operative

(Signed) J. Bradshaw Hagner M. D.

3-5-1932 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Date of Burial Mar 7 1932

20 UNDERTAKER Virginia A Brooks ADDRESS 1451 Carey

very important. See instructions on back of certificate.

AACo. 5-71 2308

Erbe.

77392

HEALTH DEPARTMENT—CITY OF BALTIMORE

122 E 77392

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. 25-72

CITY OF BALTIMORE: (No. Womans Hospital St. — Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Clara Erbe

(a) Residence: No. 1730 Wilmington Ave. Ward.

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mr. George Erbe

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Leipsic, Germany

MOTHER FATHER

13. NAME Krumbaar

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George Erb

(Address) 1730 Wilmington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Pauls Cem Date Mar 9 1932

19. UNDERTAKER for Jones & Son

(Address) 217 S. Paca

20. FILED MAR 7 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 6 1932

22. I HEREBY CERTIFY, That I attended deceased from March 4 1932 to March 6 1932

I last saw her alive on March 6 1932 death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Intestinal obstruction.	
Strangulated ventral Abdominal hernia	March 1, 1932

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Clinical as there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Marius P. Johnson, M. D.

(Address) Womans Hospital

M. D. B. 1265-9

E 77393 HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

CERTIFICATE OF DEATH

E 77393
Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2101 Bolton St. St., 13-90 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elise D. Chambliss

(a) Residence: No. 2101 Bolton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John W. Chambliss

6. DATE OF BIRTH (month, day, year): Oct. 31. 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Missippi

FATHER

13. NAME: Dr. Richardson

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Martha Wilkinson

16. BIRTHPLACE (city or town) (State or country): Miss.

17. INFORMANT: John W. Chambliss
(Address): 2101 Bolton St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Woodlawn Cemetery Date: Mch. 7. 1932

19. UNDERTAKER: John C. Mitchell Funeral
(Address): 1900 Eutaw Place

20. FILED: Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): march 5. 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-19 1932 to March 4. 32 19

I last saw h[illegible] alive on Mar 4 1932. Death is said to have occurred on the date stated above, at 3:30 A m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency
Mitral Regurgitation.

Date of onset

Other contributory causes of importance:

Pulmonary Edema.

Name of operation: Date of

What test confirmed diagnosis: Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no - If so, specify

(Signed) W. H. Woody M. D.

(Address) 1403 Park ave

AACo. 5-31 2508

E 77394

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77394

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2400 W. Balto St. W-6 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U.S. If of foreign birth 40 yrs. ... mos. ... ds.

2. FULL NAME Anna Jurkans

(a) Residence: No. 2400 W. Balto St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Clemens Jurkans

6. DATE OF BIRTH (month, day, year): June 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Poland.

17. INFORMANT: Clemens Jurkans
(Address) 2400 W. Balto St

18. BURIAL—CREMATION—OR REMOVAL
Place Loudon Park Date 3/7 1932

19. UNDERTAKER: J. B. Rippert
(Address) 2400 W. Balto St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 3rd 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 1. 1932, to Mar 3 1932

I last saw h[illegible] alive on Mar 3rd 1932 death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Sclerosis Hypertension	
Other contributory causes of importance: Cystitis	2/15/32

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Edward Erhm, M. D.

(Address) 2145 N. Balto

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77395

CERTIFICATE OF DEATH

E 77395

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna C. McCart

(a) Residence: No. 1411 N. Patterson Park Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 20/1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	0	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME James H. McCart

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Mary A. Clark

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Mrs L. E. Henshaw

(Address) 1411 N. Patterson Pk Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cemetery Date Mar 8 / 32

19. UNDERTAKER Veney Hoen & Sons, Inc.

(Address) 1301 E. Eager St.

20. FILED 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 5/32 , 19

22. I HEREBY CERTIFY, That I attended deceased from inquiry 19 to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 1. A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Cullen , M. D.

(Address) 508 E. North Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77396

82

77396

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 35 S Highland St. 26-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Goodwin

(a) RESIDENCE NO. 35 S Highland St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Goodwin

6 DATE OF BIRTH (month, day, and year) Sept 23 1859

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or....min.
	72	5	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto Co Md

PARENTS

10 NAME OF FATHER Jacob Smith

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant David Goodwin

(Address) 35 S Highland Ave.

15 Filed 19 Registrar

MARION JONES, D. C.

R 1 - 1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) C O Stevenson M. D. (Coroner)

3/6, 1932 (Address) 1305 N Fallsway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs.. ....mos.. ....ds. In the state ....yrs.. ....mos.. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Poplar, Balto Co. Date of Burial Mar 8 1932

20 UNDERTAKER Wm. C. Burch & Son ADDRESS Sparks, Md

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

77397 E 77397

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Square Hospital Registered No. 750

CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Nulty

(a) Residence: No. 908 W 38th St., Ward. (Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Lacy Nulty

6. DATE OF BIRTH (month, day, year): Oct 3 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

MOTHER FATHER

13. NAME: John Taylor

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Ed Nulty (Address): Staunton Va

18. BURIAL, CREMATION, OR REMOVAL: Mt Hope Staunton Va Date: Mar 9, 1932

19. UNDERTAKER: C Funeral Home (Address): 30 E Lanvale Ave

20. FILED ... HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3 - 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-27, 1932 to 3-6, 1932

I last saw h alive on 3-6, 1932 Death is said to have occurred on the date stated above, at 9:45 PM

The principal cause of death and related causes of importance were as follows:

Carcinoma breast — Date of onset 1931 February

Other contributory causes of importance:

Bronchopneumonia — 3-4-32

Name of operation: Radical Breast Date of: 3-3-32

What test confirmed diagnosis: Question Were an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ~ Date of injury ... 19...

Where did injury occur? ~ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ~

Manner of injury ~

Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C W Peake, M D

(Address) Franklin Square Hospital

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

258 E 77398 — 108 E 77398

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.....) St., 1400 (Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Croxon

(a) Residence: No. 1620 E Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Gertrude

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stevedore
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER
13. NAME: Charlie Croxon
14. BIRTHPLACE (city or town) (State or country): Md

MOTHER
15. MAIDEN NAME: Ida Williams
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Records
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place: Mt Calvary Date: March 1932

19. UNDERTAKER: Mrs L A Elliott
(Address): 1725 Eastend Ave

20. FILED: [illegible] JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1932 to Feb 28, 1932

I last saw h[illegible] alive on Feb 28, 1932 death is said to have occurred on the date stated above, at 4:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Feb 24
Other contributory causes of importance:	

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No If so, specify:

(Signed) [illegible], M. D.
(Address) [illegible]

MAR 1932 [illegible]

M. D. R. 1268-9

77399

HEALTH DEPARTMENT—CITY OF BALTIMORE 77399

CERTIFICATE OF DEATH

93004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1702 Lamont Ave St., 9-18 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? 1 yrs. mos. ds.

2. FULL NAME Arthur Melotte

(a) Residence: No. 1702 Lamont Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lillie Melotte

6. DATE OF BIRTH (month, day, year) Jan 4/1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) France

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) do

MOTHER

15. MAIDEN NAME do

16. BIRTHPLACE (city or town) (State or country) do

17. INFORMANT Mrs. Lillie Melotte (Address) 1702 Lamont Ave

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Md Date Mar 8th 1932

19. UNDERTAKER George W Schilling (Address) 424 E Lamont St

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 5/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from 19 . to . 19

I last saw h alive Inquiry . 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Probably Myocardial Insufficiency — 3/5/32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. S. H. Cain Coroner . M. D.

(Address) 508 E Lond Ave

A4Co. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

77400 E 77400

CERTIFICATE OF DEATH

59

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Warrington apts
CITY OF BALTIMORE: (No. 3908 N. Charles St. 42-46 Ward)
Length of residence in city or town where death occurred 44 yrs ... mos ... da. How long in U. S. if of foreign birth? ... yrs ... mos ... da

2. FULL NAME Ella Keck Perin

(a) Residence: No. Warrington Apts 3908 N. Charles St., ... Ward.
(If usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nelson Perin

6. DATE OF BIRTH (month, day, year) Nov 20, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cincinnatti Ohio

FATHER

13. NAME Josiah Keck
14. BIRTHPLACE (city or town) (State or country) Cincinnati Ohio

MOTHER

15. MAIDEN NAME Samantha Bailey
16. BIRTHPLACE (city or town) (State or country) Cincinnati Ohio

17. INFORMANT Lawrence Perin
(Address) 12 St Martin's Road Balto

18. BURIAL, CREMATION, OR REMOVAL
Place Cincinnati Ohio Date Mar 8 1932

19. UNDERTAKER Henry W Jenkins & Son
(Address) McCollohs & Orchard Sts Balto

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1931, to March 6, 1932
I last saw h 22 alive on March 5 1932 death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	1 Feby 27 32
Arteriosclerosis (Cardiovascular Renal Disease)	[illegible] 1931
Diabetes mellitus detected	July 1931
Other contributory causes of importance:	
Cerebral Hemorrhage L. hemiplegia	July 11/31

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Louis P Hamburger, M. D.
(Address) 120 E. Lanvale Place

AaCo. 5-31 2508

77401 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77401

CERTIFICATE OF DEATH

Registered No. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2201 W Lanvale St., 11th Ward)

Length of residence in city or town where death occurred 8 yrs. 10 mos. 19 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sophia Leypold Ditty

(a) Residence: No. 2201 W Lanvale St., 11th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widow

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of C. Irving Ditty

6. DATE OF BIRTH (month, day, year) April 16 1845

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry Schwartze

14. BIRTHPLACE (city or town) (State or country) Balto Md Md

MOTHER

15. MAIDEN NAME Sophia Schwartze

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Miss Augusta F. Ditty
(Address) 220 W. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Date Mar 8 1932

19. UNDERTAKER Edgar H. Jenkins Sons Co
(Address) McCulloh & Eichenlaub

FILED - 1932 HIMSON JONES, M.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch 6th 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 8th 1932 to Mch 6th 1932

I last saw her alive on Mch 5th 1932 death is said to have occurred on the date stated above, at 12:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic dilated Heart-	Jan 24th 1932

Other contributory causes of importance:

Mitral Insufficiency	1914

Name of operation none Date of —

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury — 19—

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Eugene Douglas M. D.

(Address) 304 S. St. Paul St

AACo. 5-H 1508

77402 HEALTH DEPARTMENT CITY OF BALTIMORE E 77402

CERTIFICATE OF DEATH

131v

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 544 Dolphin St. 17-24 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mamie Heal

(a) Residence: No. 544 Dolphin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of James B.

6. DATE OF BIRTH (month, day, year) Oct 14 - 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Peter Blake

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Louisa ...

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Anna Hall
(Address) 544 Dolphin St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 3/7 19 32

19. UNDERTAKER Wm. H. Holland
(Address) 1611 Pitcher St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March - 4 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15 - 1931 to March - 3 - 1932

I last saw her alive on March 3. 1932 death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular —	
Renal Disease	?
Other contributory causes of importance:	
Exhaustion	1 mo

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) S. B. Hughes M. D.

(Address) 1413 Druid Hill Ave

Spec—9-30—A. & Co.—250 Blks

E 77403

77403 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1084

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 1204 Madison av 17-24 WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Florence G. Smith

(a) RESIDENCE NO. 535 W. Lafayette av. ST. WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. 9 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Francis Hugh Smith

6 DATE OF BIRTH (month, day, and year): May 12-1892

7 AGE — Years: 39 — Months: 9 — Days: 21 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: William Blackwell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Laura Bishop

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Aberdeen, Md.

14 Informant: Laura J. Blackwell.
(Address) 1204 Madison Ave.

15 Filed 1932. C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/4/32

17
I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1932, to Mar. 3, 1932
that I last saw her alive on Mar. 3, 1932
and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Lobar Pneumonia

(duration) — yrs. — mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. M. Lawrence M. D.

. 19 (Address) 1332 W. Mosher St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: 3/7/1932

20 UNDERTAKER: Mrs George H. Holland — ADDRESS: 631 Druid Hill

1-30—M & T—100 B—50L

E 77404

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77404

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 203 N.Henrietta St. ST. 22-31 (WARD)

2-FULL NAME Lillie May Wright.(C)

(a) RESIDENCE NO 203 N.Henrietta St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 5 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) September 25, 1931

7 AGE	Years	Months	Days	If LESS than 1 day. hrs. or min.
	0	5	8 9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Isaiah Wesley.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Myrtle Wright.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Myrtle Wright.(C) mother.
(Address) 203 N.Henrietta St.

15 Filed MAR 7 - 1932 C. HAMPSON JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Whooping Cough.
Broncho-pneumonia.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt, M. D. Coroner

3/4/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson Cemetery March 7 1932

DATE OF BURIAL

20 UNDERTAKER Ernest Pue 135 Hamilton st

ADDRESS

TION is very important. See instructions on back of certificate.

E.M. 77405

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77405

CERTIFICATE OF DEATH

82-001

Registered No. 27-48

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 Oakland Ave St. Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Buchanan Ashe

(a) Residence: No. 517 Oakland Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ~~Aug 20/1883~~

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Linotype Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sunpapers

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Newton B. Ashe

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Lucy Cornwall

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Lille Bowers (sister)

(Address) 3711 Bologna Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Mar 9, 1932

19. UNDERTAKER French Leister

(Address) 1400 W Lafayette Ave

20. FILED MAR 7 - 1932 H. RANDOLPH JONES, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 6/32, 19

22. I HEREBY CERTIFY, That I attended deceased from 19 . to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 1 A m

The principal cause of death and related causes of importance were as follows:

Apoplexy — Date of onset 3/6/32

Other contributory causes of importance:

Hypertension

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) Jos J Kaufman Coroner, M. D.

(Address) 5086 York Rd

OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250M

E 77406

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77406

CERTIFICATE OF DEATH

47

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals 21-31 St. ..... Ward)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Campbell

(a) Residence: No. 821 Warner St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Dec 15, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? Odd

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) St. Mary's Co. Md.

FATHER

13. NAME Frank Bush

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Lottie Campbell

16. BIRTHPLACE (city or town) (State or country) ? Md.

17. INFORMANT Records of (Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL. Place Interment Date 3-7 1932

19. UNDERTAKER Wm. H. Sharp & Bro. (Address) 1221 W. Baltimore St.

20. FILED ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from September 14, 1931 to March 4, 1932

I last saw him alive on March 4, 1932 death is said to have occurred on the date stated above, at 1:30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung	July 1931
Other contributory causes of importance: Secondary anemia	Unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. Grunow Jr. M. D.

(Address) Balto. City Hosp.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

77407. CERTIFICATE OF DEATH 1084 E 77407.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 648 Union St. 7-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John S Whittington

(a) Residence: No. 648 Union St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hattie Whittington

6. DATE OF BIRTH (month, day, year) [illegible] 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME David Whittington

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary P Blake

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Henry Whittington

(Address) 648 Union St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Date May 7 1932

19. UNDERTAKER M. J. R. G. Elliott

(Address) 1125 Eastland Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-3 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 1 1932 to 3-3 1932

I last saw him alive on 3-3 1932 Death is said to have occurred on the date stated above, at ... m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar Acute	Mar 1 32
Other contributory causes of importance: Hypostasis	2 hours

Name of operation ... Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Wm H Allen, M. D.

(Address) 50 Augusta Ave

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77408

CERTIFICATE OF DEATH

173

REGISTERED NO. E 77408

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp ST. 15-22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia Wilson Alias Thomas

(a) RESIDENCE NO 649 Lonman ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 25 1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	8	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) 070
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Louis Nelson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Rosie Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Rosie Wilson

(Address) Ridgely Md

15 Filed ..... 192 ..... Registrar

7 - 1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 2nd 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to [illegible] death on the date stated above. The CAUSE OF DEATH was as follows: Homicide Hemorrage due Pistol wound of Aorta & Kidney

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 649 Lonman

Did an operation precede death? No Date of

Was there an autopsy? Autopsy

What test confirmed diagnosis?

(Signed) H. B. Lowe, Coroner M. D.

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Md Queenanne.

DATE OF BURIAL Mar 7, 1932

ADDRESS 322 N Schroeder St

20 UNDERTAKER Mrs Katie R. Williams

TION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 77409

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

E 77409

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 619 S Paca St.

CITY OF BALTIMORE: (No. 619 S Paca St. St. 2-30 (Ward)

Length of residence in city or town where death occurred ..yrs.....mos.....ds. How long in U.S. If of foreign birth? ..yrs. ..mos.....ds.

2. FULL NAME Baby boy Hoover

(a) Residence: No. 619 S Paca St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 1, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, 15 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. -

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

10. Date deceased last worked at this occupation (month and year) -

11. Total time (years) spent in this occupation -

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME ~~Baby~~ Russell Hoover

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Pearl Young.

16. BIRTHPLACE (city or town) (State or country) Hopewell, Va

17. INFORMANT Pearl young.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Destroyed by fire Date ..... 19.....

19. UNDERTAKER
(Address) [illegible] JONES, M. D.

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1932 to March 2, 1932

I last saw him alive on March 1, 1932 death is said to have occurred on the date stated above, at 4 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spontaneous abortion (20 wks.)	
Twin # 1	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Lamb R. Knoplock M. D.

(Address) Mun. Hosp

OCCUPATION IS VERY important.

ART 1932

AACo. 5-31 250B

77410 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. E 77410

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH 619 S Paca St.

CITY OF BALTIMORE: (No. 619 S Paca St St. 22-30 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Gray Hoover

(a) Residence: No. 619 S Paca St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 1, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Russell Hoover
14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Pearl Young
16. BIRTHPLACE (city or town) (State or country) Hopewell, Va

17. INFORMANT Pearl Young
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Destroyed by fire Date ... 19...

19. UNDERTAKER
(Address)

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3 1932

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1932, to March 3, 1932

I last saw him alive on March 2, 1932 death is said to have occurred on the date stated above, at 1 P m

The principal cause of death and related causes of importance were as follows:

Date of onset

Spontaneous Abortion (20 wks)

Twin # 2.

(Other contributory causes of importance)

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Joseph L. Kenny M. D.

(Address) 1 West Preston

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

77411

E 77411

REGISTERED NO. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) University Hospital 12-50 (WARD)

2-FULL NAME William Arthur Taylor

(a) RESIDENCE No. 2119 St. Paul ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel E. Taylor

6 DATE OF BIRTH (month, day, and year) July 23-1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	45	7	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Shipping-clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER John J. Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Henry Hetzinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mrs. E. Taylor

(Address) 2119 St. Paul St

15 Filed ... 19... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/6 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fracture right tibia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Feller, M. D. Coroner

3/6, 19 32 Address 1897 Eutaw Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery

DATE OF BURIAL: Mar 8 1932

20 UNDERTAKER: Putnam & Co

ADDRESS: 2207 Eutaw

R 7-1932 C. HAMILTON JONES

TION is very important See instructions on back of certificate.

Spec—9-30—A. & Co.—250 Pds.

E 77412 HEALTH DEPARTMENT—CITY OF BALTIMORE B 77412

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1810 Division St. 14-20 WARD)

2 FULL NAME L. Thomas Paragoy

(a) RESIDENCE NO. 1810 Division St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 COLOR OR RACE W.

5 ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word) Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Paragoy

6 DATE OF BIRTH (month, day, and year) March 2-1849

7 AGE: Years 82 | Months 11 | Days 23 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Chas Paragoy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Elizabeth Quinn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 5-1932

17 I HEREBY CERTIFY, That I attended deceased from July 22 1932 to Mar 5 1932

That I last saw h-e alive on Mar 5 1932

and that death occurred, on the date stated above, at 11.50 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas. F. Chantler M. D.

Mar 6 1932 (Address) 3013 N. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

14 Informant (Address) Mrs. Mary Lambaum 2502 Eastern Ave. Baltimore Md.

15 Filed MAR 7 1932 Registrar

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery DATE OF BURIAL Mar 8 1932

20 UNDERTAKER Putnam & Poe ADDRESS 2247 Eutaw St

TION is very important. See instructions on back of certificate

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

77413

93-003

E 77413

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 118 S. Madeira ST., 1-3 WARD)

2-FULL NAME Eurella Blunt

(a) RESIDENCE NO 118 S. Madeira ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Richard Blunt

6 DATE OF BIRTH (month, day, and year) Jan 10 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	1	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer): None
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Henson Turner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Chaney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant John Blunt

(Address) 118 S Madeira St

15 Filed ... 192... HARPOON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs. mos ds

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. H. Kerr M. D. Coroner, M. D.

(Address) 1305 E Pattenson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Friendship Mem Gardens — DATE OF BURIAL: March 8 1932

20 UNDERTAKER: M. W. E. Deppel Inc — ADDRESS: 37 Saml

TION is very important See instructions on back of certificates.

Spec.—6-30—A. & A. Co.—250 Blks

E 77414 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77414

CERTIFICATE OF DEATH

107-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 1317 Hanover Street St. 23-31 WARD)

2. FULL NAME Harriett Y. Hunger,

(a) RESIDENCE NO. 1317 Hanover Street St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. 5 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
fem	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 6, 1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	8	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: school-child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Joseph Hunger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Edna Mason

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant (Address): Joseph Hunger, 1317 Hanover Street.

15 Filed [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5, 1932

17

I HEREBY CERTIFY, That I attended deceased from March 4, 1932, to March 5, 1932

that I last saw her alive on March 5, 1932

and that death occurred, on the date stated above, at 2.15 P. m.

The CAUSE OF DEATH* was as follows:

Acute broncho-pneumonia (primary) (duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) convulsions (duration) yrs. mos. 2 hours ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of - -

Was there an autopsy? no

What test confirmed diagnosis? physical findings

(Signed) Thomas Kelly M. D.

3/6, 1932 (Address) 1224-1226 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem. DATE OF BURIAL: March 9, 1932

20 UNDERTAKER: A. Howard Evans ADDRESS: 38 E. Fayette

FILED MAR 9 1932 C. HUMPHREYS JONES, M. D. Registrar

TION IS very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 77415

Registered No. E 77415

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 9-46 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles R. Bozman

(a) Residence: No. 2537 Garrett Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth E. Bozman

6. DATE OF BIRTH (month, day, year) March 12/1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Patrolman, 61

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City Police

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Calvin Bozman

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Laura V. Scott

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Elizabeth E. Bozman (Address) 2537 Garrett Ave

18. BURIAL, CREMATION, OR REMOVAL Place Oakland Date 3/8/32

19. UNDERTAKER John F. Mozak (Address) 3000 E. Balto St.

20. FILED MAR 7 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 5/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from 2 P.M. . 19 to . 19 Death is said I last saw h alive on inquiry to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Intracranial Hemorrhage — Date of onset 3/5/32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide accident Date of injury . 19

Where did injury occur? 1339 N. Gay St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place public place

Manner of injury Shot himself with service revolver

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. S. Owens M. D.

(Address) 508 E. Monument Coroner

M. D. B. 1268-9

E 77416

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 77416

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 157 S Collins Ave 20-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Rohe

(a) Residence: No. 157 S Collins Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Charles Rohe

6. DATE OF BIRTH (month, day, year) June 20 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Stephen Dougherty

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Welby

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mr Leo Rohe

(Address) 157 S Collins Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Alhambra Cem Date 6/9 32

19. UNDERTAKER Jamp & Fahey

(Address) Fulton & Fayette

20. FILED JUN 9 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6 1932

22. I HEREBY CERTIFY, That I attended deceased from February 1 1932 to March 6 1932

I last saw her alive on March 6 1932 Death is said to have occurred on the date stated above, at 5 A m

The principal cause of death and related causes of importance were as follows:

Endocarditis Chronic Interstitial Nephritis Senility Arterio Sclerosis

Date of onset

Other contributory causes of importance: Pulmonary Oedema

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Nathan C Nitch M. D.

(Address) 2161 Eutaw Ave

OCCUPATION is very important. See INSTRUCTIONS on BACK

77417

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77417

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteer Hospital ST. 18-76 WARD)

2-FULL NAME William B. Miller

(a) RESIDENCE NO. 1132 Rankin Place ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 4-1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	50	7	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Soldier 086
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS
10 NAME OF FATHER Jas. B. Miller
11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland
12 MAIDEN NAME OF MOTHER Laura Wooters
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs Elmer C Perkins
(Address) 416 N. Bond

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-5 1932

17 I HEREBY CERTIFY, That I attended deceased from 2-23, 1932, to 3-5, 1932
that I last saw him alive on 3-4, 1932
and that death occurred, on the date stated above, at 3 a. m.
The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia
following La Grippe
(duration) yrs. mos 9 ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1132 Rankin Pl
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Typical clinical findings
(Signed) A. F. Corey, M. D.
, 19 (Address) Vol. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL Mar 8 1932

20 UNDERTAKER Geo. A. Farley — ADDRESS Fulton ave & Fayette st

HAMPSON JONES, M. D.

TION is very important! See instructions on back of certificate.

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

77418

E 77418

122-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 6-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Aaron Byrd

(a) Residence: No. 316 N. Ann St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	col	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 24			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S.C.

FATHER

13. NAME James Byrd

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Annie Douglas

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

JOHNS HOPKINS HOSPITAL

Place Date , 19

19. UNDERTAKER

(Address)

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28/32 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 1.15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	
Volvulus of small intestine	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Bauer Coroner, M. D.

(Address) 5086 Monhan

AaCo. 5-31 2M8

E 77419 HEALTH DEPARTMENT CITY OF BALTIMORE ✓

E 77419

CERTIFICATE OF DEATH

23 E 77419

Registered No. 17-25

1. PLACE OF DEATH Baltimore City Hospitals (Tbc.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. .....

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Edwards

(a) Residence: No. 632 Jasper st. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 5, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Richmond Virginia

FATHER

13. NAME James Edwards

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Estelle Thomas

16. BIRTHPLACE (city or town) (State or country) Petersburg Virginia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL ..... 19 .....

Place

19. UNDERTAKER .....

(Address)

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from January 28, 1932 to March 3, 1932

I last saw him alive on March 3, 1932 death is said to have occurred on the date stated above, at 8.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unknown

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Lawrence A. Sena M. D.

(Address) Baltimore City Hospitals

JOHNS HOPKINS HOSPITAL MAR 7 - 1932

FILED MAR 7 1932

AdCo. 5-31 250B

77420 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 77420

CERTIFICATE OF DEATH

Registered No. 107-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals 18-7

CITY OF BALTIMORE: (No. ..... St. ..... (Ward)

Length of residence in city or town where death occurred 50 yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Julia Brown

(a) Residence: No. 1100 Block Sarahann St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
60 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ?
(State or country) Md.

FATHER

13. NAME Jay Brown
14. BIRTHPLACE (city or town) ?
(State or country) Md.

MOTHER

15. MAIDEN NAME Rachael ?
16. BIRTHPLACE (city or town) ?
(State or country) Md.

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS HOSPITAL Date MAR 7 - 1932 19

19. UNDERTAKER
(Address)

20. FILED MAR 7 1932 C. HAMPSON JONES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1930 to Feb. 29, 1932

I last saw her alive on Feb. 29, 1932 death is said to have occurred on the date stated above, at 7:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia from aspiration of gastric contents	sudden
Bronchopneumonia	3 days

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas Stinebaugh Jr M. D.
(Address) Balto. City Hosp.

M. D. B. 1268-9

77421

HEALTH DEPARTMENT—CITY OF BALTIMORE

77421

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 718 S. Robinson St., 1st Ward)

Length of residence in city or town where death occurred unknown mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Cunningham

(a) Residence: No. 718 S. Robinson St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John P. Cunningham

6. DATE OF BIRTH (month, day, year) Oct. 2nd 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Edw. Walsh

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Eliz. McConnell

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John P. Cunningham
(Address) 718 S. Robinson St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Mar. 8 1932

19. UNDERTAKER Libby & Zuber Inc.
(Address) 1 Fast & Wolfe St.

20. FILED Mar 9 1932 Registrar. 11998

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 1 1932 to March 5 1932

I last saw her alive on March 5 1932 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/1/32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Eugene B. Tilden M. D.

(Address) 718 S. Fright Land Ave

OCCUPATIONS is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77422

E 77422

CERTIFICATE OF DEATH

Registered No. 93-001

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3828 Fait Ave St. 26 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Catherine Butterhoff

(a) Residence: No. 3828 Fait Ave St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Butterhoff

6. DATE OF BIRTH (month, day, year) Jan 9 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or ... min.
76	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. house wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Antionette Amtmann
(Address) 3828 Fait Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Mar. 8 1932

19. UNDERTAKER Lilly Zeiler Inc
(Address) 403 S Wolfe St

20. FILED 7 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1932 to March 4, 1932

I last saw her alive on Mar 3, 1932 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Gradual
Other contributory causes of importance:	
Acute Myocarditis	3/2/32

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Florence B. Luther M. D.

3/6/32 (Address) 315 S. Highland Ave.

AaCo. 5-11 2108

77423

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77423

2-8323

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 76-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Stokes

(a) Residence: No. 2405 O'Donnell St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 12-1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	9	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Frank Stokes

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Dermody

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Emergency
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Mar. 8, 1932

19. UNDERTAKER Lilly & Zalesky
(Address) 403 N. Wolfe St.

20. FILED ... 19... C. HANSON JONES, M. D.
Registrar.
For MCH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-6-1932

22. I HEREBY CERTIFY, That I attended deceased from 2-28, 1932, to 3-6-, 1932

I last saw h... alive on 3-6-, 1932 death is said to have occurred on the date stated above, at 1:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	2-15
Bronchopneumonia	2-29

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John H. Washington, M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See INSTRUCTIONS on back of certificate.

R. - 1932

M. D. B. 1268-9

77424

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77424

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. 239 S East Ave St., 26 Ward)

Length of residence in city or town where death occurred.....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Mary Zentgraf

(a) Residence: No. 239 S East Ave St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Zentgraf

6. DATE OF BIRTH (month, day, year) Oct 7 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. house_wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Edward Kuhl

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Loretta Thomas
(Address) 239 S East Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Mar. 8 . 1932
Lilly & Zeiler Inc.

19. UNDERTAKER Lilly & Zeiler Inc
(Address) 403 a wWolfe St

20. FILED Mar 9 1932 C. HANSON JONES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 4 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 . 1930. to Mar 4 (4) 1932
I last saw h[illegible] alive on Mar 4 . 1932 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Chronic Endocarditis	
Other contributory causes of importance:	
Marked Arterio Sclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... . 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.

(Address) 239 S Edward Ave

Spec.—1-10-21—M&T—1500 Blks.

E 77425 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77425

V 001

92

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4703 (St.) Hazelwood Ave (Ward) 26-42

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Chas H Appler

(a) RESIDENCE NO. 4703 ST., Hazelwood Ave WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. 3 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Elizabeth Appler

6 DATE OF BIRTH (month, day, and year) Nov 12, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	49	3	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tinner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Henry Appler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Susan Bennett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Arthur Appler 4703 Hazelwood Ave

15 Filed 3-7-1932 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6 1932

17 I HEREBY CERTIFY, That I attended deceased from Nov. 5 1931 to March 6 1932

that I last saw him alive on March 5 1932

and that death occurred, on the date stated above, at 12.45 a m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris (duration) 2 hrs

CONTRIBUTORY (Secondary) Aortic Heart Disease (duration) Unknown

18 Where was disease contracted if not at place of death? ~~~

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M Orieille M. D.

3/7, 1932 (Address) 108 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Mar 8 1932

20 UNDERTAKER: George J Smith — ADDRESS: Hollins 532

TION is very important. See instructions on back of certificates.

7

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77426

CERTIFICATE OF DEATH.

186-001 E 77426

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital St. 3-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James J. Doherty

(a) RESIDENCE NO. 1617 Bank Street St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 24 1922

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	9	7	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER James H. Doherty

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Lijewski

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14 Informant Mrs. Elizabeth Doherty

(Address) 1617 Bank Street

15 Filed 7-1932 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) March 4 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Peritonitis

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Ruptured Jejunum Accidental

(duration) ....yrs. ....mos. ....ds.

(Signed) 1205 N. Patterson Pk. M. D.

(Coroner)

3/5, 1932 (Address) B. Berzog MD

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Date of Burial 19 2

20 UNDERTAKER John M Weber ADDRESS 401 S. Chester St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77427

E 77427

CERTIFICATE OF DEATH

REGISTERED NO. 167

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Found in Alley in rear of 201 E. North Ave. ST. 15-64 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sterling I. Cockey.

(a) RESIDENCE NO. 3909 Springdale Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 7 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

5a If married, widowed, or DIVORCED HUSBAND of (or) WIFE of Catherine Farley Cockey

6 DATE OF BIRTH (month, day, and year) August 3, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	7	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer, retired.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Charles O. Cockey.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Co. Md.

12 MAIDEN NAME OF MOTHER Emily I. Cockey.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Co. Md.

14 Informant Rebecah Parrish. (daughter)

(Address) 219 E. Lafayette Ave.

15 FEB 24 1932 16 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5, 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol shot wound of the head.
Suicide.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto Steinbeck, M. D.

3/7/32, 19 (Address) 1017 N. Charles St. Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 3/8/ 1932

20 UNDERTAKER Wm Cook

ADDRESS 1217-21 Park

TION is very important See instructions on back of certificates.

1-36—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77428

CERTIFICATE OF DEATH

E 77428

REGISTERED NO. 114-001

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital ST. 21-31 WARD)

2-FULL NAME William Higdon

(a) RESIDENCE NO. 615 W. West ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 8 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 19 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	8	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Lawrence Higdon

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Ernestine Reside

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Lawrence Higdon
(Address) 615 W. West St.

15 Filed ..... 1932 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Chronic Interstitial Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Findings at Autopsy

(Signed) Guy N. Cromwell M. D.
Coroner

3/7, 1932 (Address) 203 Patapsco Ave, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet — DATE OF BURIAL June 8 1932

20 UNDERTAKER Mrs. J. W. Teufel & Son — ADDRESS 801 W. Fayette

7-1932

G. RAMPSON JONES, M. D.

TION is very important See instructions on back of certificates.

AACo. 5-31 2508

E 77429

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77429

CERTIFICATE OF DEATH

Registered No. 95

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2121 Kentucky Ave Ward 8-45)

Length of residence in city or town where death occurred Life mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Chas. R. Kendall Jr.

(a) Residence: No. 2121 Kentucky Ave Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~(or WIFE of)~~ Margaret M. Kendall

6. DATE OF BIRTH (month, day, year) Mar 6th 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager 86

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Century Theatre

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Chas. R. Kendall

14. BIRTHPLACE (city or town) (State or country) Boston Md.

MOTHER

15. MAIDEN NAME Agnes Smith

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Margaret M. Kendall
(Address) 2121 Kentucky Ave

18. BURIAL, CREMATION, OR REMOVAL Schwartz Cemetery Date Mar 8th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul st

20. FILED ____ 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 5th 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 17th 1932 to Mch 5th 1932

I last saw him alive on Mch 3rd 1932 death is said to have occurred on the date stated above, at 5.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal Disease	

Other contributory causes of importance:

Cardiac Failure

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ____ 19 ____

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Robert L. Kirk M. D.

3/7/32 (Address) 3126 Harford Rd

PENALTY FOR WILFUL FALSE STATEMENT IN THIS CERTIFICATE. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

AACo. 5-11 2500 Blackman Fair Ave + Conklin St Wdl 3249 ✓

77430 HEALTH DEPARTMENT CITY OF BALTIMORE 23 E 77430

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 S. Highland Ave Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gould Reiss

(a) Residence: No. 705 S. Highland Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 4th 1908

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
23	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER FATHER

13. NAME Chas. A. Reiss
14. BIRTHPLACE (city or town) (State or country) Balto Md.
15. MAIDEN NAME Margaret Stieber
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Chas. A. Reiss
(Address) 705 S. Highland Ave

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cemetery Date Mar 9th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul st

20. FILED Mar 7 1932 C. THAMPSON JONES M.D. Registrar
20a. NRM

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 6th 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 26 - 1930, to Mar 6 - 1932
I last saw him alive on Mar 6 - 1932 death is said to have occurred on the date stated above, at 12:50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1930
Laryngeal "	1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward J. Blackman M. D.
(Address) 3507 Fait Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

7743 E 77431

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Pronounced dead at Johns Hopkins Hosp. 7-9 Ward)
CITY OF BALTIMORE: (No. St.
Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs mos. ds.

2. FULL NAME Carl W. Ledrich
(a) Residence: No. Fort Howard St. Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Soldier
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infantry
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Phila Pa

MOTHER
15. MAIDEN NAME Rosine (Ledrich)
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Fort Howard Records
(Address) Fort Howard Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Phila Pa Date March 8 1932

19. UNDERTAKER J. Ferguson Bro
(Address) 1 E Baltimore St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull with probable Intracranial hemorrhage	3/3/32

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3/7/1932
Where did injury occur? Phila Pa Rt 1 & Aberdeen
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Harford County Md
Manner of Injury Automobile struck him
Nature of Injury in a snowstorm. Struck head

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Ferguson M. D.
Coroner
(Address) 200 E Madison St

AoCo. 5-31 250R

HEALTH DEPARTMENT CITY OF BALTIMORE

E 77432 — 11 E 77432

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 6-10 ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel Weisman

(a) Residence: No. 2312 E. Balto. St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month day year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cutter - Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md -

MOTHER FATHER

13. NAME Max Weisman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Yussis - Weisman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) Records - JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Date 3/8 1932

19. UNDERTAKER Sol Levinson & Bro (Address) 1127 E Balto St

20. FILED MAR 8 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day year) Mar. 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 3, 1932 to Mar. 7, 1932

I last saw him alive on Mar 7, 1932 death is said to have occurred on the date stated above, at 9 a - m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar	Mar 1 32
Chronic rheumatic endocarditis	?
Mitral stenosis insufficiency	?

Other contributory causes of importance:

? Influenza	Mar. 3, 32

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. J. Bernstein M. D.

(Address) Johns Hopkins Hospital

A&Co. 5-31 250R

E 77433 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77433

CERTIFICATE ~~Hospitals~~ 46

1. PLACE OF DEATH Baltimore City Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 26-41 Ward)

Length of residence in city or town where death occurred Lifetime ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME John Pontier

(a) Residence: No. 3203 Montebello Terrace Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Pontier 1866

6. DATE OF BIRTH (month, day, year) Oct. 20, ~~1866~~

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	65	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John E. Pontier
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Josephine Masters
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Son Robert Pontier
(Address) 3203 Montebello Terrace

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date March 8 1932

19. UNDERTAKER Chas. P. Manns & Son
(Address) 111 W. Mt. Royal Ave.

20. FILED 1932 C. HAMPSON JONES, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day year) 3-6-32. 19

22. I HEREBY CERTIFY, That I attended deceased from 12-31-31. 19 to 3-6-32. 19
I last saw h~~im~~ alive on 3-5-32. 19 death is said to have occurred on the date stated above, at 12:45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 (Carcinoma of Rectum)	?
Arteriosclerotic Cardio-renal	1
Vascular disease	

Other contributory causes of importance

Acute Myocardial failure (Terminal)	3-5-32.

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify by P.S.M.U.

(Signed) Luther E. Little M. D.
(Address) Baltimore City Hospitals

STATE CAUSE OF DEATH AND OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-2—E.B.R.S.—400 Bks.

E 77434

HEALTH DEPARTMENT—CITY OF BALTIMORE

77434

CERTIFICATE OF DEATH.

✓ 31 E 77434

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE: (No. Calverton Road & Franklin St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fisher Mrs. J. Augustine Kleyle

(a) Residence No. Convalescent of the Good Shepherd Calverton Rd & Franklin St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Nov. 4-1862

7-AGE: 79 yrs. 4 mns. 1 ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Sister in convent

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: .....

9-BIRTHPLACE (city or town) (State or Country): Ga

PARENTS

10-NAME OF FATHER: Francis D. Kleyle

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany.

12-MAIDEN NAME OF MOTHER: Dorchel

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany.

14-(Informant) House of Good Shepherd Convent

(Address) Calverton Road.

15-Filed APR 6 - 1932 HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mar. 6-1932

17- I HEREBY CERTIFY, That I attended deceased from Jan 10 1931 to March 6 1932.

that I last saw him alive on March 6 1932

and that death occurred, on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Ulcerated Stomach & chronic Nephritis with general asthenia

(Duration) 10 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) senile debility

(Duration) ... yrs. ... mos. 1 ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phy. Examination

(Signed) H. Dawson M. D

317 1932 (Address) 804 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery DATE OF BURIAL: Mar. 8 1932

20-UNDERTAKER: George L. Schwartz ADDRESS: 2101 Eutaw Ave.

instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 77435

E 77435 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2213 Mura St. 6-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 32 yrs. ... mos. ... ds.

2. FULL NAME Anna Quesse

(a) Residence: No. 2213 Mura St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ferdinand Quesse

6. DATE OF BIRTH (month, day, year) July 6/1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Charwoman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Joseph Brutick

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Barbara Novak (Sister)
(Address) 2224 Mura St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Hill Cem. Date 3/8/32, 19

19. UNDERTAKER August Pasek
(Address) 2406 Ashland Ave.

20. FILED 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Probably Mar 5/32, 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on inquiry, 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Probably Myocarditis — Date of onset ?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ...

(Signed) John F. Bauer, M. D.
Coroner

(Address) 508 E. North Ave.

state CAUSE OF DEATH in plain terms. Do not use abbreviations or symptoms alone. See instructions on back of certificate.
OCCUPATION is very important.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77436

CERTIFICATE OF DEATH

E 77436

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2651 Lehman St. 20-69 Ward)

Length of residence in city or town where death occurred 6 yrs. 10 mos. 29 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Helena Edna Shaffer

(a) Residence: No. 2651 Lehman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 25th 1926

7. AGE: Years 6 | Months 10 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or foreign country) Baltimore Md.

FATHER

13. NAME Wm. L. S. Shaffer

14. BIRTHPLACE (City or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Matilda Tolle

16. BIRTHPLACE (City or town) (State or country) Baltimore Md.

17. INFORMANT Wm. L. S. Shaffer
(Address) 2651 Lehman St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date March 6 1932

19. UNDERTAKER E. B. Weidenhammer
(Address) 1524 E. Baltimore St

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5th 1932

22. I HEREBY CERTIFY, That I attended deceased from February 5 1932 to March 5 1932

I last saw deceased alive on March 4 1932 death is said to have occurred on the date stated above, at 3a m.

The principal cause of death and related causes of importance were as follows:

Uremia Cerebral Hemorrhage Endocarditis

Date of onset

Other contributory causes of importance:

Pulmonary Edema

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Norval C. Leech, M. D.

(Address) 2157 Eutaw Pl

OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 77437

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77437

CERTIFICATE OF DEATH.

92-001

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1433 N. Fulton Ave. St. 15-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isabelle Boshamer

(a) Residence No. 1433 N. Fulton Ave. St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, ~~widowed, or divorced~~ WIFE of Harry J. Boshamer

6-DATE OF BIRTH (month, day and year) Aug. 25, 1860

7-AGE. ~~70~~ 69 yrs. 6 mos. ~~6~~ 17 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ..... Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9-BIRTHPLACE (city or town) My Ladys Manor

(State or Country) Harford County, Md.

PARENTS.

10-NAME OF FATHER. John S. Hutchins

11-BIRTHPLACE OF FATHER (city or town) My Ladys Manor (State or Country) Harford County, Md.

12-MAIDEN NAME OF MOTHER. Amanda E. Nelson

13-BIRTHPLACE OF MOTHER (city or town) My Ladys Manor (State or Country) Harford County, Md.

14- (Informant) Harry J. Boshamer

(Address) 1433 N. Fulton Ave.

15- Filed ..... 1932 ..... Registrar.

MAR 8 - 1932

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 7, 1932

17- I HEREBY CERTIFY, That I attended deceased from March 16, 1929, to March 6, 1932

that I last saw h e alive on March 6, 1932

and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Mitral regurgitation

(Duration) 2 yrs. 11 mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? ..

What test confirmed diagnosis? Examination

(Signed) John D. Quinn, M. D.

317, 1932 (Address) 1501 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL. Woodlawn

DATE OF BURIAL. 3/10/32

UNDERTAKER. Wm. J. Tuckwell Sons

ADDRESS N. Y. Pa

Instructions on back of certificates.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77438 ~~95-0~~ E 77438

CERTIFICATE OF DEATH

E 77438

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1636 Chilton St. St., 9-46 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Augusta Rock

(a) Residence: No. 1636 Chilton St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Rock

6. DATE OF BIRTH (month, day, year) Feby. 21. 1842

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	90	0	12 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Stegeman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William Rock
(Address) 1621 E. 32. St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date Mch.8.1932

19. UNDERTAKER Wm. J. Tickner & Sons
(Address) North & Penna.

20. FILED ..., 193... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15. 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 15. 1932 to Mar 5. 1932

I last saw h alive on March 3. 1932 Death is said to have occurred on the date stated above, at 1-40 p. m.

The principal cause of death and related causes of importance were as follows:

Dilatation of Heart — Date of onset: Feb 10. 32

Other contributory causes of importance:

Senility

Name of operation ... Date of ...

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. W. Pearce M. D.

(Address) 2103 Edmondson Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 77439 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77439

CERTIFICATE OF DEATH

Registered No. 1648 1186-001

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) W. Balto Genl Hos (St.) (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James M. Hitch
(a) Residence: No. Birmingham Ala St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Hitch

6. DATE OF BIRTH (month, day, year) Apr. 24 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	10	9 11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 7 yrs.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salisbury Md

MOTHER FATHER
13. NAME Thos James Hitch
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Bessie Messick
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Paul B. Hitch
(Address) 1329 X 24th St. Birmingham Ala

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem Date Mch 8. 1932

19. UNDERTAKER Wm Fickner Sons
(Address) North & Penna Aves

20. FILED , 19 Registrar.

state CAUSE OF DEATH in plain terms. See instructions on back of certificate.
OCCUPATION is very important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 5 , 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on Supposed death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fall on steps	
Accident & Contusion of Head	
& Cerebral Hemorrhage	
Other contributory causes of importance: 8 Days	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury Fall on Head
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Coroner, M. D.
(Address)

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77440

CERTIFICATE OF DEATH

108 E 77440

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 216 N. Montford Ave St., 6-10 Ward)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gertrude Thompson Turner

(a) Residence: No. 216 N. Montford Ave St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Turner

6. DATE OF BIRTH (month, day, year) 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31 32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 537

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME John H. Bell

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Minnie Ruth

16. BIRTHPLACE (city or town) (State or country) Holland Amsterdam

17. INFORMANT John Mitchell
(Address) 529 N. Bond St

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cem. Date Mar 8th 1932

19. UNDERTAKER Byron Wright
(Address) 2 Bruce Ave & St

20. FILED ..... 19 ..... Registrar.

C. H. [illegible] JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 - 6. 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 19.., to Mar 6, 1932

I last saw h[illegible] alive on Mar 6 32 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Chronic Pneumonia — Date of onset Feb 27

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. B. Seller, M. D.

3/7/32 (Address) 50 Rosemont St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 126-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77441

CERTIFICATE OF DEATH

E 77441

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 805 S. Bond St., 2-nd Ward)

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mo. ds.

2. FULL NAME John Dobrzykowski

(a) Residence: No. 805 S Bond st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Married

5a. If married, widowed, or divorced: HUSBAND of (~~or WIFE of~~) Josephine Dobrzykowska

6. DATE OF BIRTH (month, day, year) Oct. 9-1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Stanislaw Dobrzykowski

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Antonina Michalak

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Josephine Dobrzykowski
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date March 10-1932

19. UNDERTAKER George A. Weber
(Address) 705 S. Ann. street

20. FILED MAR 11 1932 19 [illegible]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6th 1932

22. I HEREBY CERTIFY, That I attended deceased from March 1 1932 to March 6 1932

I last saw her alive on March 6 1932. Death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coma Diabetica.	March 1.
Other contributory causes of importance: Acute Cardiac Dilat	—

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) William J. Reynolds M. D.

(Address) 801 W Lanvale Ave

information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T.—100 B—50L

E 77442

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77442

CERTIFICATE OF DEATH

108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST. 22-31 WARD

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miller H. Newby

(a) RESIDENCE No. 127 W. Hill ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Howard Newby

6 DATE OF BIRTH (month, day, and year): Oct 15-1895

7 AGE — Years: 36 — Months: 4 — Days: 18 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Laura Palmer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Wright

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Howard Newby

(Address) 127 W. Hill St

15 Filed APR 8 1932 192 H. M. JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/3 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 2 da.

CONTRIBUTORY (Secondary): Pregnancy

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? ..Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Keller, M. D. Coroner

3/5, 1932 (Address) 729 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — DATE OF BURIAL: March 4, 1932

20 UNDERTAKER: Mrs Katie R. Williams — ADDRESS 322 S. Schroeder St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificates.

AaCo. 5-11 250B

E 77443 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 77443

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4100 Underwood Rd St. 6-10 Ward)

Length of residence in city or town where death occurred 44 yrs. mos ds How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Anna V. Meinhardt

(a) Residence: No. 403 N. Milton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Geo. League

6. DATE OF BIRTH (month, day, year) Mar 29/1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
65	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Capt. Geo. A. League

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Sarah Disney

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT James A. League
(Address) 1403 N. Milton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Mar 9, 19 32

19. UNDERTAKER Philip Henry Eilers Sons
(Address) 2016 Eutaw St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1932 to March 7, 1932

I last saw her alive on March 6, 1932 death is said to have occurred on the date stated above, at 12 midnight m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis (Chronic Interstitial)	
Other contributory causes of importance:	

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Eugene L. Pearson M. D.

3/7/32 (Address) 5 E. Lexington

OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T—100 B—501.

E 77444

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77444

CERTIFICATE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Josephs Hosp ST., 26-42 (WARD)

2-FULL NAME Evelyn Rebecca Gibmeyer

(a) RESIDENCE NO 5300 Greenhill Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Frederick W. Gibmeyer

6 DATE OF BIRTH (month, day, and year) Aug. 7/1911

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
20	7	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER E. Hughes Fowler

11 BIRTHPLACE OF FATHER (city or town) Balto. Md.
(State or country)

12 MAIDEN NAME OF MOTHER Hilda Hughes

13 BIRTHPLACE OF MOTHER (city or town) Balto. Co.
(State or country)

14 Informant Frederick Gibmeyer
(Address) 5300 Greenhill Ave

15 Filed ..... 193[illegible] ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) E A.M. March 5th, 32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Meningitis
(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Sinusitis - Influenza
(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? ..... Probably at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) ..... M. D.
Coroner

3/7/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem.

DATE OF BURIAL Mar. 9/32

20 UNDERTAKER

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of disease is very important. See instructions on back of certificate.

RECD 1932 EAMES JONES, M.

M. D. B. 1268-9

E 77445 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77445

CERTIFICATE OF DEATH

345

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hopkins Hospital St., 5-8 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Robert Strong

(a) Residence: No. 310 N. Central Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edna

6. DATE OF BIRTH (month, day, year) Mar 17/1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Henry Strong

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Colleen -----

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Edna Strong

(Address) 310 N. Central Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cemetery Date 3/9, 1932

19. UNDERTAKER Mrs Conrad G. Bayias

(Address) 142 Lafayette St.

20. FILED MAR 9 - 1932, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 6/32, 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 7.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Aneuryam	?
Cardiac Decompensation	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] Coroner, M. D.

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77446

CERTIFICATE OF DEATH

E 77446

Registered No. 1931 49

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705 N Mount St) (Ward) 15-21 108

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bonnie Turner

(a) Residence: No. 1705 N Mount St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Daniel Turner

6. DATE OF BIRTH (month, day, year) Dec 25 1882

7. AGE — Years: 49 | Months: 4 | Days: 11 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Bonnie Burns

16. BIRTHPLACE (city or town) (State or country) City

17. INFORMANT Daniel Turner (Address) 1705 N Mount St

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Auburn Date May 9 1932

19. UNDERTAKER John Carradine (Address)

20. FILED MAY 9 1932 19 WILLIAM H. JAMESON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6 1932

22. I HEREBY CERTIFY, That I attended deceased from May 4 1932 to May 6 1932

last saw h alive on May 6 1932 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

Acute Dilatation of Heart — Pneumonia — Date of onset

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh E. Hagner M. D.

(Address) 75 Lexington

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 77447 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77447

CERTIFICATE OF DEATH

108

1—PLACE OF DEATH 535 N. Mot St — REGISTERED NO.

CITY OF BALTIMORE: (No. 535 N Mot ST. 21-34 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Harris

(a) RESIDENCE NO. 535 N Mot ST., WARD (If non-resident give city or town and State)

(Usual place of Abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mary Harris

6 DATE OF BIRTH (month, day and year): [illegible]

7 AGE: Years 50; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore City

PARENTS

10 NAME OF FATHER: John Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country): Eastern Shore Md

12 MAIDEN NAME OF MOTHER: Lavinia Lawrence

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Eastern Shore Md

14 Informant: Rose Curry

(Address): 535 N Mot.

15 MAR 6 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/5/32

17 I HEREBY CERTIFY, That I attended deceased from Feb 1 1932 to March 5 1932

that I last saw h[illegible] alive on March 5 1932

and that death occurred, on the date stated above, at 3P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary): Toxemia

(duration) yrs mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) H. Thos Harris M. D.

. 19 (Address) 501 N Hamburg St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Lebanon Cemetery

DATE OF BURIAL: 3/9 1932

20 UNDERTAKER: Walter B. Griggs

ADDRESS: 139 W Hamburg St

Important. See instructions on back of certificates.

77448

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77448

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH · Baltimore City Hospitals. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore Md St. 6-10 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Pierpont

(a) Residence: No. 2606 Fairmont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single ~~Widowed~~

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) (

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME John

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Mary Kirtus

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Balto. City Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loraine Cem. Date Mar 8 1932

19. UNDERTAKER Locke B Cook
(Address)

20. FILED MAR 8 1932 CHESTER JONES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-7, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-3, 1932 to 3-7, 1932

I last saw him alive on 3-7 1932 death is said to have occurred on the date stated above, at 12 o'clock Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Bronchopneumonia	2-25 32
Other contributory causes of importance:	
None	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

3-7-32 (Signed) Elmer Hightshoe Jr M. D.

(Address) Baltimore City Hospitals.

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-11 2508

E 77449 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77449

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Good Shepherd Hosp. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 512 Gilmore St. St., 11-24 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Means

(a) Residence: No. 1235 Druid Hill Ave. Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Caterer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Amon S.C.

MOTHER

13. NAME Dolphus means
14. BIRTHPLACE (city or town) (State or country) S.C.

FATHER

15. MAIDEN NAME Nancy Bird
16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Monroe Eyles
(Address) 16 Carson St. Amon S.C.

18. BURIAL, CREMATION, OR REMOVAL
Place Amon S.C. Date Mch 9 1932

19. UNDERTAKER Conrad W. Frase Wm.
(Address) 2316 Pennsylvania Ave.

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-6-1932

22. I HEREBY CERTIFY, That I attended deceased from 3-4-1932 to 3-6-1932
I last saw him alive on 3-6-1932 death is said to have occurred on the date stated above, at 11.55 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	3-4-32
Lobar pneumonia	2-29-32

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Aubrey Marshall M. D.
(Address) 1838 Druid Hill Ave.

SIGNATURE OF PERSON in charge of burial, removal or cremation. See instructions on back of certificate.
OCCUPATION is very important.

A&Co. 8-31 250B

E 77450

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

532

Registered No. E 77450

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 307 S Wallas St. 3-4 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Elizabeth Adley

(a) Residence: No. 307 S Wallas St., Ward.
(Usual place of abode) Life (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

3a. If married, widowed, or divorced (or) WIFE of Eugene Adley

6. DATE OF BIRTH (month, day, year) Oct 20 1875

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	56	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jeremiah Mondowney

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Elizabeth Armstrong

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Eugene Adley (Husband)
(Address) 307 S Wallas St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem. Date March 1932

19. UNDERTAKER Mrs. W. H. Elliott
(Address) 6725 Reisterstown Ave

20. FILED MAR 7 1932 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from July, 1932 to March 5, 1932

I last saw her alive on March 4, 1932 death is said to have occurred on the date stated above, at 9:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Bladder Urinary	July 1931

Other contributory causes of importance:

Generalized Carcinoma

Name of operation Hysterectomy Date of April 1931

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. J. Young M. D.

(Address) 1424 E Monument St

AdCo. 5-11 250B

E 7745 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77451

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1512 Mc Elderry St., 7-9 Ward)

Length of residence in city or town where death occurred Life yrs. mos ds. How long in U.S. if of foreign birth? yrs. mos ds.

2. FULL NAME William Jones

(a) Residence: No. 1512 Mc Elderry St., Ward.
(Usual place of abode) Life (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Virgie Jones

6. DATE OF BIRTH (month, day, year) Dec 11 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Dec 1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Perry Jones

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Connie Lewis

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Adell Jones (wife)
(Address) 1512 Mc Elderry St

18. BURIAL, CREMATION, OR REMOVAL Place Asbury Cemetery Date March 8 1932

19. UNDERTAKER Mr R H Elliott
(Address) 1725 Ashland Ave

20. FILED ..... 19..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 1931 to March 5 1932

I last saw h[illegible] alive on March 4 1932, death is said to have occurred on the date stated above, at 12[35] A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency and Parenchymatous Nephritis	Nov 1931

Other contributory causes of importance:

Hypertension: Enlarged Liver and abdominal Abscess

Name of operation no Date of

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. F. Young, M. D.

(Address) March 7 1932

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77452

E 77452

CERTIFICATE OF DEATH

8-17 93-204

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1635 N. Wolfe St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. 8 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sallie Spangler

(a) Residence: No. 1635 N. Wolfe St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 12, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	8	23 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Frederick Spengler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Charlotte Brauer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Minnie Spengler

(Address) 1635 N. Wolfe St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date March 4 1932

19. UNDERTAKER John F. Denny

(Address) 715 Light St

20. FILED Mar 7 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from January 7 1932 to March 6 1932

I last saw her alive on March 6 1932 5.55 p. m. Death is said to have occurred on the date stated above, at p. m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Myocardial insufficiency

Date of onset: Jan 1932

Other contributory causes of importance: Senile Dementia

Feb 1932

Name of operation None Date of

What test confirmed diagnosis? Clinical examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert Bowers M. D.

(Address) 2226 E. Monument St.

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77453

CERTIFICATE OF DEATH

48 E 77453

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 331 S. Bouldin St. 76-E Ward)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Meta Zelinski

(a) Residence: No. 331 S. Bouldin St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard B. Zelinski

6. DATE OF BIRTH (month, day, year) May 1-1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry Toermann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Gaarken

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Richard B. Zelinski
(Address) 331 S Bouldin

18. BURIAL, CREMATION, OR REMOVAL
Place Woodland Pk Date May 1932

19. UNDERTAKER John Ullrich
(Address) 2008 Aliceanna

20. FILED ..... 1932 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1932, to May 6, 1932

I last saw her alive on May 6, 1932 death is said to have occurred on the date stated above, at 2:05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5/3/32

Other contributory causes of importance:

Carcinoma Uteri	?

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Kempfelmeier, M. D.

(Address) 2939 Eastern Ave

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 77454

82-001

REGISTERED NO. E 77154

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital. ST. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence Smith.(C)

(a) RESIDENCE NO. 878 McKim Ct. ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Do not know.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Do not know.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Police Report. C.D.

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) February 20, 1932[19]

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage.
Hemiplegia.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 878 Mc. Kim Ct. February 20, 1932

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry.

(Signed) [signature] M. D. Coroner

8/7/82 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL MAR 8 - 1932

20 UNDERTAKER Commissioner Health

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77455

E 77455

CERTIFICATE OF DEATH

REGISTERED NO. 85

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Penitentiary. ST., 10-15 (WARD)

2-FULL NAME Edward Joines, alias Adams.

(a) RESIDENCE NO. Maryland Penitentiary. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) September 29, 1909

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	4	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Maryland Penitentiary Report.

(Address)

15 Filed 19 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 24, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry) and inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Status Epilepticus.
Cerebray softening, generalized congestion.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy & inquiry

(Signed) Otto M Reinhardt, M. D. Coroner

8/7/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

JOHNS HOPKINS HOSPITAL

1-30—M. & T.—100 B—50L

E 77456

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77456

CERTIFICATE OF DEATH

REGISTERED NO. 22-31 174

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital (WARD)

2-FULL NAME Henry Cook.(C)

(a) RESIDENCE NO 107 W. Montgomery St. ST. WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Do not know.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	----		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Georgia.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Jane Sumpter.(C)
(Address) 107 W. Montgomery St.

15 Filed ---- 1932 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) February 28, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry) and inquest find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Internal hemorrhage due to stab-wound of the heart (Butcher knife) Homicide.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 107 W. Montgomery St.
Did an operation precede death? No. Date of
Was there an autopsy? Yes.
What test confirmed diagnosis? Autopsy & inquest.

(Signed) [signature] M. D. Coroner
3/7/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: HOPKINS HOSPITAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

[illegible] Commissioner of Health

MAR 8 1932

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

77457 HEALTH DEPARTMENT—CITY OF BALTIMORE 77457.

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1813 N. Calvert St. St. 12-19 WARD)

2 FULL NAME George Brent

(a) RESIDENCE NO. 1813 N Calvert St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Mary L. Mathews

6 DATE OF BIRTH (month, day, and year) March 4, 1872.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	0	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Banker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER George Brent

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Catherine Morrick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Mrs. George Brent 1813 Calvert St.

15 Filed — 19— HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-7-1932

17

I HEREBY CERTIFY, That I attended deceased from Jan 31, 1932, to March 7, 1932, that I last saw h[illegible] alive on March 6, 1932, and that death occurred, on the date stated above, at 7:15 A. M.

The CAUSE OF DEATH* was as follows:

Cardiac dilatation (decompensation)

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Myocarditis -

(duration) 2 yrs. ? mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical observation -

(Signed) Harry Dan Courty M. D.

3-7-1932 (Address) 37 W. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Thomas Manor Charles County	March 9 1932
20 UNDERTAKER	ADDRESS
Martin Bakey & Sons	1827 W. North Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT CITY OF BALTIMORE

E 77458 E 77458

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitsl (Tbc.) Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 5-8 Ward)

Length of residence in city or town where death occurred 11 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? 11 yrs. ... mos. ... ds.

2. FULL NAME Robert Mashart

(a) Residence: No. 1409 Mullikin st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 28, 1915

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Charleston
(State or country) South Carolina

MOTHER FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown
15. MAIDEN NAME Hattie (Unknown)
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cemetery Date 3/10/, 1932

19. UNDERTAKER Mrs. Chas. E. Bailey
(Address) 1424 Jefferson St

20. FILED MAR 8 1932 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from January 11, 1932 to March 7, 1932
I last saw him alive on March 7, 1932 death is said to have occurred on the date stated above, at 2.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unknown

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Lawrence Dane, M. D.
(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, and state duration of each. If OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250M

E 77459 HEALTH DEPARTMENT—CITY OF BALTIMORE

25845 1

34 E 77459

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 22-30 ..... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Caroline Davis

(a) Residence: No. 656 Portland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME William Grimm
14. BIRTHPLACE (city or town) (State or country) Eng.

MOTHER

15. MAIDEN NAME Caroline Dean
16. BIRTHPLACE (city or town) (State or country) Eng

17. INFORMANT Record
(Address) HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Date MAR 8 - 1932 19

19. UNDERTAKER [illegible]
(Address)

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1932 to March 6, 1932
I last saw h[illegible] alive on March 6 1932 death is said to have occurred on the date stated above, at 12.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subarachnoid hemorrhage	2-29-32
Other contributory causes of importance:	
Cystitis	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Caroline C. Bidel, M. D.
(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

AtCo. 5-31 250B

77460 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77460

258388

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. H 25 Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anthony Marsiglia

(a) Residence: No. 306 N Pearl St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carmella

6. DATE OF BIRTH (month, day, year) 12/15/1869 Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62 ~~63~~	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 065
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Andrew Marsiglia
14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Minnie Marsiglia
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cem. Date 3/10/32

19. UNDERTAKER Vento & Son
(Address) 1[illegible] Eager St

20. FILED ... 1932 ... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1932, to March 7, 1932
I last saw h[illegible] alive on March 7, 1932 death is said to have occurred on the date stated above, at 11:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	FEB 29 -
Cerebro Nephritis	1924 -

Other contributory causes of importance

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.
(Address) 1932

state CAUSE OF DEATH in plain terms. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2508

E 7746 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 7746

133

CERTIFICATE OF DEATH

1. PLACE OF DEATH Catonsville Md — Registered No. ....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Saint Josephs Hospital St., 8 Ward)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. ~~Samuel Dailey~~ Savino D'Aloiso

(a) Residence: No. 1617 North Rost St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Carmela Francheschetti

6. DATE OF BIRTH (month, day, year) May 15 - 1877

7. AGE Years	Months	Days	If LESS than 1 day: hrs. or min.
54	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Vastogirardi Italy

FATHER

13. NAME Richard D'Aloiso

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Maria Rocco

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs D'Aloiso
(Address) 1617 N Port Street

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 3/9/32

19. UNDERTAKER Geo J Roth Inc
(Address) 1739 Edmondson Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-7th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1932 to March 7, 1932

I last saw him alive on 3-7-1932 Death is said to have occurred on the date stated above, at 4.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydronephrosis.	
Other contributory causes of importance: Uremia.	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) W. B. Lundquist M. D.

(Address) 1617 North Port St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks

(Neuhaus) ✓

77462 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 77462

CERTIFICATE OF DEATH.

27-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 3814 Foster Ave St 16-27 Ward)

2. FULL NAME Casper Frank Neuhaus

(a) RESIDENCE NO. 3814 Foster Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Catherine Neuhaus

6 DATE OF BIRTH (month, day, and year) Oct 13-1876

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	55	4	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work (Foreman Killing & Cutting)

(b) General nature of industry, business, or establishment in which employed (or employer) Slaughter House

(c) Name of employer Schwarzkopf-Kurdle

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Neuhaus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Hohmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Catherine Neuhaus 3814 Foster Ave

15 Filed ..., 19.. C. Palmer Jones M. D. Registrar

R 8 - 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6-1932

17

I HEREBY CERTIFY, That I attended deceased from Jan 21, 1932 to March 6, 1932

that I last saw h... alive on March 5, 1932

and that death occurred, on the date stated above, at 6-45 A. M.

The CAUSE OF DEATH* was as follows:

Acute Fulminating Miliary Tuberculosis

(duration) 2 yrs. 6 mos. 1 ds.

CONTRIBUTORY (Secondary) Pneumothorax

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of ... 1st and April 1930

Was there an autopsy?

What test confirmed diagnosis? Biopsy

(Signed) Edward Leod M. D.

1932 (Address) 3 N Washington Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Mar 9th 1932

20 UNDERTAKER Leo G. Brook — ADDRESS 1723 Patterson Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-23-21—E.B.R.S.—400 Lts.

E 77463

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77463

CERTIFICATE OF DEATH.

Registered No. 46

1-PLACE OF DEATH

City of BALTIMORE: (No. 1 Nor. N. Broadway St. 8-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. David William Cooper

(a) Residence No. 1 Nor N. Broadway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widowed

5a-If married, widowed, or divorced, HUSBAND of Elizabeth J. Cooper

6-DATE OF BIRTH (month, day and year) June 7 1849

7-AGE: 82 yrs. 9 mos. 0 ds. If LESS than 1 day ....hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Railroad 073

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer: —

9-BIRTHPLACE (city or town) (State or Country). Baltimore

PARENTS

10-NAME OF FATHER. Carol M. Cooper

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Balto. Md.

12-MAIDEN NAME OF MOTHER. Mary J. Irwin

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Balto. Md.

14- (Informant) Mr. Harry Coote

(Address) 1 Nor N. Broadway

15- Filed, 1932 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 9-1932

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1932 to March 7 1932

that I last saw him alive on March 7 1932

and that death occurred, on the date stated above, at 3:30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Gall Bladder

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insuff.

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. W. Kreuzer M. D.

19 (Address) 612 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Druid Ridge Cemetery — DATE OF BURIAL. Mch 9 1932

20-UNDERTAKER. Stuffer Jones Co ADDRESS 424 N Broadway

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

R 8 - 1932

Spec.—9-30—A. & Co.—250 Bks.

77464 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159 E 77464

REGISTERED No.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home + Infirmary, St 17-50 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Cain

(a) RESIDENCE No. 2443 St Paul ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. mos. 9 hrs. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Sing Co

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 7, 1932

7 AGE	Years	Months	Days	If LESS than 1 day, 9 hrs. 45 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work (Infant) dd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Jerome Cain

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER Laura Gutchell

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant John J. Cain (Address) 2443 St Paul St

15 Filed , 19 Registrar

R.S. - 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8, 1932

17

I HEREBY CERTIFY, That I attended deceased from March 7, 1932, to March 8, 1932

that I last saw h[illegible] alive on March 8, 1932

and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

9 hrs.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Prematurity

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) J. Frank Hurst M. D.

March 8, 1932 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery

DATE OF BURIAL 3/9 1932

20 UNDERTAKER Wm. Cook

ADDRESS 2217 St Paul

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 77465 (93 1083) E 77465

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 3917 Carlisle Ave. St. 15-65 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hannon M.Power

(a) Residence: No. 3917 Carlisle Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Wilkinson Power

6. DATE OF BIRTH (month, day, year) Jan 25 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. District Mgr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Equitable Ins.Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila.Pa.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Emma W.Power

(Address) 3917 Carlisle Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date Mar.10 1932

19. UNDERTAKER Harry N.Armacost & Son

(Address) 4204 Ridgewood Ave.

20. FILED M. C. 14 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 1930 to March 8 1932

I last saw him alive on March 8 1932 Death is said to have occurred on the date stated above, at 6.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Emphysema	?
Myocardial degeneration	?

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Meyer Muller M. D.

(Address) 2410 Eutaw Place

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—60L

E 77466

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

185 E 77466

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital. ST. 4-7 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leslie Roland McQuay.

(a) RESIDENCE NO. 307 E. Pleasant St. ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 8 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) July 3, 1930

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	8	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None. 000
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Roland McQuay.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Annabel Gray.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Hospital Record.

(Address)

15 Filed ... 1932 C. HAMPSON JONES, M. D. C. S. H. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Occidentally cut right ring finger with table knife.
Hemophilia.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? 307 E. Pleasant St. March 6, 1932

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Ellis M. Hemmendinger, M. D. Coroner

8/8/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem

DATE OF BURIAL 3/9 1932

20 UNDERTAKER Geo. E. Kelly Fallon

ADDRESS 1 Fayette

MARRIAGE should be carefully supplied. AGE should be stated. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

R 8 - 1932

1-30—M. & T.—100 B—50L

E 77467

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77467

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) No. 2870 W Lanvale St. (Ward) 16-68

2-FULL NAME Geo V. Byron

(a) RESIDENCE No. 2870 W Lanvale St. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E

6 DATE OF BIRTH (month, day, and year) Feb 9-1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	—	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Brain Worker
(b) General nature of industry, business, or establishment in which employed (or employer) Retired
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Churchtown Md

PARENTS

10 NAME OF FATHER Geo Sr Byron

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Hudgins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mary E. Byron

(Address) 2870 W Lanvale St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch 7th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) Sudden ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) ..... Coroner M. D.

(Address) Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Churchtown Md — DATE OF BURIAL Mch 10 1932

20 UNDERTAKER John O Mitchell & Son — ADDRESS 190 Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 11 1932 C. MAMPSON, REGISTRAR

1-30—M. & T.—100 B—50L

E 77468

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77468

CERTIFICATE OF DEATH

REGISTERED NO. 164-801

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 305. E. 22nd (ST.) 1750 (WARD)

2-FULL NAME Charles L Macneal

(a) RESIDENCE NO. 305 E. 22nd ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth B Blatter

6 DATE OF BIRTH (month, day, and year) April 20-1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	10	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cast Iron Pipe
(b) General nature of industry, business, or establishment in which employed (or employer) Cast Iron Pipe Mfg Co
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Power L Macneal

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Burgess

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Elizabeth B. McNeal

(Address) 305 E. 22nd St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/7 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH was as follows:

Gun Poison
Suicide

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) ..... M. D. Coroner

3/7 1932 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Mch 9 1932
20 UNDERTAKER John O. Mitchell & Son	ADDRESS 1900 Eutaw Place

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 8 1932 C. HARRISON JONES, Jr.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77469

CERTIFICATE OF DEATH

131 E 77469

1—PLACE OF DEATH

REGISTERED NO. 19-28

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1846 W Pratt ST., WARD)

2—FULL NAME Edward S. McManus

(a) RESIDENCE NO. 1846 W Pratt ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella McManus

6 DATE OF BIRTH (month, day, and year) Oct 15 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	4	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk Dept Bldg City

(b) General nature of industry, business, or establishment in which employed (or employer) Aton 009

(c) Name of employer City

9 BIRTHPLACE (city or town) (State or country) Balto md

PARENTS

10 NAME OF FATHER Terence McManus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Daley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Ella McManus

(Address) 1846 W. Pratt St

15 Filed 1932 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) ~~Jan~~ Mch 6/32

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1932 to Mch 6, 1932

that I last saw h alive on Mch 6, 1932

and that death occurred, on the date stated above, at nt.

The CAUSE OF DEATH* was as follows:

Embolism

1 hour

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis Chronic Interstitial

(duration) since yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Howard Kelly, M. D.

3/8, 1932 (Address) 2027 W Mt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Mar. 9 1932
20 UNDERTAKER	ADDRESS
George L. Schwab &	2101 Fulk. ave.

1-30—M & T—100 B—50L

E 77470

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 77470

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2304 Brohawn Ave ST., 25 WARD) 87 13

2-FULL NAME Frederick Wiedeck

(a) RESIDENCE NO. 2304 Brohawn Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. 2 mos. ? ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a ~~If married, widowed, or divorced~~ HUSBAND of (or) WIFE of Anna Brohawn

6 DATE OF BIRTH (month, day, and year) Jan. 14, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	75	1	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired 086
(b) General nature of industry, business, or establishment in which employed (or employer): Foreman in
(c) Name of employer: Hair Factory

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Wiedeck

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Johanna Rohmer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Henry P. Wiedeck

(Address) 6211 Danville Ave.

15 Filed 1932 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry), thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

(duration) Suddenly yrs. mos. ds.

CONTRIBUTORY (Secondary) ?

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Guy N. Cromwell M. D. (Coroner)

3/8, 1932 (Address) 303 Patapsco Ave, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Cathedral Cemetery DATE OF BURIAL: March 10 1932

20 UNDERTAKER: George R. Lohmeyer ADDRESS: 2101 Eutaw

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should fill CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

R 8 - 1932

Spec.—2-27-28—1. P. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77471

E 77471

CERTIFICATE OF DEATH

REGISTERED NO. 19-28

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1731 Hollins ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James S. Clark

(a) RESIDENCE NO. 1731 Hollins ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Cecelia Hunter

6 DATE OF BIRTH (month, day, and year) June 30, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	69	8	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Painter

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 050

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Jane Clark.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Sarah Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs S. Clark

(Address) 1731 Hollins St

15 Filed ___ 19___ ___ Registrar

R 8 - 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/6/32

17 I HEREBY CERTIFY, That I attended deceased from 3/1/, 1932, to 3/6/, 1932,

that I last saw h— alive on 3/6/, 1932

and that death occurred, on the date stated above, at 7 0 m.

The CAUSE OF DEATH* was as follows:

Aneurism of Aorta

(duration) 6 yrs. mos. da.

CONTRIBUTORY (Secondary) Hemmorhage

(duration) 3 minutes yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? X ray & Phy Exam

(Signed) Bernard J. Levy, M. D.

3/8/, 1932. (Address) 910 W. Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 3/9/32 19

20 UNDERTAKER John J. Emig Sons Inc 1700 Bolton Ave

ADDRESS

IMPORTANT. See instructions on back of certificates.

A&Co. 5-H 250B

E 77472

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12 IV E 77472

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore Gen'l Hospital (St.) (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs mos ds How long in U. S. if of foreign birth? yrs mos ds

2. FULL NAME Sarah E. Douglass

(a) Residence: No. 212 West Biddle St., Ward.
(Usual place of abode) (If not resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May - 12 - 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Henry Tuffall

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Emily Stewart

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Lee Arthur Thomas
(Address) 1011 Madison Av.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 3/9/32

19. UNDERTAKER Samuel H. Ensley
(Address) 1308 Bank

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1932 to March 7, 1932
I last saw h.e alive on March 1, 1932 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute perforated Appendicitis	2 weeks
Localized peritonitis	
Acute Cardiac Failure	1 day
Other contributory causes of importance:	
arteriosclerotic Cardio vascular disease	15 years
marked Cardiac Hypertrophy	

Name of operation Appendectomy Date of 2 29 32

What test confirmed diagnosis? Signs of Symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) W. J. Sullivan M. D.
(Address) So Baltimore Gen Hospital

E 77472 information required by law must be given in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important. See instructions on back of certificate.

1-20—M & T—100 B—50L

E 77473

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 77473

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 723 W. Fairmount Ave ST. WARD

2-FULL NAME Edward Norris

(a) RESIDENCE NO. 723 W. Fair Mount Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1901

7 AGE: Years 31? Months — Days — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Nellie Harding

(Address) 644 Greenmount Ave St.

15 Filed MAR 7 1932 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 6 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Feller, M. D. Coroner

3/7 1932 (Address) 1759 Eastern ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: 3-9 1932

20 UNDERTAKER: David Taylor

ADDRESS 916 Ga ave

MAR 7 1932 [illegible] JONES [illegible]

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should fill in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-23—M&T—500 Blks.

Henrietta Farmer Marina

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77474

CERTIFICATE OF DEATH.

110 E 77474

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1505 E Chase St., 1-13 WARD)

2. FULL NAME Henrietta Marina

(a) RESIDENCE NO. 1505 E Chase ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Feb 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE C

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Benj. Marina

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 26 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work General House

(b) General nature of industry, business, or establishment in which employed (or employer) Work

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Brunswick N. C.

PARENTS

10 NAME OF FATHER James Hooper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Brunswick N. C.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Brunswick N. C.

14 Informant Husband

(Address) 1505 E Chase

15 Filed . 19 . . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-7-1932

17 I HEREBY CERTIFY, That I attended deceased from Jany. 1 1932 to March 1932

that I last saw h[illegible] alive on 3/7 — 1932

and that death occurred, on the date stated above, at 4. P. m.

The CAUSE OF DEATH* was as follows:

Pleurisy

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. 1/2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

(Was there an autopsy?) No

What test confirmed diagnosis? Medical

(Signed) J. Wallace M. D.

. 19 (Address) 1008 N Edow St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL East brook N. C.

DATE OF BURIAL 3/10 1932

20 UNDERTAKER Lothe Grass

ADDRESS 1402 Ashland Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77475 E 77475

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1613 N. Bentalou St., 15-68 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth 28 yrs. mos. ds.

2. FULL NAME Nettie Felsenberg

(a) Residence: No. 1613 N. Bentalou St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Widow

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Nathan

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Nathan J. Felsenberg
(Address) 1624 Garelands ave

18. BURIAL, CREMATION, OR REMOVAL
Place Rock Rd Cemetery Date 3-9, 1932

19. UNDERTAKER Jack Levin Inc
(Address) 1429 E. Baltimore St

20. FILED ..... 19.. .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-8-32, 19

22. I HEREBY CERTIFY, That I attended deceased from Mch 4, 1932, to March 8, 1932.

I last saw h.. alive on March 8, 1932. Death is said to have occurred on the date stated above, at 5.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Mch. 4/32.
Other contributory causes of importance Chronic Cardio Vascular Renal disease.	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Zurler, M. D.

(Address) 207 Medical Arts Bldg.

MAR 9 1932

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 77476

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77476

CERTIFICATE OF DEATH

~ 126

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 12-49 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Ida Fleishman

(a) Residence: No. 820 Chauncey Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of David Fleishman

6. DATE OF BIRTH (month, day, year): Jan. 9, 1891

7. AGE: Years 41 | Months 1 | Days 29 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Samuel Stolky

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Anna Brenner

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Baltimore Date: 3-1-32 19...

19. UNDERTAKER: Levi Funeral Home
(Address): 1459 E. Baltimore

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from February 16, 1932 to March 5, 1932

I last saw her alive on March 3, 1932 Death is said to have occurred on the date stated above, at 6:50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cholecystitis Cholelithiasis	2 mo.

Other contributory causes of importance:

Postoperative Hemorrhage	2 Days

Name of operation: Cholecystostomy Date of: Feb. 29.

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Simon Berger, M. D.

(Address) Mercy Hospital.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-004

CERTIFICATE OF DEATH

E 77477

REGISTERED NO.

E [illegible] DEATH

CITY OF BALTIMORE: (No. Pronounced dead at the Mercy Hospital. ST. 1-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick M. Theisz.

(a) RESIDENCE NO. 2531 Fleet St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 6 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of Mary F. Theisz.

6 DATE OF BIRTH (month, day, and year) August 20, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	6	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Hatchman.
(b) General nature of industry, business, or establishment in which employed (or employer): Balto. Copper Mills.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Michael Theisz.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Mary F. Theisz. (wife)
(Address): 2531 Fleet St.

15 Filed ... 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 7, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Balto. Copper Mills.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [signature] Coroner, M. D.

8/8/32 19 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Mar. 10 1932

20 UNDERTAKER: Henry Sauder & Sons, Inc.

ADDRESS: BALTIMORE & BROADWAY

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—9-30—A & Co.—250 Blks

E 77478

E 77478

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 3218 E. Baltimore St 96-11 WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME SARAH B. SWAYNE

(a) RESIDENCE NO 3218 E. Baltimore ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James D. Swayne

6 DATE OF BIRTH (month, day, and year) April 15.1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	10	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Elijah Preston

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Caroline Barton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mr. Henry D. Swayne (Son)

(Address) 3218 E. Baltimore St.

15 Filed MAR 9 1932, 19 H. M. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7, 1932

17

I HEREBY CERTIFY, That I attended deceased from Feb. 1930 to March 7, 1932

that I last saw her alive on March 7, 1932

and that death occurred, on the date stated above, at 7.35 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) 2 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) — yrs. — mos. 7 ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) S. Linthicum M. D.

3/9, 1932 (Address) 3201 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Mar. 10, 1932

20 UNDERTAKER Henry Sander & Sons, Inc.

ADDRESS BALTIMORE & BROADWAY

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates

AaCo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE E 77479

E 77479

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. H-30 Ward)

Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. 11 mos. 7 ds. How long in U.S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Hannah Estelle Zuckerberg

(a) Residence: No. 631 N. Lombard St. St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/1/31

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Wm Zuckerberg

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Emma Cuthriell

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mrs. Wm Zuckerberg
(Address) 631 N. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 3-9 1932

19. UNDERTAKER Cohen Brooks & Son
(Address) Calhoun & Fulton Sts

20. FILED ____, 19__ ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/8/32, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/2/32, 19, to 3/8/32, 19

I last saw her alive on 3/8/32, 19 death is said to have occurred on the date stated above, at 7:00 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Meningitis	2/26/32

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) M. V. Jackson, M. D.

(Address) Sydenham Hospital.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 77480 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77480

CERTIFICATE OF DEATH.

✓ 23

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 819 Warner st. St. 21-31 WARD)

2 FULL NAME Sadie Davis Jackson

(a) RESIDENCE NO. 819 warner st. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred 23 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Chas. Jackson

6 DATE OF BIRTH (month, day, and year) 12-26-1908

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23	4	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Wm. C. Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Lucy Hammond

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md.

14 Informant (Address): Gladys Gant 819 Warner st.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6, 1932

17 I HEREBY CERTIFY. That I attended deceased from March 1st, 1932, to March 6th. 1932, that I last saw her alive on March 5th. 1932, and that death occurred, on the date stated above, at 5.20 A M m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Abt. 6 mts. (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam.

(Signed) Walter J. Jackson M. D.

..... 19 (Address) 1631 W. Franklin st.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: March 9 1932

20 UNDERTAKER: John K. Fondrin — ADDRESS: 1027 Edmondson Ave

HAMILTON JONES, Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77481 — 82-32 E 77481

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 15-68

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward 0)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susie Pollheim

(a) Residence: No. 1906 Braddish Ave. St., ... Ward. .....
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pollheim Charles

6. DATE OF BIRTH (month, day, year) May 13, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	71	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

FATHER

13. NAME George Miller

14. BIRTHPLACE (city or town) ?
(State or country) Germany

MOTHER

15. MAIDEN NAME Louise ?

16. BIRTHPLACE (city or town) ?
(State or country) Germany

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date March 10 1932

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave

20. FILED ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1932, to March 7, 1932

I last saw her alive on March 7, 1932 death is said to have occurred on the date stated above, at 11:20 a.m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into cerebrum	8 yrs.
Hypertension,	"
Arteriosclerosis	"
Other contributory causes of importance	
Bronchopneumonia, terminal	4 days

Name of operation none Date of

What test confirmed diagnosis? By Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

3-7-32 (Signed) Jas G Dinsmore M.D.

(Address) Balto. City Hospitals

Information called for by this certificate is necessary for the protection of life and property; state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.--10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 77482 ~~82-001~~ E 77482

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 702 Portland St., 22-29 Ward)

2-FULL NAME Arthur Wellington Matthews

(a) RESIDENCE NO. 702 Portland St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Lena Matthews

6 DATE OF BIRTH (month, day, and year) Nov. 15, 1860

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	71	3	27 21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Cigar
(b) General nature of industry, business, or establishment in which employed (or employer) Maker
(c) Name of employer

9 BIRTHPLACE (city or town) Frostburg,
(State or country) Md.

PARENTS

10 NAME OF FATHER John Matthews

11 BIRTHPLACE OF FATHER (city or town)
(State or country) England

12 MAIDEN NAME OF MOTHER Judith Newton

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) England

14 Informant Miss Bessie S. Thompson
(Address) 2428 W. Lanvale St.

15 Filed [illegible] 1932 HAYSON JONES Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 8, 1932.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

3/7, 1932. (Address) 1320 Eastern Ave.

*State the Disease Causing Death, or in deaths (from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Westminster Ind. Dunbar	Mar 11 1932
20 UNDERTAKER John F. Denny	ADDRESS Pikesville

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT. Any erasure or alteration should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250M

HEALTH DEPARTMENT CITY OF BALTIMORE

77483 E 77483

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 131

CITY OF BALTIMORE: (No.) 2404 Cook Ave. (Garrison) St., Ward 36-41

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. mos. da. How long in U.S. if of foreign birth? yrs. mos. da.

2. FULL NAME John M. Parr

(a) Residence: No. 2404 Cook Ave. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Parr

6. DATE OF BIRTH (month, day, year) Not Stated

7. AGE	Years	Months	Days	If LESS than 1 day.. hrs. or.. min.
	77	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk for 59

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. A. Snow & Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Gayle P. Ramsay

(Address) Irvington, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date March 11, 1932

19. UNDERTAKER Veazey Stuck Sons Inc.

(Address) 1301 E. Eager St. JONES, M

20. Filed [illegible] 19 32 Registrar

MAR 9 - 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/8/32, 19

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1932 to March 8, 1932

I last saw h[illegible] alive on March 5, 1932 death is said to have occurred on the date stated above, at 10:55 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Feb 28 '32
Other contributory causes of importance: Chr. Nephritis c Anuria	2 days

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 4810 Belair Rd.

Information should be complete, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 77484 E 77484

CERTIFICATE OF DEATH

V 46

1. PLACE OF DEATH

Registered No. 8-17

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1502 N. Gay St.) (Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William J. Finnegan

(a) Residence: No. 1502 N. Gay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ Mary E. Finnegan

6. DATE OF BIRTH (month, day, year) Sept 26 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carrickfergus Ireland

FATHER

13. NAME James Finnegan

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Anna Atwell

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mary Finnegan (Address) 1502 N. Gay St.

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date Mar 11 1932

19. UNDERTAKER Leonard J. Ruck (Address) 5304 Harford Rd

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1931, to Mar 8, 1932

last saw him alive on Mar 8, 1932 death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Intestine	1/1/30
Intestinal obstruction	2/22/32

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify none

(Signed) Herman A Voigt, M. D.

(Address) 5106 Harford Rd

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

77485

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77485

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 603 Whitecourt St. 16-27 Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Jane Elizabeth Day.

(a) RESIDENCE NO 603 Whitecourt St. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced (write the word) Child

5a If married, widowed, or divorced HUSBAND of; (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 3 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	4	0	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Corbin Day

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary Lottie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Corbin Day

(Address) 603 Whitecourt

15 Filed ..... 19.. ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inq (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows: Convulsions due to Eating peanuts and Bananas

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. A. Blum M. D.
Coroner

(Address) 1400 E. Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Mar 9 1932

20 UNDERTAKER Thomas G. Kelson

ADDRESS 503 Pierstmont

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

MAR 9 1932

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77486

E 77486

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 Claggett St. 18-26 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mathias Brown

(a) Residence: No. 506 Claggett St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Adelaide Brown

6. DATE OF BIRTH (month, day, year) March 14, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pine Apple Ala

FATHER

13. NAME Patrick Brown

14. BIRTHPLACE (city or town) (State or country) Pine Apple Ala

MOTHER

15. MAIDEN NAME Sarah Beal

16. BIRTHPLACE (city or town) (State or country) Pine Apple Ala

17. INFORMANT Annie Owens
(Address) 1041 N Mulberry St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date March 9, 1932

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6. 1932

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1932 to March 6, 1932

I last saw him alive on March 6, 1932 death is said to have occurred on the date stated above, at 5:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonia	March 1932

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. H. Slaughter, M. D.

(Address) 1700 E. Baltimore St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

GEORGE C. HARLAN JONES, M. D.

AACo. 5-31 250B

E 77487 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 77487

Neal

CERTIFICATE OF DEATH

13 1/2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Houston St. 17-7 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin Neal

(a) Residence: No. 1 Houston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 1871

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	60	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rubber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Co
10. Date deceased last worked at this occupation (month and year) 5 years
11. Total time (years) spent in this occupation Uncertain

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER FATHER

13. NAME Orrution Neal
14. BIRTHPLACE (city or town) (State or country) Washington D.C.
15. MAIDEN NAME We not know
16. BIRTHPLACE (city or town) (State or country) We not know

17. INFORMANT Mrs Pearl F Williams
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Cemetery Date Mar 9, 1932

19. UNDERTAKER Mrs Kate R. Williams
(Address) 322 E Lafayette St

20. FILED MAR 9 1932, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1932, to March 6, 1932
I last saw him alive on March 5 1932 death is said to have occurred on the date stated above, at 8 57 a m.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis — Date of onset Feb

Other contributory causes of importance:

Name of operation None — Date of None
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
(Address) 1411 Lafayette Ave

Information should be carefully supplied. Avoid use of terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 9 1932 MADISON JONES, M. D.

Spec.—2-29-28—L. F. S.—500 Blks.

E 77488

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77488

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1027 Sarahanne ST. (WARD) 18-76

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Hattie Harris

(a) RESIDENCE NO. 1027 Sarahanne ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): ~~Single~~ Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: John Robert Harris

6 DATE OF BIRTH (month, day, and year): 3-8-1879

7 AGE: Years 53; Months 11; Days 28; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): St marys Co Md

PARENTS

10 NAME OF FATHER: ~~Bonds~~ Barnes

11 BIRTHPLACE OF FATHER (city or town) (State or country): St Marys Co Maryland

12 MAIDEN NAME OF MOTHER: Annie

13 BIRTHPLACE OF MOTHER (city or town) (State or country): St Marys Co Maryland

14 Informant: Mrs. Hattie Harris

(Address) 1027 Sarahanne

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-6-32

17 I HEREBY CERTIFY, That I attended deceased from 3-5- , 1932, to 3-6- , 1932, that I last saw h er alive on 3-6- , 1932 and that death occurred, on the date stated above, at 11.55 p. m.

The CAUSE OF DEATH* was as follows:

Et nfluenza

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary): bronchpneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? physical Signs & Symptoms

(Signed) John E. T. Cowles, M. D.

19 (Address) 1724 Pennsylvania Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemetery

DATE OF BURIAL: Mar 10, 1932

20 UNDERTAKER: Mrs Katie R. Williams

ADDRESS 3248 Schroeder St

AACo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77489

E 77489

CERTIFICATE OF DEATH

1. PLACE OF DEATH: (a) Residence: No. ... St., ... Ward. (If non-resident give city or town and State)
CITY OF BALTIMORE: (No. ... St., ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S., if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME (Rev. Connolly) Bernard P. A. Connolly

(a) Residence: No. St. Charles Lodge St., ... Ward. Catonsville, Md
(Usual place of abode)

Registered No. ...

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ...

6. DATE OF BIRTH (month, day, year) Aug 2-1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc. Catholic Priest
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.C.
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Fall River, Mass

FATHER
13. NAME Francis Connolly
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Agnes McBride
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) The Regent Dunigan St. Charles College

18. BURIAL, CREMATION, OR REMOVAL: (Name of cemetery) Fall River Mass Date Mar 9 1932

19. UNDERTAKER (Address) Shea Funeral Home 113 W. Baltimore Ave

20. FILED MAR 9 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/6 1932

22. I HEREBY CERTIFY, That I attended deceased from March 5 1932 to Mar 6 1932

I last saw him alive on Mar 6 1932 death is said to have occurred on the date stated above, at 11:55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral meningitis	3/1/32
Cerebral Abscess	
Otitis media	

Other contributory causes of importance: Influenza 3/4/32

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, where?

(Signed) W. B. Hendrix M. D.
(Address) St. Agnes Hospital

Exact statement of information should be carefully supplied. All items must be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77490

77490

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 6-11 Ward)

Length of residence in city or town where death occurred 33 yrs. ... mos. ... ds. How long in U. S. If of foreign birth?. yrs. mos. ds.

2. FULL NAME William Wise

(a) Residence: No. 307 N. Robinson St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mame Wise

6. DATE OF BIRTH (month, day, year) August 18 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist 031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

FATHER

13. NAME August Wise

14. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Ebner

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 4/11/32 19

19. UNDERTAKER John A. Moran
(Address) 3000 E. Baltimore St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/7/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from 3/3 . 1932 to 3/7 . 1932

I last saw h... alive on 3/7 . 1932 Death is said to have occurred on the date stated above, at 10:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerular Nephritis	5 yrs
Other contributory causes of importance: Uraemia	7 days
Hypertensive C. V. disease	3-4 yrs

Name of operation — Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. S. Gootman, M. D.
(Address) Mercy Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 77491 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11 E 77491

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No 717 N. Rose ST. 7-12 WARD)

2-FULL NAME Catherine Kammer

(a) RESIDENCE NO. 717 N Rose ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 2 mos 7 ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 1, 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	6	2	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Charles Kammer

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Eleanora Holeck

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Eleanora Kammer
(Address) 717 N. Rose St

15 Filed , 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 8, 32

17

I HEREBY CERTIFY, That I attended deceased from Feb. 29, 1932, to Mar. 8, 1932

that I last saw her alive on Mar. 8, 1932

and that death occurred, on the date stated above, at 2.25A m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Acute Diffuse Nephritis

(duration) yrs. mos 12 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Vincent K. Dooka M. D.

, 19 (Address) 845 N. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL May 11 1932

20 UNDERTAKER Frank Brach & Son — ADDRESS 1406 Aliceanna

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

Green

77492

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 77492

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2111 McCulloh St. 14-20 WARD)

2-FULL NAME Augusta B. Green

(a) RESIDENCE NO. 2111 McCulloh ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 23 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Bennie Green

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Georgiana L. Fields
(Address) 2111 McCulloh St

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8 32

17 I HEREBY CERTIFY, That I attended deceased from Feb 7, 1932, to May 8, 1932

that I last saw her alive on May 8, 1932

and that death occurred, on the date stated above, at 8:30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) .....

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William Frey M. D.

May 9 1932 (Address) 1924 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Rochelle, N. Y. DATE OF BURIAL May 9 1932

20 UNDERTAKER Mrs. Geo. H. Holland ADDRESS 1631 Druid Hill Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should give CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 77493 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 77493

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE (No. Balto., Md 12-20 ST. WARD)

2-FULL NAME Llewellyn Cummins

(a) RESIDENCE No. 1921 Oak St. ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer O&O

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) West Indies

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Records Balto City Hospitals

15 Filed MAR 9 - 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/5/32

17

I HEREBY CERTIFY, That I attended deceased from 12/31, 1926, to 3/5, 1932

that I last saw him alive on 3/5, 1932

and that death occurred, on the date stated above, at 2:30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Psychosis to Cerebral Arteriosclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Harry Fitzsimmons M. D.

3/7 1932 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL MAR 9 1932

20 UNDERTAKER Wm. E. Woodall Funeral Home

ADDRESS

Per. Wm. E. WOODALL

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

77494

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Thrown
108 E 77494

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. City Hospital St., 5-8 Ward)

2-FULL NAME Ernest Taylor

(a) RESIDENCE NO. 530 Aisquith St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Taylor

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
50	50			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Odd
(c) Name of employer

9 BIRTHPLACE (city or town) Unknown
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant _____
(Address)

15 Filed MAR 1932, 19 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to Two death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? 530 Aisquith

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) [illegible] M. D.

3/5, 1932 (Address) 1305 E Fallsway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. DATE OF BURIAL 19

20 UNDERTAKER ADDRESS

MAR 9 - 1932

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Bks.

E 77495

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77495

CERTIFICATE OF DEATH

131

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Provident Hospital St. 4-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lollie Johnson

(a) RESIDENCE NO. 19 Dolphin St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town) Unknown

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

14 Informant

(Address)

15 Filed , 19 Registrar

1932 MAR 9

THE MORGUE

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 32

3 - 1

17 I HEREBY CERTIFY, That I attended deceased from

2 - 19, 19 32 to 3 - 1, 19 32

that I last saw her alive on 3 - 1, 19 32

and that death occurred, on the date stated above, at 11:30 a. m.

The CAUSE OF DEATH* was as follows:

Hypertension Arteriosclerotic Cardio-vascular Renal Disease

(duration) yrs. 4 mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis Clinical & Laboratory

(Signed) George M. Dorsey M. D.

32, 19 32 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Date of Burial MAR 9 - 1932 19

20 UNDERTAKER Commissioner Health

ADDRESS

JOHNS HOPKINS HOSPITAL

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77496

E 77496

CERTIFICATE OF DEATH

108

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital St. 17-25 Ward)

2-FULL NAME Paul Jones

(a) RESIDENCE NO. 419 W. Fourth St St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M. C	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town) _____

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country)

14 Informant _____

(Address)

15 Filed _____ 19 _____ Registrar

C. HARRISON JONES, M. D.

MAR 9 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 32

3

17 I HEREBY CERTIFY, That I attended deceased from 2 23, 19 32, to 3-1, 19 32,

that I last saw h. alive on 3-1, 19 32

and that death occurred, on the date stated above, at 3 28 A.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) _____ yrs. mos. 10 da.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Laboratory

(Signed) Dr. Wm. McDonald, M. D.

3-1, 19 32 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Removed and buried in Mt. Auburn Cem. Date of Burial Mar 12 1932

20 UNDERTAKER Geo. F. Holland ADDRESS 1631 Pennsylvania Ave

MAR 9 1932

THE MORGUE

6714

Per W. E. HOBDAY

JOHNS HOPKINS HOSPITAL

MAR 9 1932

NOTE B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 77497

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77497

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) Found in Rear 1114 Franklin ST. 18-26 (WARD)

2-FULL NAME Unknown White Male

(a) RESIDENCE NO. unknown ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day and year): about Feb 24 1907

7 AGE: Years _____ Months _____ Days Less than 10 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant B. W. Police Records

(Address)

15 Filed _____, 192 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): March 3rd 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to (Death) on the day stated above.

The CAUSE OF DEATH was as follows:

Homicide Hemorrhage due to wound of Neck, down to Vertebral Column, severing Structures.

CONTRIBUTORY (Secondary) due to (duration)

18 Where was disease contracted (if not at place of death)? unknown

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) H. Leitch, M. D. (Attending Physician or Coroner)

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

MAR 9 - 1932

JOHNS HOPKINS HOSPITAL

C. HAMPSON JONES, M. D.

MAR 9 - 1932

N.B.—WRITE PLAINLY, WITH UNSPADING INK—THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be properly classified. Exact statement of OCCUPATION in plain terms, so that it may be used. See instructions on back of certificate. CAUSE OF DEATH is very important.

1-30—M & T—100 B—50L

E 77498

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77498

CERTIFICATE OF DEATH

131

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp ST. 14-20 WARD)

2-FULL NAME Robt Bradley

(a) RESIDENCE NO. unknown ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): unkn

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years: about 60 Months: ..... Days: ..... If LESS than 1 day, hrs. or min. .....

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: [illegible] 087
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Provident Hosp Balto

14 Informant ..... (Address) .....

15 Filed ..... 19 ..... [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 2nd 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Embolism

(duration) yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) ..... Coroner, M. D.

May [illegible] (Address) Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSP

DATE OF BURIAL ..... 19 .....

20 UNDERTAKER

ADDRESS

MAR 9 - 1932

MAR 8 - 1932 H. M. SIMPSON, JONES & [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 250B

HEALTH DEPARTMENT CITY OF BALTIMORE

E 77499

E 77499

CERTIFICATE OF DEATH

82.001

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 106 W. 26th St.) 12-51 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie M. Glynn

(a) Residence: No. 106 W 26th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME John Glynn
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Mc Gown
16. BIRTHPLACE (city or town) (State or country) Md. Germ

17. INFORMANT Mrs Nellie Linkenheimer
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Mem Cath Dub Date Mar 10th 1932

19. UNDERTAKER Geo M Funk & Son
(Address) 811 N Howard St

20. FILED ... 19... Registrar.

MAR 9 - 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 8th 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/3/30, 19..., to 3/8/32, 19...
I last saw h[illegible] alive on 3/7/32, 19... death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/6/32
Other contributory causes of importance:	
Arteriosclerosis.	7

Name of operation None Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) C W Sadders, M. D.
(Address) 321 E 25th St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77500

CERTIFICATE OF DEATH

106 E 77500

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., 5 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hannah Johnson

(a) Residence: No. 34 W. Spring St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Johnson

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
20?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pasadena Md.

FATHER

13. NAME Jerry Osborne

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Mammie Green

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Mar 11 1932

19. UNDERTAKER Robert McClaine
(Address) 1515 N. Gilmor St

20. FILED MAR 8 1932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-7 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 18 1932 to 3-7 1932

I last saw her alive on 3-7 1932 death is said to have occurred on the date stated above, at 6:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rt Lobar Pneumonia	2-18-32
Empyema-	3-3-32
Other contributory causes of importance:	
Acute myocardial failure	3-6-32

Name of operation Thoracotomy Date of 3-5-32

What test confirmed diagnosis C.F. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Lucius C. Burton M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77501

CERTIFICATE OF DEATH

131 E 77501

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2706 Harlem Ave St. 16-68 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Emory King

(a) Residence: No. 2706 Harlem ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of Nannie King

6. DATE OF BIRTH (month, day, year) Sept 26 - 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman & collector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. varnish

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co Maryland.

FATHER

13. NAME Beverly King

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Evelyn Russ

(Address) 2706 Harlem ave.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date 3/11 1932

19. UNDERTAKER W M Burke

(Address) 1210 E Baltimore St

20. FILED MAR 9 1932 C. HAMPSON JONES M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9 - 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1st 1923 to March 9 - 1932

I last saw him alive on March 9 - 1932. Death is said to have occurred on the date stated above, at 9:00 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1922
Hypertension	1923
Cerebral Hemmorhage	2 days

Other contributory causes of importance: none

Name of operation Prostatectomy Date of 1925

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chester Riland. M. D.

(Address) 2532 Edmondson ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77502

E 77502

CERTIFICATE OF DEATH

93-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 20-70 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. 6 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Carrie Cavalier

(a) Residence: No. 404 Hilton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Robert H. Cavalier

6. DATE OF BIRTH (month, day, year) Sept. 9, 1847

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	84	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 2/4/32

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Wm Hammond

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Carrie Cavalier

(Address) 404 Hilton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 3/11 1932

19. UNDERTAKER Fulton-Cook

(Address) 1217 E Fort Ave

20. FILED MAR 9 1932 H. LAMDON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/4/32, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/5/32, 19..., to 3/4/32, 19...

I last saw h[illegible] alive on 3/3/32, 19... death is said to have occurred on the date stated above, at 8:10 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis of neck	2/5/32
Other contributory causes of importance:	
Acute myocarditis	3/3/32

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. T. Jackson M. D.

(Address) Sydenham Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77503

CERTIFICATE OF DEATH

E 77503

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1111 Orleans St. 5-8 Ward)

Registered No. ....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Virginia McManus

(a) Residence: No. 1111 Orleans St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert McManus

6. DATE OF BIRTH (month, day, year) Nov 15 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

13. NAME Margaret Ross

14. BIRTHPLACE (city or town) (State or country) Norfolk Va

FATHER

15. MAIDEN NAME Margaret Cairy

16. BIRTHPLACE (city or town) (State or country) Norfolk Va

17. INFORMANT Mrs. E. Magarity
(Address) 924 E Fairmount

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date 3 11 1932

19. UNDERTAKER W. C. York
(Address) 1212 E Pratt St

20. FILED MAR 8 1932 C. HAMPSON JONES, M. D. Registrar.
No. 1080

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/6, 1932, to 3/8, 1932

I last saw her alive on 3/8, 1932 death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	3/6
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. L. Levenson, M. D.

3/9/32 (Address) 733 Arlington Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-H 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77504

CERTIFICATE OF DEATH

5-8 107 E 77504

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1111 Orleans St., 5-8 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louisa La Forte

(a) Residence: No. 1111 Orleans St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of William La Forte

6. DATE OF BIRTH (month, day, year) March 15 1854

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or ... min.
	77	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William Steinmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edward La Forte
(Address) 1111 Orleans St

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date 3/11 1932

19. UNDERTAKER J M Cox
(Address) 1219 Le Pont St

20. FILED MAR 9 - 1932 19 ... Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/6 1932 to 3/9 1932

I last saw her alive on 3/8 1932 death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia	3/6
Other contributory causes of importance:	

Name of operation — Date of —

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. H. Hornstein, M. D.

(Address) 733 Lexington St

Spec.—1-30—M. & T.—250 Bks

E 77505

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77505

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1217 Eastland ave (St.) (Ward) 10-14

2-FULL NAME Samuel Bedford

(a) RESIDENCE NO. 1217 Eastland ave (St.) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: col.

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Hallie Bedford

6 DATE OF BIRTH (month, day, and year): Mar 31 (87)

7 AGE: 57 Years; Months 11; Days 7; If LESS than 1 day, hrs. or min.

about 65

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Lord Baltimore Eastern Shore Ind.

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: John H. Bedford

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Betsy Gould

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Hallie Bedford

(Address) 1217 Eastland ave

15 Filed MAR 3 1932, 19 C. HAMPSON JONES, M. D. Registrar

A.P.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 8 '32

17 I HEREBY CERTIFY, That I attended deceased from 25/12/, 1931 to 8 Mar., 1932

that I last saw h alive on 7 Mar., 1932

and that death occurred, on the date stated above, at 9 P M. p.m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Several months

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility cardiac dilatation (duration) several wks yrs. mos. ds.

18 Where was disease contracted if not at place of death? Balt & Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Timothy Fried Boyle, M. D.

8 Mar 1932 (Address) 1217 Eastland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Pleasant Cemetery

DATE OF BURIAL: Mar 11 1932

20 UNDERTAKER: Robt. T. Williams

ADDRESS: 1515 McCulloh St

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 77506

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77506

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital. ST. 4-2 WARD)

2-FULL NAME Joseph Traxler.

(a) RESIDENCE NO. Gastonia, N.C. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. 6 mos. ... ds. How long in U. S., If of foreign birth? ... yrs. ... mos. ... ds.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a If married, widowed, or divorced HUSBAND of XXXXX WIFE of Do not know

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Gastonia, N.C.

PARENTS

10 NAME OF FATHER L.S.Traxler.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Gastonia, N.C.

12 MAIDEN NAME OF MOTHER Mary ---------

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Gastonia, N.C.

14 Informant Harry Nitzke. (undertaker)
(Address) 4101 Edmondson Ave.

15 Filed MAR 10 1932, 192 EDMONDSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Pulmonary Oedema.
Cerebral Embolism.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Fayette & Calvert sts.
March 7, 1932

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M Heinandt, M. D. Coroner
3/9/32, 19 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Gastonia N. C. DATE OF BURIAL 3/10/32.

20 UNDERTAKER Harry Nitzke & Edmondson Ave ADDRESS

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

77507 — 77507 — 107-001

REGISTERED NO. 26-41

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3109 Berkshire Road ST.) (26 WARD)

2-FULL NAME Helen B. Scarborough Clement

(a) RESIDENCE No. 3109 Berkshire Road ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Dr. J. A. Clement

6 DATE OF BIRTH (month, day, and year) Jan 2 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or mins.
	43	5	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Macon Md

PARENTS

10 NAME OF FATHER George Scarborough

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary E. Jeffreys

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant J. A. Clement
(Address) 3109 Berkshire

15 Filed MAR 10 1932 19 F. K. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 7 1932

17

I HEREBY CERTIFY, That I attended deceased from Feb 17 1932 to Mch 7 1932

that I last saw h alive on March 7 - 1932

and that death occurred, on the date stated above, at 11:10 P M.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. A. Clement M. D.

Mar 8 1932 (Address) 3109 Berkshire Rd

*State the Disease Causing Death, or In deaths from Violent Causes State (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL Mar 10 1932

UNDERTAKER: P. Redmond Sons

ADDRESS: N. Pa

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 250B

E 77508 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77508

CERTIFICATE OF DEATH

46

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 Augusta ave St. 20-71 Ward)

Length of residence in city or town where death occurred, 71 yrs. 8 mos. 6 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Frederick Schnappinger Sr.

(a) Residence: No. 212 Augusta ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret E. Schnappinger

6. DATE OF BIRTH (month, day, year) May 1, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Composer 63

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) May 1931

11. Total time (years) spent in this occupation 48

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Chas. Schnappinger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Margaret Schnappinger
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Mar. 10. 1932

19. UNDERTAKER Geo. Engel & Sons
(Address) 1411 E. Fayette St.

20. FILED ..... 19..... J. Wilson Jones, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 7. 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 5. 1931 to March 7. 1932 that saw h.. alive on March 7. 1932 death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach.	
(Starvation)	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. Floyd Johnson M. D.

(Address) 720 W. Frederick Rd.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

Gentner

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 E 77509

E 77509

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1215 Carroll St. 21-29 (Ward)

2-FULL NAME Andoew Gentner

(a) RESIDENCE NO. 1215 Carroll St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married.

3a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Morgaret Gentner

6 DATE OF BIRTH (month, day, and year) mar 7, 1862

7 AGE	Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
70	✓	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work millman

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer Thomas Stone + City of Baltimore

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER ~~Gentner~~ Morgaret Geiser

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) James McElderry

15 Filed ..... 19.. C. [illegible] JONES ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7, 1932 19

17 I HEREBY CERTIFY, That I attended deceased from Feb. 5 1932, to March 7 1932, that I last saw him alive on ~~Feb~~ Mar. 7, 1932, and that death occurred, on the date stated above, at 11.45 P.M.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Myocarditis & Sutocnts Nephritis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Limitgno, + Phys Exam.

(Signed) Henry Heater, M. D.

19 (Address) 523 Scott st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. City Date of Burial Mar-10 1932

20 UNDERTAKER Geo Leinbach ADDRESS 522 Lyndhurst

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 250B

E 77510

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

118 E 77510

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 321 W Hoffman St. Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ethel May Clark

(a) Residence: No. 321 W Hoffman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fmale	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
18			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S C

FATHER

13. NAME Winsor Clark
14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME Bell Frey
16. BIRTHPLACE (city or town) (State or country) S C

17. INFORMANT Winsor Clark
(Address) 321 W Hoffman St

18. BURIAL, CREMATION, OR REMOVAL
Place Mullen's Date 3-10 1932

19. UNDERTAKER Danl Easton
(Address) 916 E Fayette

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-9- 1932

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1932 to March 9, 1932
I last saw her alive on March 9, 1932 death is said to have occurred on the date stated above, at 11 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Indigestion	3/8/32 6 Hrs
(Other contributory causes of importance:) Ingestion of Food	

Name of operation None Date of

What test confirmed diagnosis? medical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. H. Walters M. D.
(Address) 1008 N Eden St.

N.B.—PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

Spec.—2-28-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77511

CERTIFICATE OF DEATH

46 E 77511

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1015 Bouldin St. ST. 76-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Victor Burl

(a) RESIDENCE NO. 1015 S. Bouldin St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. 9 mos. 0 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced RUSBAND of (or) WIFE of Nora E. Burl

6 DATE OF BIRTH (month, day, and year) June 9 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	44	9	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boiler Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Edward Burl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Holland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Burl

(Address) 1015 Bouldin

15 Filed 3 - 12 - 1932 H. A. Kelly, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-9-1932

17 I HEREBY CERTIFY, That I attended deceased from 3/6, 1932 to 3/9, 1932

that I last saw h alive on 3/9, 1932

and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Carcenoma of Stomach

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Secondary anemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of

Was there an autopsy? No Clinical Operation

What test confirmed diagnosis?

(Signed) Dr. D. J. Zieler, M. D.

, 19 (Address) 316 S Patterson ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery

DATE OF BURIAL 3/12 1932

20 UNDERTAKER L. Fenn McCauley

ADDRESS 1306 E. Fort

IF PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77512

CERTIFICATE OF DEATH

E 77512

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3300 Strickland St. 20-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Augusta L. Coursey

(a) Residence: No. 3300 Strickland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Wm Coursey

6. DATE OF BIRTH (month, day, year) 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80 79	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Charles A Yoe

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Steinacker

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles A. Yoe

(Address) 3300 Strickland St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date 3/10 1932

19. UNDERTAKER Percy A Farley

(Address) Fulton & Lafayette

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 2 1932 to Mar 7 1932

I last saw her alive on Mar 7 1932 Death is said to have occurred on the date stated above, at 8.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
cardiac insufficiency	3/1/32
Other contributory causes of importance:	
Lobar pneumonia	2 days

Name of operation none Date of —

What test confirmed diagnosis? Cl Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) F T Thayer M. D.

(Address) 3321 Forest Ave

NOTE PLEASE, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—1-12-23—M&T—500 Blks.

E 77513

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108 E 77513

REGISTERED NO. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1721 Edmondson Ave. 19-27 WARD)

2-FULL NAME Jacob Johnson

(a) RESIDENCE NO. 1721 Edmondson Ave WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Daniel Robinson Johnson

6 DATE OF BIRTH (month, day, and year): 1855

7 AGE: Years 77; Months ____; Days ____; If LESS than 1 day hrs ____ or min ____

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Howard Co. Md.

PARENTS

10 NAME OF FATHER: Jacob Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Howard Co, Md

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not known

14 Informant (Address): Ethel E. Payne 1721 Edmondson Ave.

15 Filed ____ 19__ ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 7 1932

17 I HEREBY CERTIFY, That I attended deceased from Mar. 4 1932 to Mar. 7 1932

that I last saw him alive on Mar. 7 1932

and that death occurred, on the date stated above, at 6.57 A.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. ____ mos 4 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Typical signs.

(Signed) J. E. Shelton M.D.

3/9/1932 (Address) 1203 N. Fremont St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Zion — DATE OF BURIAL: March 10 1932

20 UNDERTAKER: Joseph A. Lively — ADDRESS: 409 N. Mount Street

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 77514

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1932 E 77514

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary WARD 9)

2-FULL NAME Baby Ethel Liberman

(a) RESIDENCE NO. 2018 E. Baltimore ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 5, 1932

7 AGE: Years | Months | Days | If LESS than 1 day, 23 hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: (Infant) no
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Benjamin Liberman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Bella Zuber

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Benjamin Liberman
(Address) 2018 E Baltimore

15 Filed [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 9, 1932

17
I HEREBY CERTIFY, That I attended deceased from March 8, 1932, to March 9, 1932
that I last saw her alive on March 9, 1932
and that death occurred, on the date stated above, at 9:15 A. M.
The CAUSE OF DEATH* was as follows:

Pulmonary Edema

23 hrs.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Prematurity
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical Examination

(Signed) J. Frank Hewitt M. D.
(Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Mt Carmel — DATE OF BURIAL: 3/10 1932

20 UNDERTAKER: Jack Lewis Inc — ADDRESS: 1139 E Balto

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 77515

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 77515

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 26-37 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John W. Wessels

(a) Residence: No. none St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) July 8 1861 Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sailor ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ? Va.

FATHER

13. NAME Arthur F. Wessels Unknown

14. BIRTHPLACE (city or town) (State or country) ? Va.

MOTHER

15. MAIDEN NAME Unknown Sarah Wessels

16. BIRTHPLACE (city or town) (State or country) ? Va.

17. INFORMANT Arthur F. Wessels Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date Mar 11 1932

19. UNDERTAKER John F. Denny
(Address) 715 Light St

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 5, 1924 to March 9, 1932

I last saw him alive on March 9, 1932 death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 10 months prior death

Mar 9 1932

Other contributory causes of importance: Nephritis, chronic — Eye a/o

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Elmer Hitchcock M. D.

3-9-32 (Address) Balto. City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-20—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77516

CERTIFICATE OF DEATH

108 v

E 77516

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) City Hospitals ST., 16-23 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edgar L. Corbin

(a) RESIDENCE NO. 930 N Carrollton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	41		—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Richmond Va

PARENTS

10 NAME OF FATHER Charles Corbin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Irene Thomas

(Address) 913 N. Carey

15 [illegible] 1932 E. L. JONES, M. D., Richmond

MAR 16 1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 8 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 930 N Carrollton Ave

Did an operation precede death? No Date of No

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) B B Hughes M D Coroner, M. D.

3/9, 1932 (Address) 305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National — DATE OF BURIAL: Mch 12 1932

20 UNDERTAKER: Sam'l H. Chase & Son — ADDRESS: 638 N. Gilmor

WARNING—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

Hpec.—1-30—M. & T.—250 Bks.

E 77517 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77517

CERTIFICATE OF DEATH.

82-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 933 W. Franklin ST., 18 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William R. Wheatley

(a) RESIDENCE NO. 933 W. Franklin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	M

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Lena F. Wheatley

6 DATE OF BIRTH (month, day, and year) Dec 27 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	2	7 12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter 70

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington D.C.

PARENTS

10 NAME OF FATHER James Wheatley

11 BIRTHPLACE OF FATHER (city or town) (State or country) D. C

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Lena F. Wheatley

(Address) 933 W. Franklin St

15 Filed MAR 10 1932 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-9-32

17 I HEREBY CERTIFY, That I attended deceased from 3-7-, 1932, to 3-9-, 1932, that I last saw him alive on 3-8-, 1932, and that death occurred, on the date stated above, at 3:50 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.
Hypertension.
Pulmonary Congestion

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) A. Jackson M. D.

3/9. 1932 (Address) 600 Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn DATE OF BURIAL Mch 13 1932

20 UNDERTAKER Sam'l N. Chase Son ADDRESS 638 N. Gilmor

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 5-13-29-A Co.—200 Bks.

77518

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 V E 77518

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No. 830 N. Pratt St. Ward) 18-29

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Martin,

(a) RESIDENCE NO. 830 N. Pratt St St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. — mos. — ds. How long in U. S. if of foreign birth? 48 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married,

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William Martin,

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years: 64 — Months: — Days: — IF LESS than 1 day ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer): Housekeeping.

(c) Name of employer: Self.

9 BIRTHPLACE (city or town) _____ (State or country) Germany.

PARENTS

10 NAME OF FATHER Otto Trimble,

11 BIRTHPLACE OF FATHER (City or town) _____ (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (City or town) _____ (State or country) Germany.

14 Informant William Martin, (Address) 830 N. Pratt St.

15 Filed _____ 19__ _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

May 9, 1932

17 I HEREBY CERTIFY, That I attended deceased from May 4, 1932, to May 9, 1932, that I last saw h[illegible] alive on May 9, 1932, and that death occurred, on the data stated above, at 5 30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Int. Nephritis

(duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) None.

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Urine Analysis Etc.

(Signed) Chas Bortner M. D.

5/10/32 19 (Address) 2338 N. Lamond St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

Date of Burial: 5/10/ 1932

20 UNDERTAKER: Chas B. Kuchmas

ADDRESS: 632 S. Arcadia

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

Spec.—9-30—A. & Co.—250 Bks.

E 77519 E 77519

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 100 N Belnord Ave ST 6-10 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Stopkins

(a) RESIDENCE NO. 100 N Belnord Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced (or) WIFE of: David Stopkins ?

6 DATE OF BIRTH (month, day, and year):

7 AGE — Years: at least 85 yrs — Months: — Days: — If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): unknown

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pennsylvania

14 Informant (Address): Kathryn E Walton 100 N Belnord

15 Filed MAR 10 1932 H. MADISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-9-32

17

I HEREBY CERTIFY, That I attended deceased from Jan 25 1932 to March 9 1932

that I last saw h[illegible] alive on March 9 1932

and that death occurred, on the date stated above, at 10:15 P m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

(duration) ..... yrs. mos. ds.

CONTRIBUTORY (Secondary): Cerebral Hemorrhage

(duration) ..... yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward Lloyd M. D.

3/10 1932 (Address) 4 E N Washington

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — DATE OF BURIAL: 3-14 1932

20 UNDERTAKER: Bernard C Hahn — ADDRESS: 1000 S Reed St

M. D. B. 1268

E 77520 Knut Matthew Hansen E 77520

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 210-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore Gen. Hospital St. 24-33 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth 50 yrs. mos. ds.

2. FULL NAME Knute Knute Matthew Hansen

(a) Residence: No. #1 Orchard Ave St., Brooklyn, Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna Hansen

6. DATE OF BIRTH (month, day, year) Jan. 1, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 75	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barge Captain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber & Coal Barging

10. Date deceased last worked at this occupation (month and year) 1914

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kopparvek, Norway

FATHER

13. NAME Hans Hansen

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Johanna ?

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Bernard Watensen

(Address) 118 Audrey Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill, Date 3-11th, 1932

19. UNDERTAKER E & B Hay

(Address) 115 E West St

FILED 19 Registrar

C. HANSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Inquiry 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Fractured skull & left femur. — Date of onset 3/4/32

Other contributory causes of importance:

Contusion of right parietal region.

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 3-4-1932

Where did injury occur? Annapolis Rd & Audrey Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Annapolis Rd, Md

Manner of injury Struck by automobile

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Adams M. D.

Coroner

(Address) 22 E Madison St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 10 1932

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77521

CERTIFICATE OF DEATH

46 E 77521

1. PLACE OF DEATH Baltimore City Hospitals

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward) 4 7

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sylvia Smith

(a) Residence: No. 718 2 W Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Smith

6. DATE OF BIRTH (month, day, year) 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Northern Co. Virginia

FATHER

13. NAME Stephen Pearson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Daughter Laura Reed

(Address) ~~Laura Reed~~ 2527 N Pine

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem. Date 3/11 19 32

19. UNDERTAKER Samuel Bowdley Sr

(Address) 578 N Bridge St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-8-32, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-15-32, 19 ..., to 3-8-32, 19

I last saw her alive on 3-1-32, 19 ... death is said to have occurred on the date stated above, at 2:15 A m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Coronary Thrombosis	7 D 1930

Other contributory causes of importance:

Acute Myocardial Failure (congestive)	3-8-32

Name of operation None Date of —

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Luther E. Lucas M.D.

(Address) Balto City Hospitals

U. S. WHITE LABEL, WITH LAMINATED ENDS. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77522 — V23 E 77522

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Provident Hosp

CITY OF BALTIMORE: No ~~1824 McCulloh~~ 14-20 ST., _____ WARD

2-FULL NAME Connie Samuels

(a) RESIDENCE No 1824 McCulloh St., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clarice Samuels

6 DATE OF BIRTH (month, day, and year) July 4 1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	8	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Waiter
(b) General nature of industry, business, or establishment in which employed (or employer) Hotel
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Peter Samuels

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mattie Wilks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Maggie Nelson

(Address) 1824 McCulloh

15 Filed MAR 10 1932 — C. ELLISON JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage of Lung
Contributory Pulmonary Tuberculosis

(duration) yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____ (duration) yrs. 3 mos. _____ ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physician

(Signed) [illegible] M. D. (Coroner)

(Address) Home

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Lawn.

DATE OF BURIAL 3/10 1932

ADDRESS

UNDERTAKER Samuel T Kemsley

ADDRESS 1224 Eutaw

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 77523

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77523

CERTIFICATE OF DEATH

131

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 2820 Belmont Ave 16-18 WARD)

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William Vincent Hyland.

(a) RESIDENCE No. 2820 Belmont Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of: Katherine Hyland.

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years: About 47. Months: Days: If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Baltimore City

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Richard Hyland

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore.

12 MAIDEN NAME OF MOTHER: Sarah Riley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Katherine Hyland 2820 Belmont Ave

15 Filed 19 E. PAUL DYER, Registrar

MAR 1 0 1932 DYER, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 9, 1932

17

I HEREBY CERTIFY, That I attended deceased from May 20th, 1931, to March 9th, 1932

that I last saw him alive on March 9th, 1932

and that death occurred, on the date stated above, at 5.45 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary): Toxic hypertension Valv. Interstitial Nephritis (duration) yrs. 10 mos. ds.

18 Where was disease contracted if not at place of death? At place of death.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs & symptoms

(Signed) D. Edgar Ray M. D.

3/9 1932 (Address) 2919 Belmont Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — DATE OF BURIAL: 11- March 32

20 UNDERTAKER: Martin Daley & Sons — ADDRESS: 1827 W. North Ave

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IMPORTANT: WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 77524

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-083

E 77524

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 712 Singer Ave ST. 13-57 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Almira Krout

(a) RESIDENCE NO. 712 Singer Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Krout

6 DATE OF BIRTH (month, day, and year) Jan 10, 1858.

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	1	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Nikolas Heyser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Charles Hoss

(Address) 1365 W 41st St

Filed MAR 10 1932

15 MAMSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 9, 1932

17 I HEREBY CERTIFY, That I attended deceased from Dec 22, 1931, to March 9, 1932

that I last saw h alive on March 8, 1932

and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic cardiac disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac hypertrophy

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Eyesight

(Signed) W W Smith, M. D.

3/9, 1932 (Address) 3429 Chestnut, Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Druid Ridge — DATE OF BURIAL. March 11, 1932

20 UNDERTAKER Chesnut & Son — ADDRESS 3415 Chestnut Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-11-1928

E 77525 **HEALTH DEPARTMENT CITY OF BALTIMORE** B 77525

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sinai Hospital — 13-54 — Registered No. 107-001
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Hospital St. ... Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Harris Fox

(a) Residence: No. 813 Druid Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Esther

6. DATE OF BIRTH (month, day, year): 1869

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	63	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Mat Fox

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Ida

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Esther Fox
(Address) 813 Druid Lane

18. BURIAL, CREMATION, OR REMOVAL: Fallsway Funeral Home — Date March 10 1932

19. UNDERTAKER: Sol Levinson & Bro.
(Address) 1111 E Baltimore St

20. MAR 10 1932 19 — MARION JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-7-1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1932, to March 7, 1932

I last saw him alive on March 7, 1932 death is said to have occurred on the date stated above, at 8:20 p.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 2/23/32

Other contributory causes of importance:
Arteriosclerosis
Hypertension

Name of operation: None — Date of

What test confirmed diagnosis? Clinical — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following.
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton B. Curtis, M. D.
(Address) Sinai Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

Jacob Gerding

E 77526 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77526

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 76-22 Ward)

Registered No. 127

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Gerding

(a) Residence: No. 305 S. Highland Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Gerding

6. DATE OF BIRTH (month, day, year) March 31 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min
	56	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry H. Gerding

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Margaret E. Hopkins

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Rosa Gerding

(Address) 305 S. Highland ave

18. BURIAL, CREMATION, OR REMOVAL. Place Oaklawn Cem. Date March 12 19 1932

19. UNDERTAKER George W. Zirkler

(Address) 1737 E. Eager st.

20. FILED MAR 10 1932 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-9 , 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/3/32 , 19 , to 3/9/32 , 19

I last saw him alive on 3/9/32 , 19 death is said to have occurred on the date stated above, at 2.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	?
Other contributory causes of importance: Acute Cardiac failure Post operative Shock.	3/9/32

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George H. Yeager M. D.

3/9/32 (Address) University Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77527

CERTIFICATE OF DEATH

V 59

E 77527

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hopkins Hospital St., 18-26 (Ward)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emily Bonds or Barnes

(a) Residence: No. 739 W. Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Stewart Bonds

6. DATE OF BIRTH (month, day, year) May 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	9	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond, Va

FATHER

13. NAME Jim Candy

14. BIRTHPLACE (city or town) (State or country) Wakefield, Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Stewart Bonds
(Address) 739 W. Franklin St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 3-11 19 32

19. UNDERTAKER Dennis Easter
(Address) 216 S Pa ave

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 9/32 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on inquiry 19 Death is said to have occurred on the date stated above, at 0.45 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	?
Other contributory causes of importance:	
Obesity	?
Diabetes Mellitis	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Jos H Pratt M. D.
Coroner

(Address) 508 E Fayette

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

2E 77528

CERTIFICATE OF DEATH

3rd E 77528

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 21-57 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mazzie Nickerson Butler

(a) Residence: No. Cold Spring Lane St., N Wolvale Ward. Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 87

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME John Nickerson

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Mary Hopkins

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 3-11-32

19. UNDERTAKER Mt Auburn Cemetery
(Address) Dept Equipment, M. D.

20. FILED MAR 11 1932, 19 PK Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1932, to March 7, 1932
I last saw h er alive on March 7, 1932 death is said to have occurred on the date stated above, at 55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
LOBAR PNEUMONIA, STREPTOCOCCIC	March 4 1932

Other contributory causes of importance:

PREGNANCY	JUNE 1931
SPONTANEOUS DELIVERY	MARCH 1932
CONGENITAL SYPHILIS	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ..... M. D.
(Address) Johns Hopkins Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 77529

94-E 77529

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 525 N. Lakewood Ave. Ward) 7th

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mathilda Eibner.

(a) Residence: No. 525 N. Lakewood Ave. Street Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herzel Eibner.

6. DATE OF BIRTH (month, day, year) Sept 23 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Jos. Tauber

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Rosalie Tauber

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Herzel Eibner

(Address) 525 N. Lakewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cemetery Date March 11, 1932

19. UNDERTAKER Lilly & Lilly Inc.

(Address) 423 N. Eutaw St.

20. FILED ..... 19... .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11/6/31, 19... to 3/8/32, 19...

I last saw her alive on 3/8/32, 19... Death is said to have occurred on the date stated above, at 3.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Angina Pectaris	
Probable	11/6/31
(b)	
(c)	
(d)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Daniel A. Tucker, M. D.

(Address) 316 S. Patterson Park Ave

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 77530 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-E 77530
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Good Shepard Hosp.

CITY OF BALTIMORE: (No. 1512 Gilmor St. 6-9 Ward)

Length of residence in city or town where death occurred 3 yrs. 3 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Daisy Fitzgerald

(a) Residence: No. 422 N. Bethel St., Ward. Virginia
(Usual place of abode) (If non-resident give city or town and State)

3

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced (or) WIFE of Ben Fitzgerald

6. DATE OF BIRTH (month, day, year) Aug 1-1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Petersburg Va.

FATHER

13. NAME Wayde Campbell
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Jennie Jones
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Ethel Williams
(Address) 422 N Bethel St

18. BURIAL, CREMATION, OR REMOVAL Place Black Stone Va Date 3/11/32

19. UNDERTAKER Robert E Williams
(Address) 55 15 McCulloh St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-5-1932

22. I HEREBY CERTIFY, That I attended deceased from 3-, -, 1932 to 3-5-1932

I last saw her alive on 3-4 1932 death is said to have occurred on the date stated above, at 3:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Otitis media	?
Septicemia	?

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) W. A. Haraway M. D.
(Address) 838 Lanvale St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77531

CERTIFICATE OF DEATH

E 77531

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1505 Nelson Ct. St. 34 Ward) 82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Agatha Agness Bielski

(a) Residence: No. 1505 Nelson Ct. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank Bielski

6. DATE OF BIRTH (month, day, year) ~~xxxxx~~ 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Joe Bajorek

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Frank Bielski
(Address) 1505 Nelson Ct.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Mch. 12 1932

19. UNDERTAKER J.W. Czazewski
(Address) 1930 Eastern Ave.

20. FILED ..... 19.. [illegible] M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9 1932

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1932, to March 9, 1932

I last saw her alive on March 8, 1932 death is said to have occurred on the date stated above, at 5 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into Cerebrum,	Mar 4
Bronchopneumonia	Feb
Pulmonary edema + Congestion	Mar 8

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton L. Solomon, M. D.

(Address) 117 S. Broadway

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77532 ✓ E 77532

CERTIFICATE OF DEATH

REGISTERED NO. 190

E 77532

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Fort McHenry Mall. ST. 22-30 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander Tamalinis.

(a) RESIDENCE NO. 404 S.Paca St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? 18 yrs. ---- mos. ---- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or ~~divorced~~ HUSBAND (or) WIFE of Mary Tamalinis.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	----	----	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lithuania.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Mrs. Galdikas. (Address) 404 S.Paca St.

15 Filed ..... 192 .... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cold and Exposure.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto Reinhardt, M. D. Coroner

3/10/32, 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer DATE OF BURIAL March 11, 1932

20 UNDERTAKER John. Grebliunkas ADDRESS 423 S Paca

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-31 250B

E 77533

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-0 E 77533

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 813 W Leonard St. Ward) 16-24

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U.S., if of foreign birth? 79 yrs. mos. ds.

2. FULL NAME MAGDALENA RADZWICZ

(a) Residence: No. 813 W Leonard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) [illegible] 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0-0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Lithuanian

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Lithuanian

17. INFORMANT L. Rogers
(Address) 813 W Leonard St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date March 12 1932

19. UNDERTAKER John Grabowski
(Address) 423 S. Paca St

20. FILED [illegible], 19[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1932 to Mar. 9, 1932

I last saw her alive on March 2, 1932 death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	March, 1932

Other contributory causes of importance:

Arterio-sclerosis

Name of operation no Date of no

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. A. Buchman, M. D.

(Address) 375 S. Stricker St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77534

CERTIFICATE OF DEATH

75 E 77534

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 42 E.York St. (ST.) 22-6 (WARD)

2-FULL NAME Howard Smith.

(a) RESIDENCE NO. 42 E.York St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

17

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Do not know.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Do not know.

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Police Report. S.D.

(Address)

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 28, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [signature] Coroner, M. D.

3/7/32 19 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL: MAR 10 1932 19

20 UNDERTAKER: [illegible] Register Realty.

ADDRESS

UNIVERSITY OF MARYLAND
MAR 10 1932
S. RAMON JONES, M. D.
THE MORGUE

1-30—M & T—100 B—50L

E 77535

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77535

CERTIFICATE OF DEATH

REGISTERED NO. 23

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) Provident Hosp ST. 16-22 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Montague Hull

(a) RESIDENCE NO. 1126 Gilmor ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col'd	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) 1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
22	21	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Provident Hospital (Address)

15 MAR 10 1932 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21st 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest find that said deceased came to death (Inquest, autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

(duration) yrs. 6 mos da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Gluck M. D. Coroner

Mar 21 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

20 UNDERTAKER

DATE OF BURIAL 19

ADDRESS

R. 10 1932

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 77536

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 77536

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4003 Woodlea Ave (St.) 27-41 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. da. How long in U.S. If of foreign birth? yrs. mos. da.

2. FULL NAME Elizabeth Yeager

(a) Residence: No. 4003 Woodlea Ave St., Ward.

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John B. Yeager

6. DATE OF BIRTH (month, day, year) Oct 11 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Wm Yeager

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Ludwicka Hatter

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Bertha Yeager

(Address) 4003 Woodlea Ave.

18. BURIAL, CREMATION, OR REMOVAL,

Place Garrison Date May 11 1932

19. UNDERTAKER Philip Deering

(Address) 206 Eutaw St.

20. FILED C. HAMILTON JONES, M.D. Registrar May 12 1932

MAY 10 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8. 1932

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1932 to May 8, 1932

I last saw h[illegible] alive on [illegible] 19[illegible] death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

Trauma & Embolism

Date of onset

Other contributory causes of importance:

Later Pneumonia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Chas Simms, M.D.

(Address) 4706 Harford Rd

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 77537

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77537

CERTIFICATE OF DEATH

32-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1014-Wood Heights Ave ST., 37-52 WARD

2-FULL NAME Eva B. Voigt

(a) RESIDENCE NO. 1014-Wood Heights Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? --- yrs. --- mos. --- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of William J. Voigt

6 DATE OF BIRTH (month, day, and year) 3/4/1866

7 AGE Years	Months	Days	If LESS than 1 day, hrs.
66	--	4	XXXXXXXXX

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework 37
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Joseph Gauges

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Marie Lang

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Mrs. Bahr

(Address) 1014 Wood Heights Ave

15 Filed MAR 10 1932 Registrar

C. MARION JONES, M. D.

ACH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/9- 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

THE CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage
Heart D.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Robert H. Forman, M. D.
Coroner

3/10/32 (Address) 1632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Memorial Cemetery — DATE OF BURIAL: 3-11 1932

20 UNDERTAKER: George E. Pentzone — ADDRESS: 1735 Harford Ave

INSTRUCTIONS: Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Eleazer Moore

E 77538 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77538

CERTIFICATE OF DEATH

11-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1318 Ellamy St. 17-24 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eleazer Moore

(a) Residence: No. 1318 Ellamy St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. Color or Race C

5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1854

7. AGE: Years 77 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month, year) 1934

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) West Point Va

FATHER

13. NAME James M Tongue

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Emery ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Bessie Moore

(Address) 1318 Ellamy St

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date March 11th 1932

19. UNDERTAKER Archibald C. Gaddis

(Address) 1848 Mc Culloh St.

20. FILED MAR 10 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8th 1932

22. I HEREBY CERTIFY, That I attended deceased from March 1st 1932 to March 8th 1932

that I saw h[illegible] alive on March 7th 1932 Death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

Intracerebral Hemorrhage — Duration of attack 1 day

Other contributory causes of importance:

Pulmonary Tuberculosis — Duration 2 years

Hypertension — Duration 2 years

Name of operation — Date of

What test confirmed diagnosis? Clinically — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Lee M. D.

(Address) 524 Park Ave

S. E.—WRITE PLAINLY, WITH UNFADING INK. This is a permanent record. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—MAT—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77539 ✓ E 77539

CERTIFICATE OF DEATH.

59

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 872 S. Dallas Street (St.) 3-4 (Ward)

2-FULL NAME Frances . Dobrzykowski

(a) RESIDENCE NO. 872 S. Dallas Street ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? 48 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE — Years: 59 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: Joseph. Kaszuba

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Mr. Walter . Dobrzykowski

(Address) 872 S. Dallas Street

15 Filed MAR 10 1932 C. RAWSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 9 1932

17 I HEREBY CERTIFY, That I attended deceased from 3/7/32 to 3/9/32

that I last saw her alive on 3/9/32

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Dr. E. C. Kearns M. D.

, 19 (Address) 3162 Pattersonpark Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Cem. DATE OF BURIAL: March 12 1932

20 UNDERTAKER: John M Weber ADDRESS: 401 E Chase St

R. WRITE PLAINLY, WITH PEN AND INK. THIS DATA WILL BE USED FOR STATISTICAL RECORDS. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77540 ✓ E 77540

CERTIFICATE OF DEATH.

9th 001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 4603 Maine Ave ST.: 28 WARD: 4th

2-FULL NAME John F Adamson

(a) RESIDENCE No. 4603 Maine Ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? — yrs. — mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or Divorced (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of ~~or WIFE of~~ Maude Adamson

6 DATE OF BIRTH (month, day, and year) June 14th 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	8	25	

8 OCCUPATION OF DECEASED 066

(a) Trade, profession or particular kind of work: Traveling Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): Spool Cotton Co

(c) Name of employer: Spool Cotton Co of N.Y. Boston Mass

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER: Philip Adamson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Canada

12 MAIDEN NAME OF MOTHER: Delia Galvin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: L. Maude Adamson (Address): 4603 Maine Ave

15 [illegible] 1932 . 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 10th 1932

17 I HEREBY CERTIFY, That I attended deceased from March 9th 1932, to March 10th 1932, that I last saw him alive on March 10th 1932, and that death occurred, on the date stated above, at 3-30 A m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. 20 hrs

CONTRIBUTORY (Secondary) Oedema of Lungs

(duration) yrs. mos. 9 hrs

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? physical Signs & Symptoms

(Signed) W Garrison Mus M. D.

3/10 1932 (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Providence R. I. DATE OF BURIAL: Mch 12 1932

20 UNDERTAKER: John O. Mitchell & Son ADDRESS: Place 1900 Eutaw

MAR 10 1932

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77541

CERTIFICATE OF DEATH

91 E 77541

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1609 Linden Ave. St.) (Ward) 14

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ella M. Cleary

(a) Residence: No. 1609 Linden Ave St. Ward. 14

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, ~~divorced~~ (or) WIFE of John W. McCleary

6. DATE OF BIRTH (month, day, year) Aug 10-18-1846

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shepherdstown W Va

MOTHER

13. NAME John Snyder

FATHER

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Rachel Lambright

16. BIRTHPLACE (city or town) (State or country) Frederick Md

17. INFORMANT Theodore McCleary

(Address) 1609 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL Shepherdstown W Va March 11 1932

19. UNDERTAKER Geo. O. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1890 to March 10, 1932

I last saw h~~e~~ alive on March 10, 1932 Death is said to have occurred on the date stated above, at 3:21 m.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis - 2 years.

Date of onset

Other contributory causes of importance: Cardiac Dilatation

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Theodore McCleary M. D.

(Address) 1609 Linden Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1269-9

E 77542

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77542

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 W 40th St. 12-49 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George W. King

(a) Residence: No. 607 W 40th St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jessie Long King

6. DATE OF BIRTH (month, day, year) Oct 18 1873.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 063

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Baltimore Md

FATHER

13. NAME George W. King

14. BIRTHPLACE (City or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Laura A. Gibson

16. BIRTHPLACE (City or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Bessie L. King

(Address) 607 W. 40th St

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Mch 11, 1932

19. UNDERTAKER John D. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 6, 1932 to Mar 9, 1932

I last saw him alive on Mar. 9, 1932 Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

Cardiac Dilatation — Toxaemia — Date of onset

Other contributory causes of importance: Lobar Pneumonia

Name of operation ... Date of ...

What test confirmed diagnosis? Sputum Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Oland Brunk, M. D.

(Address) 4702 Harford Road

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 10 1932

C. MARION JONES

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77543

CERTIFICATE OF DEATH.

E 77543

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3404 Pennington St., Ward) 25-27

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Donald Fields

(a) RESIDENCE NO. 3404 Pennington Ave, ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 18-1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		9	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Richard Fields

11 BIRTHPLACE OF FATHER (city or town) St Marys Co. Md.

(State or country)

12 MAIDEN NAME OF MOTHER Lena Mason

13 BIRTHPLACE OF MOTHER (city or town) Va

(State or country)

14 Informant Richard Fields

(Address) 3404 Pennington ave

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 10 1932

17

I HEREBY CERTIFY, That I attended deceased from March 29, 1930, to March 29, 1932

that I last saw him alive on March 29, 1932

and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Leon D Hedges M. D.

3/10, 1932 (Address) 1700 Pennington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cem — DATE OF BURIAL 3-16 1932

20 UNDERTAKER Jos M. Skinner — ADDRESS 1620 E. Mad St

R 10 1932

matter should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 9-30 A & Co 250 Blks

(Mary W. Lewis)

77544 HEALTH DEPARTMENT—CITY OF BALTIMORE 77544

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1619 N. Carey St. WARD 23)

2-FULL NAME Mrs. Mary W. Lewis

(a) RESIDENCE NO. 816 N. Carey ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles Whitting

6 DATE OF BIRTH (month, day, and year) ? 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Richard Watts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Mackey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Vivian Roberts 816 N. Carey St

15 [illegible] Registrar

APR 10 1932 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/8/32

17 I HEREBY CERTIFY, That I attended deceased from March 4, 1932, to March 8, 1932

that I last saw h[illegible] alive on March 7, 1932

and that death occurred, on the date stated above, at 6 A m

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation

(duration) yrs. 2 mos. 4 ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. J. Hatcher M. D.

3/9 1932 (Address) 1701 Pa Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 3/11/32

20 UNDERTAKER Duncan A. Brown — ADDRESS 163 Druid Hill

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—8-30—A. & Co.—250 Blks

E 77545 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77545

CERTIFICATE OF DEATH.

#6

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 3804 Ridgewood Ave (St.) 15-63 (Ward)

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Ada Ethel Lockhill

(a) RESIDENCE NO. 3804 Ridgewood Ave St. _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W.

5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert H. Lockhill

6 DATE OF BIRTH (month, day, and year) July 17-1886

7 AGE — Years 45 — Months 7 — Days 13 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Wm. H. Leonard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Ada L. Squires

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Robert H. Lockhill
(Address) 3804 Ridgewood Ave

15 Filed MAR 10 1932, 19 — C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 10/32

17 I HEREBY CERTIFY, That I attended deceased from June 20, 1931 to March 10, 1932

That I last saw her alive on March 10, 1932

and that death occurred, on the date stated above, at 4:40 P.M.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home 9 months

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. E. Hoen M. D.

(Address) 3802 Garrison Blvd

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Garrison Virginia Co. Va — DATE OF BURIAL Mar 14-32

20 UNDERTAKER Putnam & Sons — ADDRESS 2224 N. Charles St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A4Co. 5-31 250B

Dr Bayley 2805 N. Calvert St Bel 4847

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77546 E 77546

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1619 N. Monroe St. | 5-21 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha A. Shipley

(a) Residence: No. 1619 N. Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of Harry C. Shipley

6. DATE OF BIRTH (month, day, year) Dec 24th 1865

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
66	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co Md.

FATHER

13. NAME Geo. W. Keller
14. BIRTHPLACE (city or town) (State or country) Balto Co Md

MOTHER

15. MAIDEN NAME Comfort Tracey
16. BIRTHPLACE (city or town) (State or country) Balto Co Md.

17. INFORMANT Harry C. Shipley
(Address) 1619 N. Monroe St

18. BURIAL, CREMATION, OR REMOVAL Stone Chapel Cem Date Mar 12th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 9th 1932

22. I HEREBY CERTIFY, That I attended deceased from For several years to March 9 1932
I last saw her alive on March 9 1932 death is said to have occurred on the date stated above, at 7.32 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Two days	

Other contributory causes of importance:

Cancer of Breast	
3 or 4 years	

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Not so, specify

(Signed) Henry Jno Bayley M. D.
(Address) 2805 N. Calvert St.

Information should be carefully supplied. Avoid abbreviations. State EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—501.

E 77547

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-001 ✓

186 E 77547

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital ST., 27-43 WARD

2-FULL NAME Mrs. Mary Callender

(a) RESIDENCE NO. 2906 Berwick Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Callender

6 DATE OF BIRTH (month, day, and year) March 26/864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	11	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at Home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Havre de Grace Maryland

PARENTS

10 NAME OF FATHER Henry O. Payne

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Margaret Baldwin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Son) Charles Callender

(Address) 2906 Berwick Ave.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 9th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Slipped - fall on first floor - Accidental

(duration) yrs. mos 27 ds.

CONTRIBUTORY (Secondary) Fractured Hip

(duration) yrs. mos. 27 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Guy N. Cromwell, M. D. Coroner

3/10, 1932 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bells Cemetery — DATE OF BURIAL Mar 12 1932

20 UNDERTAKER Will Cook — ADDRESS 1217 E Paul

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

R MAR 1932 U. HARRISON JONES, M. D. Registrar

A&Co. 5-31 250B

Dr Bubert 4754 Park Heights Ave Cor 43rd and Ave 2430

E 77548 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

82 E 77548

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4351 Park Heights St., Ward 58)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jacob Freedenburg

(a) Residence: No. 4351 Park Heights Ave Ward. .....
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of ~~or WIFE of~~ Elizabeth Freedenburg

6. DATE OF BIRTH (month, day, year) Feb 2nd 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired B&O R.R.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Martin Freedenburg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Robert W. Butler
(Address) 4355 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL
Loudon Park Date Mar 12th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED MAR 10 1932, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1932 to March 9, 1932

I last saw him alive on March 9 1932 death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/7/32
Other contributory causes of importance	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Wm. D. Dubert, M. D.

(Address) 4754 Park Heights Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

Dr Cole 2207 Harrison Blvd Lib 1219

E 77549

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77549

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1525 Ellamont St. ..... Ward) 16 27

Length of residence in city or town where death occurred Life yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Henry R. Pape

(a) Residence: No. 1525 Ellamont St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Elizabeth Pape

6. DATE OF BIRTH (month, day, year) Dec 19th 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman &

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc John Henschen

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry Pape

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Henschen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Elizabeth Pape
(Address) 1525 Ellamont St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemetery Date Mar 12th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 E Pratt St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 10th 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov-2-193 ..., 19 ..., to Mar-10- ..., 1932

I last saw him alive on Mar 2, 1932 death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset (year)
Coronary Thrombosis Arteriosclerosis, with Hypertension. Myocardial insufficiency with gradual decompensation	Nov 1931
Other contributory causes of importance Pneumonia, Bronchial? Chronic Bronchitis	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Wilbur Cole, M. D.

(Address) 2207 Harrison Blvd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 M—501.

E 77550

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77550

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bentley Springs ST., 1800 WARD

2-FULL NAME Wm. Tyler

(a) RESIDENCE NO. 763 W. Lexington ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1866

7 AGE: Years 65; Months; Days; If LESS than 1 day, hrs. or min.

66

8 OCCUPATION OF DECEASED: (a) Trade, profession, or particular kind of work: Retired Plumber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

059

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: John B. Tyler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Mrs. .....

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Wm. Wilhelm

(Address) 1050 Myrtle Ave

15 Filed ..... 1932 G. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 9th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted, if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm. F. Holtzinger, M. D. Coroner

(Address) 111 W. Fayette

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: 5/11/1932

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

R 10 1932

M. D. R. 1268-0

E 77551

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77551

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 McDonough St. 7-13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maud Tucker

(a) Residence: No. 822 McDonough St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Tucker

6. DATE OF BIRTH (month, day, year) Feb 16/1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Littleton, N.C.

FATHER

13. NAME Robert Norman

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Jennie Norman

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT John Tucker

(Address) 822 McDonough St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date May 11. 1932

19. UNDERTAKER Mrs. R. E. Elliott

(Address) 1822 Eutaw Place

20. FILED 19 JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 7/32, 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on Inquiry, 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	12 mon

(Other contributory causes of importance)

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Tucker M. D.

(Address) 108 E. Monument Coroner

S. E.—WRITE PLAINLY, WITH UNFADING INK. The information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 1-10-21—MAT—1500 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77552

E 77552

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1732 McCulloh ST., 6-9 (WARD)

2-FULL NAME Susanna Smith

(a) RESIDENCE NO. 1732 McCulloh ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Harrett Smith

6 DATE OF BIRTH (month, day, and year): approx 1862

7 AGE: Years: approx 70 Months: Days: If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lumber Yard 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Gills Lumber Co Cockeysville Md

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant: Wm H Witt 1733 McCulloh

(Address): 1733 McCulloh St.

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 8 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb 27, 1932, to March 8, 1932,

that I last saw h im alive on March 7, 1932

and that death occurred, on the date stated above, at 10.45 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis (Uremia)

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Prog Cardiitis Hypertrophied Prostate & urinary Retention

(duration) yrs 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. H. Young, M. D.

3/9, 1932 (Address) 14 W E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Calvary — DATE OF BURIAL: Mch 12 1932

20 UNDERTAKER: Mrs. R. E. Elliott — ADDRESS: Baltimore

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—1-12-23—MAT—500 Blks.

E 77553

Henry E Funk

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77553

26 V

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1418 N Collington Ave ST.) 8-16 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Henry E Funk

(a) RESIDENCE NO. 1418 N Collington Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 If Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or WIFE of): Elizabeth F Funk

6 DATE OF BIRTH (month, day, and year): March 25 1863

7 AGE: Years 68 | Months 11 | Days 12 13 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor at 040

(b) General nature of industry, business, or establishment in which employed (or employer): Bethlehem Steel Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Etters Pa

PARENTS

10 NAME OF FATHER: William Funk

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Sarah Etters

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant (Address): Mrs Florence M Strasburger 1418 N Collington Ave

15 Filed MAR 11 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-8 1932

17 I HEREBY CERTIFY, That I attended deceased from Nov 11th 1930 to March 8 1932

that I last saw him alive on March 8 1932

and that death occurred, on the date stated above, at 10 20 PM

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary): Psoas Abscess (TB)

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) Paul Miller, M. D.

3/10 1932 (Address) 1500 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore — DATE OF BURIAL: March 13 1932

20 UNDERTAKER: John F Denny — ADDRESS: 715 Lydia St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MAR 11 1932 HAYWOOD M.

AaCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77554

E 77554

CERTIFICATE OF DEATH

93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1423 E Pratt St., 3-4 Ward)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lucy Carlson

(a) Residence: No. 1423 E. Pratt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Carlson

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or ... min.
	38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 03

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME Lewis Edwards

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Lucy —

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Isaac Carlson

(Address) 1423 E. Pratt St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 3-14-1932

19. UNDERTAKER Jos. Lewis Inc.

(Address) 1732 E. Monument St

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-11-1932

22. I HEREBY CERTIFY, That I attended deceased from 9/1, 1931, to 3/11, 1932

I last saw her alive on 3/11/1932 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Where an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify ...

(Signed) Benj. Sarubin, M. D.

(Address) 2128 W. North Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AsCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77555 — 28 — Med — E 77555

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — 3-4 — 108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 3-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Marcinek (Anna E. MARCISZONEK)

(a) Residence: No. 312 S. Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) January 1- 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machine Operator

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Joseph Marcinek

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Stella Olensky

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date 3/12 1932

19. UNDERTAKER William Fialkowski
(Address) 1618 Eastern Ave

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1932, to March 9, 1932

I last saw her alive on March 9, 1932 death is said to have occurred on the date stated above, at 4:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia Type III	3-2-32
Other contributory causes of importance: Cardiac failure	

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury — 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leon Bernstein, M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

E 77556

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77556

CERTIFICATE OF DEATH

Registered No. Baltimore City Hospital 93-003

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospital St. Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen Graham

(a) Residence: No. 1127 Hanbert St. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of John

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Pat Kelly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Helen Phelan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records of Balto City Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date March 13, 1932

19. UNDERTAKER Chas. L. Fellers
(Address) 501 E Fort Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-9, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-16, 1932, to 3-9, 1932

I last saw h[illegible] alive on 3-9, 1932 death is said to have occurred on the date stated above, at 1:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic	Unknown

Other contributory causes of importance:

Arteriosclerosis

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury —, 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Elmer Hyatt M. D.
(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2500

E 77557 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77557

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 1-6-32 ..... Ward)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Lucas

(a) Residence: No. 630 N. Freemont St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Samoon Lucas

6. DATE OF BIRTH (month, day, year) April 7, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 027

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Washington D. C.

FATHER

13. NAME James Lucas

14. BIRTHPLACE (city or town) (State or country) Prince George Md.

MOTHER

15. MAIDEN NAME Florence Mathews

16. BIRTHPLACE (city or town) (State or country) Charles Co. Md.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date May 11 1932

19. UNDERTAKER (Address) Jos Comeau Sons

20. FILED ..... 1932 ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from January 16, 1932, to March 8, 1932

I last saw her alive on March 8, 1932 death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, chr.	months 6

Other contributory causes of importance:

Diabetes Mellitus chr.

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Fred Stevenson M. D.

(Address) Balto. City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 77558 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77558

CERTIFICATE OF DEATH. 93-003

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. PHYSICIANS should state

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1824 N Broadway ST.) 8-17 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Matilda Jane Simpson

(a) RESIDENCE NO. 1824 N Broadway ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm Simpson

6 DATE OF BIRTH (month, day, and year): June 28th 28th 1851

7 AGE: 80 Years | 8 Months | 9 Days | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): None
(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS
10 NAME OF FATHER: Benjamin Reynolds
11 BIRTHPLACE OF FATHER (City or town) (State or country): Balto
12 MAIDEN NAME OF MOTHER: Christie Miller
13 BIRTHPLACE OF MOTHER (City or town) (State or country): Germany

14 Informant (Address): Wm Simpson Husb 2006 E 31 St

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 9-32

17 I HEREBY CERTIFY, That I attended deceased from ~~Feb~~ Feb. 20, 1932, to Mch. 9, 1932
that I last saw h[illegible] alive on Mch 8, 1932
and that death occurred, on the date stated above, at 12 a Noon

The CAUSE OF DEATH* was as follows:

Myocarditis
(duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (Secondary) Arteriosclerosis
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?

(Signed) D. W. Bruney M. D.
19 (Address) 1812 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem
DATE OF BURIAL: Mar 11th 1932

20 UNDERTAKER: Geo Schilling & Sons
ADDRESS: Monument Sq

M. D. H. 1268-9

E 77559 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-002 E 77559

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3500 Park Heights ave St., 15-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Isaac Krakower

(a) Residence: No. 3500 Park Heights ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Rae

6. DATE OF BIRTH (month, day, year) May 25 1877 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Gadilia Krakower

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Gittle Fisher

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Rae Krakower
(Address) 3500 Park Heights ave

18. BURIAL, CREMATION, OR REMOVAL
Place Reisterstown Washington Rd Date 3/11 1932

19. UNDERTAKER Sol Levinson Bro
(Address) 1121 E Baltimore st

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1932 to March 10, 1932

I last saw him alive on March 10, 1932 Death is said to have occurred on the date stated above, at 8:15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?

Other contributory causes of importance:

Cerebral thrombosis

Name of operation none Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury — 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) B. Kadin M. D.

(Address) 2306 Eutaw place

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77560

CERTIFICATE OF DEATH

82-001 E 77560

Registered No. 1559

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2728 Pennsylvania Ave. (Ward)

Length of residence in city or town where death occurred 65 yrs. 6 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Bowers

(a) Residence: No. 2728 Pennsylvania Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Joseph Bowers

6. DATE OF BIRTH (month, day, year): August 17, 1866

7. AGE: Years: 65 | Months: 6 | Days: 29 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: John L. Kruener

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Mary B. ?

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mr. Joseph Bowers

(Address): 2728 Penna. Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: New Cathedral Date: Mar. 14, 32

19. UNDERTAKER: Wm. J. Tickner & Son

(Address): North & Pa Ave.

20. FILED . . , 19 . . Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 2, 1932 to Mar. 9, 1932

I last saw her alive on Mar 9, 1932 Death is said to have occurred on the date stated above, at 9:35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/2/32
Other contributory causes of importance: Exhaustion	3/7/32

Name of operation: None Date of: —

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . . , 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. L. Campbell M. D.

3/9/32 (Address) 1644 Hanover St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77561

CERTIFICATE OF DEATH

93-003 E 77561

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 710 Woodington Rd (Street) 16-66 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth A. Ritchie

(a) Residence: No. 710 Woodington Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm H. Ritchie

6. DATE OF BIRTH (month, day, year) Dec 6, 1837

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	94	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co Md.

FATHER

13. NAME William Ray

14. BIRTHPLACE (city or town) (State or country) Prince George Co Md.

MOTHER

15. MAIDEN NAME Wells

16. BIRTHPLACE (city or town) (State or country) Prince George Co Md.

17. INFORMANT Mr. Morris Brown

(Address) 3403 Callaway Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date Mar. 12 32

19. UNDERTAKER Wm Ritchie & Sons

(Address) North & Fremont Aves.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1932 to March 10, 1932

I last saw h alive on March 9, 1932 Death is said to have occurred on the date stated above, at 9.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W E Jones M. D.

(Address) 520 N North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77562

CERTIFICATE OF DEATH

23 V E 77562

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (Tbc.)

CITY OF BALTIMORE: (No.) St., 11-24 (Ward)

Length of residence in city or town where death occurred yrs. mos da. How long in U.S. If of foreign birth? yrs mos da.

2. FULL NAME Annie Parker

(a) Residence: No. 1117 Morris st. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 8, 1876

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	55	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME William Buckenille

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date 19

19. UNDERTAKER
(Address)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from February 11 1932 to March 9 1932

I last saw her alive on March 9 1932 death is said to have occurred on the date stated above, at 7.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unknown
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Lawrence A. Sena M.D.
(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 77563 2

HEALTH DEPARTMENT—CITY OF BALTIMORE E 77563

CERTIFICATE OF DEATH

119 V

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St. 1-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Harrison Braun

(a) Residence: No. 2529 Fleet St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 11, 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Layton Braun

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Cora Rogers

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date 3/17 1932

19. UNDERTAKER George L. Schwartz

(Address) 2101 Fredrick Ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 14-'32 1932 to March 12 1932

I last saw him alive on March 12, 1932 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea and enteritis	2/23/32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) Johns Hopkins Hospital

CAUSE OF DEATH IS TO BE GIVEN IN PLAIN TERMS, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-20—M & T—100 B—50L.

77564

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 77564

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals 7-13 (WARD)

2-FULL NAME Lillian Donovan

(a) RESIDENCE NO 1008 N Washington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Howard Donovan

6 DATE OF BIRTH (month, day, and year) 7-14-1909

7 AGE Years	Months	Days	If LESS than 1 day Y hrs. or min.
22	7	25 24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework 37
(b) General nature of industry, business, or establishment in which employed (or employer) 0
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Chas Tillett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Ida

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Balto City Hospitals
(Address)

15 Filed 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 9 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? City Hospitals

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? History

(Signed) B Peterzig M.D., Coroner, M. D.

3/10, 1932 (Address) 1305 N Patterson Pk Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem.	3/11/32
20 UNDERTAKER	ADDRESS
Geo J Butler Jr	1735 Harford

TION is very important. See instructions on back of certificate.

AACo. 5-31 250P

E 77565

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77565

CERTIFICATE OF DEATH

161-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St. 13 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Donovan

(a) Residence: No. 1008 N. Washington Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 3-9-32

7. AGE	Years	Months	Days	If LESS than 1 day, / hrs. or min.
	—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Howard Donovan

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Lonnie Shipley

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Howard Donovan
(Address) 1008 N. Washington St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 3/14/32 19

19. UNDERTAKER George J. Kane
(Address) 1325 Hanover St

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-9- 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-9 1932 to 3-9 1932

I last saw h alive on 3-9 1932 death is said to have occurred on the date stated above, at 9:37 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atelectasis	12 hrs
Other contributory causes of importance: Asphyxiation	time

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify —

(Signed) Luther E. Linder, M. D.

(Address) Balto City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77566

CERTIFICATE OF DEATH

13 1/2

E 77566

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Gen Hosp St. 26-37 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Ethel McGee

(a) Residence: No. 6207 Eastern Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carl McGee

6. DATE OF BIRTH (month, day, year) May 8 1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
33	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME Owen Fuller

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Jennie

16. BIRTHPLACH (city or town) (State or country) Pa

17. INFORMANT Carl McGee

(Address) 6207 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cleveland Ohio Date March 13 1932

19. UNDERTAKER Yohe & Miller

(Address) 2232 E Monument St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-10-1932

22. I HEREBY CERTIFY, That I attended deceased from 2-12-1932, to 3-10-1932

I last saw h e alive on 3-10-1932 death is said to have occurred on the date stated above, at 9:30 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	2 min

Other contributory causes of importance:

Thrombo-Phlebitis	10 days
Chronic Nephritis	?
Hypertension	?

Name of operation — Date of —

What test confirmed diagnosis? ✓ Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) J. H. Feenan M. D.

(Address) South Balto Gen Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 77567

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77567

CERTIFICATE OF DEATH

Registered No. 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4301 Parkmount Ave St. 26-42 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine Natalia Emrhein

(a) Residence: No. 4301 Parkmount Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles P. Emrhein

6. DATE OF BIRTH (month, day, year) Aug 30 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Florian Samolewitz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Grabuts

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles P. Emrhein

(Address) 4301 Parkmount ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Mch. 12 1932

19. UNDERTAKER Lacy & Diller Bros.

(Address) Ivos & Woods Pl.

20. FILED MAR 11 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch. 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 14 1932 to March 8 1932

I last saw h alive on March 8 1932 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas	2 mos

Other contributory causes of importance:

Intestinal Obstruction	2 weeks
Myocardial insufficiency	1 week

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edw A Pearson M. D.

(Address) Graduate Med.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

E 77568

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77568

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 728 S. Clinton St. 76-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Rohlfing

(a) Residence: No. 728 S. Clinton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): Sept 22 1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	23	5	17 '8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Aug. Maag. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: John Rohlfing

14. BIRTHPLACE (city or town) (State or country): Balto.

MOTHER

15. MAIDEN NAME: Marie Schmidt

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: Mrs. Marie Rohlfing (mother)
(Address) 728 S. Clinton St

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Date: Mar. 14, 1932

19. UNDERTAKER: Lilly & Zeiler, Inc.
(Address) 405 S. Wolfe St

20. FILED ..., 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1932, to Mar 10, 1932

I last saw him alive on Mar 9, 1932 death is said to have occurred on the date stated above, at 12:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Lypostatic Pneumonia	Mar 2 32
Other contributory causes of importance:	
1 Endocarditis	

Name of operation ... Date of ...

What test confirmed diagnosis? Blood Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Alan B Freeman, M. D.

(Address) 710 N Patterson Park Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

E 77569 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 11-66 E 77569

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. 1 north Calhoun St., 7-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Hammer

(a) Residence: No. 711 S. Broadway St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Not Known

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Not known

6. DATE OF BIRTH (month, day, year) Aug 3 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 990

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Hammer

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Louise Schneider

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mr. John Hammer
(Address) 5191 Bartlett st

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Mar. 12. 1932

19. UNDERTAKER Lilly & Zeilsdorf
(Address) 1134 Hollins st.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9. 1932

22. I HEREBY CERTIFY, That I attended deceased from March 7. 1932 to March 9 1932
I last saw him alive on March 9 1932 death is said to have occurred on the date stated above, at 4:03 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Confluencing Bronchopneumonia Probably influenzal	about Feb. 24

Other contributory causes of importance:
None.

Name of operation None Date of

What test confirmed diagnosis? X ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? ? If so, specify

(Signed) M. B. Schneider M. D.

(Address) Franklin Square Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30--M. & T.—100 B—50L

E 77570

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-22

E 77570

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2005) Harford Rd ST. 27-43 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph A Humphrey

(a) RESIDENCE NO 6402 Old Harford Rd ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Fr. Humphrey

6 DATE OF BIRTH (month, day, and year) April 15 - 1872

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	10	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Foreman
(b) General nature of industry, business, or establishment in which employed (or employer) Carpers
(c) Name of employer Ed. Fick & Bro - Balto

9 BIRTHPLACE (city or town) (State or country) and Ireland

PARENTS

10 NAME OF FATHER Michael Humphy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Boyland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Margaret Humphy

(Address) 6402 Old Harford Rd

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 10 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Insufficieno

(History of low blood pressure)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) ..... M. D. Coroner

19 (Address) 3/10/32 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Bur	3-14 1932
20 UNDERTAKER	ADDRESS
Leonard & Rusk	5305 Harford Rd.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

M. D. B. 1268-0

2E 55 7 77571

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 115-E 0 77571

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-9 ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mildred Anderson

(a) Residence: No. Frankelmuhle Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced WIFE of (or) HUSBAND of Carl

6. DATE OF BIRTH (month, day, year) 1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	28			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Clausen

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Wetzel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Joppa, Md. Date March 13, 1932

19. UNDERTAKER Howard K. McComas
(Address) Abingdon, Md.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 5 1932 to March 11 1932

I last saw her alive on March 11, 1932 Death is said to have occurred on the date stated above, at 2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-7-31
streptococcus throat infection and otitis media	2-27-31

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury (in any way related to occupation of deceased? No If so, specify

(Signed) ..... M. D.

(Address) The Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

1-20—M. & T.—100 B—501.

E 77572

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77572

CERTIFICATE OF DEATH

108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto Beg Hosp (ST.) 18-26 (WARD)

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Candy

(a) RESIDENCE NO. 1739 W. Franklin St. WARD 11

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 17-1916

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
15	16	9	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of Industry, business, or establishment in which employed (or employer) 0
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Wm Candy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Julia Candy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Georgia Jones

(Address) 400 N. Pine St

15 Filed ..... 192 ..... Registrar

W. HAMPSON JONES, M. D.

APR 1 1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1739 W. Franklin

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) B Herzog Md M. D. Coroner

3/10, 1932 (Address) 1305 Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Wakefield Va	March 12 1932
20 UNDERTAKER	ADDRESS
Adolphus Halstead	904 N Eutaw St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 77573

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 77573

REGISTERED NO. 46

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 925 Hillen St. ST., 5-8 WARD)

2-FULL NAME Sadie Brown.(C)

(a) RESIDENCE NO. 925 Hillen St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. ---------- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow.

5a If married, widowed, or divorced (or) WIFE of Frank Brown.(C(

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Martha Phillips.(C) daughter.
(Address) 1224 E. Madison St.

15 Filed ..... 1932 ..... 192 ..... Registrar

R. C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cancer of the stomach.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Geo. W. Leonard X Coroner, M. D.

8/10/32 19 (Address) 1019 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson Cemetery

DATE OF BURIAL March 11 1932

20 UNDERTAKER Edward Bryan

ADDRESS 1631 Orleans St

AaCo. 5-31 250B

E 77574

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77574

CERTIFICATE OF DEATH

93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Aged Womens Home

CITY OF BALTIMORE: (No. 1404 W Lexington St. 19-27 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Belle McKenzie

(a) Residence: No. 1404 W Lexington St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 16 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) unknown

MOTHER FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary E Forestal
(Address) 1400 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Mar 12 1937

19. UNDERTAKER George Smith
(Address) 1522 Baltimore St

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11. 1937

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1931 to March 11, 1937
I last saw her alive on March 8, 1937 death is said to have occurred on the date stated above, at 8:31 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular fibrillation	?
Other contributory causes of importance: Chronic Myocarditis	?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Edwin P Jarrett M. D.
(Address) 1115 St. Paul St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

E 77575

E 77575

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH ag... Womens Home

CITY OF BALTIMORE: (No. 1404 ½ W Lexington St., 19-27 Ward)

Length of residence in city or town where death occurred ½ yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Jane Reid

(a) Residence: No. 1404 ½ W Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 1 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	79	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary E Forestal
(Address) 140 4 W Lexington

18. BURIAL, CREMATION OR REMOVAL
Place Mt Olivet Date Mar 12 1932

19. UNDERTAKER George Smith
(Address) 1532 Hollins St

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from March, 1927 to March 10, 1932

I last saw h[illegible] alive on March 7, 1932 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Dilatation — Date of onset ?

Other contributory causes of importance: Chronic Myocarditis ?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Edwin B Jarrett M.D.

(Address) 1115 S Fulton Ave City.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED MAR 14 1932 C. HUDSON JONES, M. D.

1-30—M. & T.—100 B—50L

E 77576

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77576

CERTIFICATE OF DEATH

82-01

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE (a) No. 2318 Longwood St. 15-61 (WARD)

2-FULL NAME Grace M. Luce

(a) RESIDENCE No. 2318 Longwood St., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fml

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Ernest B. Luce

6 DATE OF BIRTH (month, day, and year): Aug 26 1876

7 AGE — Years: 55 — Months: 6 — Days: 13 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): N. Y.

PARENTS

10 NAME OF FATHER: Albert Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. Y.

12 MAIDEN NAME OF MOTHER: Emma Waterman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. Y.

14 Informant: Ernest B. Luce

(Address): 2318 Longwood St.

15 Filed ..... 1932 ..... Registrar

R. C. H.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 12th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) Sudden hr.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Leland Hirsh, M. D. Coroner

(Address) Cor.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery

DATE OF BURIAL: Nov 14 1932

20 UNDERTAKER: Chas. F. Wannenmacher

ADDRESS: 118 W. Mt. Royal Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 77577

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

5-8 159

E 77577

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 5 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Jackson (Twin No. 2)

(a) Residence: No. 1254 N. Fayette St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	.....

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) March 2, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	.....	.....	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Morris Jackson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Lillian Cosenberry

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL.

Place ..... Date 19

19. UNDERTAKER

(Address)

20. FILED ..... 19 ..... Registrar

RFH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-3. 1932

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1932 to March 3, 1932

I last saw him alive on March 3, 1932 Death is said to have occurred on the date stated above, at 8.15P am

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Charles H. Peckham, M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

Exact statement of the plain facts, as they appear at the time of making the certificate, is required by law as proper guide.

MAR 11 1932

JOHNS HOPKINS HOSPITAL

C. HARRISON JONES, M. D.

AsCo. 5-31 250R

E-77578

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77578

CERTIFICATE OF DEATH

157-003

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1826 E. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dolores Murata

(a) Residence: No. 556 W Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month day year) Jan - 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Henry Murata
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Eva Lee
16. BIRTHPLACE (city or town) (State or country) Asia

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19

19. UNDERTAKER
(Address)

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day year) March 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1932 to March 7, 1932
I last saw her alive on March 7, 1932 death is said to have occurred on the date stated above, at 1:50 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart failure	1 day
Congenital Heart Disease	Life

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) John A. Washington, M. D.
(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250R

HEALTH DEPARTMENT CITY OF BALTIMORE

E 77579 23 E 77579

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tbc.) 7-9

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eloise Carter Holmes

(a) Residence: No. 609 Bethel st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harry Holmes

6. DATE OF BIRTH (month, day, year) June 20, 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	23	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Everett Butler

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Josephine Washington

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Dist. Corn. Date March 12th 1932

19. UNDERTAKER Baker Wright
(Address) 1715 Mcculloh St

20. FILED ... 1932 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1932 to March 8, 1932

I last saw her alive on March 8, 1932 death is said to have occurred on the date stated above, at 6.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Caseous pneumonia	Unknown
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Laurence H. Sears M.D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

R 1 1932 C. HAMPSON JONES, M.D.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

25 597 77580

CERTIFICATE OF DEATH

X 30 E 77580

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 1-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Rolandt

(a) Residence: No. Montgomery Pa St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of .....

6. DATE OF BIRTH (month, day, year) Dec 15 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	50	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. coal dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Del.

FATHER

13. NAME Michael Rolandt

14. BIRTHPLACE (city or town) (State or country) Del

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Del

17. INFORMANT Records JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Ticanning Co Pa Date 11/11/14, 1932

19. UNDERTAKER William G. Schaffer

(Address) 1706 Pennsylvania Ave

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1932 to March 11, 1932

I last saw him alive on March 11, 1932 Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Renal tuberculosis	
Bronchial Pneumonia.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) Louis Smith M.D. M.D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77581

CERTIFICATE OF DEATH

93-0 19 77581

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2832 W. Lanvale St., 16-68 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Howard H. West

(a) Residence: No. 2832 W. Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~
HUSBAND of ~~(or) WIFE of~~ Celia A. West

6. DATE OF BIRTH (month, day, year) July 19th 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Winding Machine Mfg
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Trenton N. J.

FATHER

13. NAME Howard H. West
14. BIRTHPLACE (city or town) (State or country) Trenton N. J.

MOTHER

15. MAIDEN NAME Anna McCracken
16. BIRTHPLACE (city or town) (State or country) Trenton N. J.

17. INFORMANT Celia A. West
(Address) 2832 W. Lanvale St

18. BURIAL, CREMATION OR REMOVAL
Holy Redeemer Cemetery Date 3/12/ 1932

19. UNDERTAKER Wm Cook
(Address) 1219 St Paul St

20. FILED ... 19 ... R. F. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 9th 1932

22. I HEREBY CERTIFY, That I attended deceased from Mch 9 1932 to Mch 9 1932

I last saw ~~him~~ alive on Mch 9 1932 death is said to have occurred on the date stated above, at 10-15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris -	Mch 9-32-
Myocarditis	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ... 19 ...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place. no injury
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E. Gill Wall, M. D.
(Address) 1621 E. North Ave

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 1932

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77582

CERTIFICATE OF DEATH

E 77582

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 27-41 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Fortune

(a) Residence: No. 4504 Weitzel Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced, HUSBAND of (or) ~~WIFE~~ of Mattie Fortune

6. DATE OF BIRTH (month, day, year) April 11, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	34	11	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Richard Fortune

14. BIRTHPLACE (city or town) (State or country) Virginia ?

MOTHER

15. MAIDEN NAME Lucy Downey

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Wife (Mattie Fortune)
(Address) 4504 Weitzel Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Park Date 3/14/ 1932

19. UNDERTAKER Wm. Cook
(Address) 1217 St Paul st

20. FILED 1932 G. HAMPDEN JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1932, to March 11, 1932

I last saw him alive on March 11, 1932 Death is said to have occurred on the date stated above, at 12 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?
Miliary Tuberculosis	10 wks?

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. H. Burns M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250R

E 77583 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77583

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. [illegible] Ward)

Length of residence in city or town where death occurred 3 yrs. mos ds. How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Phillipp Louis Wisner
Joan Wisner

(a) Residence: No. Preston & Valley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 15th 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	81	0 2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Frederick
(State or country) Md

FATHER

13. NAME George Wisner
14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Barbara Gruner
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Little Sisters of the Poor
(Address) Preston & Valley St

18. BURIAL, CREMATION, OR REMOVAL
Place Frederick Md Date Mar. 12. 1932

19. UNDERTAKER Rita Wiedefeld
(Address) 414 Greenmount Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11th 1932

22. I HEREBY CERTIFY, That I attended deceased from March 4th 1932, to March 11 1932
I last saw him alive on March 10th 1932 death is said to have occurred on the date stated above, at 4.30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	3/3/32

Other contributory causes of importance:

Asthma

Name of operation None Date of None
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward McGarvey, M. D.
(Address) 111 E Lexington

REC'D 1932 HEALTH DEPT. BALTIMORE, MD.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 77584

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77584 + 23 E 77584

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. 9 mos. 25 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME June Maisel

(a) Residence: No. 1 Kent Ave. (Catonsville Hts) Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 16, 1921

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
10	11	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Co Public Schools
10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation Catonsville Md

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Walter Maisel
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Emma Rottloff
16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Father (Walter Maisel)
(Address) 1 Kent Ave Catonsville Hts.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Mar. 14 1932

19. UNDERTAKER Easton Sons
(Address) Ellicott City

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1932 to March 11, 1932
I last saw h[illegible] alive on March 11, 1932 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?
Tuberculous Meningitis	19 days

Other contributory causes of importance:

Name of operation None Date of ...
What test confirmed diagnosis? ... Was there an autopsy? Gross Autopsy

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. F. Burns M. D.
(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 77585

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77585

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4220 Springwood Ave St., 26-42 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edmund K. Maidlow

(a) Residence: No. 4220 Springwood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Cooperage Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles Maidlow

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Sarah ----------

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Mary C. Becker

(Address) 4220 Springwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem Date March 12 1932

19. UNDERTAKER John Ullrich

(Address) 2220 Gilmore St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 10/32 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on inquiry 19 Death is said to have occurred on the date stated above, at A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	?

Other contributory causes of importance:

(Found dead in bed)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John Putzer M. D.
Coroner

(Address) 508 E Monument

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 12 1932 J. THAMPSON JONES M.D.

AACo. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77586

E 77586

CERTIFICATE OF DEATH

54-005 Brooklyn

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 536 Maude Ave 25-E Ward)

Length of residence in city or town where death occurred 72 yrs. 4 mos. 1 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles C Grosh

(a) Residence: No. 536 Maude Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mary J Grosh

6. DATE OF BIRTH (month, day, year) Nov 9 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as ~~spinner~~, sawyer, bookkeeper, etc. Retired B & O

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer 073

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Eugene Grosh

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Maria Wetts

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Mabel L Arnold
(Address) 536 Maude Ave

18. BURIAL, CREMATION, OR REMOVAL
Place MOUNT CARMEL Date Mar 14 1932

19. UNDERTAKER John F Denny
(Address) 115 Light St

20. FILED ..... 19.....
R. P. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10. 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11th, 1932 to March 10th 1932
I last saw him alive on March 9, 1932 Death is said to have occurred on the date stated above, at 8:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial Disease	Unknown
Other contributory causes of importance: Secondary Anaemia due to growth in bladder—either a papilloma or hypertrophied prostate.	

Name of operation. Physical Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Guy H. Cromwell M. D.
(Address) 283 Patapsco Ave, Brooklyn

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

Spec. 6-9-19—H. P. Co.—1000 Bks.

E 77587 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77587

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1617 N. Carey (St.) (Ward) 15-21

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME E. LeRoy Scott.

(a) RESIDENCE. No. 1617 N Carey St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Carrie Scott.

6 DATE OF BIRTH (month, day, and year): July 16-

7 AGE: Years 31 Months 7 Days 23 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Butler

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Mrs Horry Motz

9 BIRTHPLACE (city or town) (State or country): Calvert Co

PARENTS

10 NAME OF FATHER: Joseph G. Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country): Calvert Co

12 MAIDEN NAME OF MOTHER: Elizabeth Gross

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Calvert

14 Informant (Address): Russel Scott 1617 N. Carey

15 Filed .19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 9 1932

17 I HEREBY CERTIFY, That I attended deceased from March 3 1932 to March 9 1932

that I last saw h[illegible] alive on March 9 1932

and that death occurred, on the date stated above, at 9.50 A m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

(duration) yrs. mos. 10 Months ds.

CONTRIBUTORY (Secondary): Influenza

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Wm. N. Wright, M. D.

3/10 .1932 (Address) 1209 Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Coopers Cemetery C. Co. DATE OF BURIAL: Mar 13 1932

20 UNDERTAKER: Virginia T Brooks ADDRESS: 1463 N. Carey

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77588

CERTIFICATE OF DEATH

59 E 77588

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3803 Roland Ave St., 13 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jessie B. Stockdale

(a) Residence: No. 3803 Roland Ave St., ... Ward.
(Usual place of abode) (If not resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth B. Stockdale

6. DATE OF BIRTH (month, day, year): Jan 24-1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 31

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country): Balto Co

FATHER

13. NAME: Silas Stockdale

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Sarah Fraser

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mr Jessie B Stockdale
(Address) 3803 Roland Ave

18. BURIAL, CREMATION, OR REMOVAL: Edward Lyday Date May 12 19 32

19. UNDERTAKER: H. S. Marshall
(Address) 1538 Gallows

20. FILED ... 19 ... Registrar. RPB

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1929, to Mar 9th, 1932

I last saw him alive on Mar 9th, 1932 death is said to have occurred on the date stated above, at 1.55 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	about Nov.

Other contributory causes of importance:

Name of operation none Date of ...

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Frederick C. Hudson M. D.

(Address) 846 W Lanvale St.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 77589 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77589

CERTIFICATE OF DEATH

107-9

1 PLACE OF DEATH

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No. 1229 Ashland Ave WARD 10-West)

2 FULL NAME Lawrenza Lee

(a) RESIDENCE NO. 1229 Ashland Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Col	S.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1-15-1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	13	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER John Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Lillian Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Interment (Address) Lillian Johnson 1229 Ashland ave

15 Filed 1932, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-9-32

17

I HEREBY CERTIFY, That I attended deceased from 3-9- 1932 to 3-9- 1932

that I last saw h alive on 3-9- 1932

and that death occurred, on the date stated above, at 10,35 P M.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) W. H. Hargis M. D.

3-10-1932 (Address) 611 Lond[illegible].

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cem DATE OF BURIAL 3-12 1932

20 UNDERTAKER Mrs J. H. Locke ADDRESS 1302 Jefferson St

C. HAMPSON JONES, M. D.

TION is very important. See instructions on back of certificates.

AACo. 5-11 2508

E 77590 **HEALTH DEPARTMENT CITY OF BALTIMORE** E 77590

CERTIFICATE OF DEATH

93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1509 W. Pratt St. St., 19-28 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Luther H. Covell

(a) Residence: No. 1509 W. Pratt St. St., Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary L. Wilson Covell

6. DATE OF BIRTH (month, day, year) Oct. 15, 1869.

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
62	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R. R.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William H. Covell
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Geneva Tracey
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Mary L. Covell
(Address) 1509 W. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 3/14/32, 19

19. UNDERTAKER Geo. G. Du Pont
(Address) 4101 Edmondson Ave.

20. FILED 3-17-1932, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/10/, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1/24/, 1932, to 3/10/, 1932

I last saw h— alive on 3/10/ 1932 death is said to have occurred on the date stated above, at 1305 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis.	1

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible], M. D.
(Address) 710 W. [illegible]

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 77591 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77591

CERTIFICATE OF DEATH

131

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Church Home and Infirmary ST 18-26 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs. Lila Guest

(a) RESIDENCE NO. Church Home and Inf. ST. WARD

(Usual place of abode) 102 N. Carey St. (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mr. Richard S. Guest

6 DATE OF BIRTH (month, day, and year): May 28 1855

7 AGE: Years 75 | Months 9 | Days 12 13 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None 037

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Worcester Co. Md.

PARENTS

10 NAME OF FATHER: John D. Hutchesson

11 BIRTHPLACE OF FATHER (city or town) (State or country): maryland

12 MAIDEN NAME OF MOTHER: Sarah Cornell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): maryland

14 Informant: Richard S. Guest

(Address) 103 N. Carey St.

15 Filed . 19 RAB Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-11-32.

17

I HEREBY CERTIFY, That I attended deceased from March 1, 1932 to March 11, 1932

that I last saw h er alive on March 11, 1932

and that death occurred, on the date stated above, at 4:50 P.M.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (secondary) Chronic myocarditis c pulmonary edema (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? Yes

What test confirmed diagnosis? clinical findings — autopsy

(Signed) Allyn B. Chaote M. D.

. 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. DATE OF BURIAL: Mar 14 1932

20 UNDERTAKER: Wm. J. Tickner & Sons ADDRESS: North & Pa

C. HUDSON JAMES, M. D.

TION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 77592 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77592

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 615 McKewin St., 9-47 (Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Seipp

(a) Residence: No. 615 McKewin Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

6a. If married, widowed, or divorced: HUSBAND of / (or) WIFE of George W. Seipp

6. DATE OF BIRTH (month, day, year) April 6/185[illegible]

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
14 75	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Beaver, Pa.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. Clara Thomas
(Address) 615 McKewin Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date 3/14, 1932

19. UNDERTAKER Jos. Geo. Zan & Co.
(Address) 1219 E. Eager St.

20. FILED Mar [illegible], 19[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19[illegible] to [illegible], 19[illegible]

I last saw h[illegible] alive on [illegible], 19[illegible] Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	
Reported Mitral	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Jos. Geo. Zan M. D.
Coroner
(Address) 508 E Fort Ave

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2500

Dr Delivery to Wash Pk

77593

HEALTH DEPARTMENT—CITY OF BALTIMORE

53 E 77593

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1227 N. Gay St. 8-13 Ward

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Charles Fentz

(a) Residence: No. 1227 N. Gay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma M Fentz

6. DATE OF BIRTH (month, day, year) Aug 20, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	6	21 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME August Fentz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hanna Hartman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Emma M Fentz
(Address) 1227 N. Gay St

18. BURIAL, CREMATION, OR REMOVAL
Place Bethany Date 3/12 1932

19. UNDERTAKER William Cook
(Address) 217 St Paul St

20. FILED MAR 14 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 28 1932 to March 11 1932

I last saw him alive on March 6 1932 death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum -	1 yr
Other contributory causes of importance:	

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. J. Finn, M. D.

(Address) 6 W. Mulberry St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 77594

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77594

CERTIFICATE OF DEATH

23

REGISTERED NO. H-67

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 3100 N Preston St (ST.) (WARD)

2-FULL NAME Geo. E. Pirie

(a) RESIDENCE NO. 3100 N Preston St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced: HUSBAND of ~~and WIFE of~~ Fannie E

6 DATE OF BIRTH (month, day, and year): Jan 28-1903

7 AGE: Years 29 | Months 1 | Days 12 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Book Keeper
(b) General nature of industry, business, or establishment in which employed (or employer): Office
(c) Name of employer: Strip Bros

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Geo F. Pirie

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Ida M Veale

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Fannie E Pirie

(Address): 3100 N Preston St

15 Filed ..... 193 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 11th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) ..... M. D. Coroner

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery

DATE OF BURIAL: 3/12/1932

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

FEB 2 1932 E. HAMPSON JONES, M. D.

Registrar

TION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 77595 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 3 ✓

93 - E 77595

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen. Hosp. St., Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Mary S Brown

(a) Residence: No. 4122 Duvall Ave St., Ward. .....
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm Robert -

6. DATE OF BIRTH (month, day, year) Mch 7 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	11	14/15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Bridgewater Va

FATHER

13. NAME T R Foley

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Dinkle

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Staunton Va Date 3/12 19 32

19. UNDERTAKER William Cook
(Address) 1217 St Paul Street

20. FILED ..... 19 .... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 11 , 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-4- , 1932 to 3-11 , 1932

I last saw h[illegible] alive on 3-11 , 1932 death is said to have occurred on the date stated above, at 7 40 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
CEREBRAL HEMORRHAGE	3-7-32
Other contributory causes of importance: CARONIC MYOCARDITIS & HYPERTENSION	3-5-yr.

Name of operation None Date of .....

What test confirmed diagnosis? CLINICAL Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wilbert R. Wilkerson M. D.

(Address) M.G. Gen. Hospital

A&Co. 5-31 250R

77596 HEALTH DEPARTMENT—CITY OF BALTIMORE

25632

CERTIFICATE OF DEATH

114 E 77596

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 18-76 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Christopher Harris

(a) Residence: No. 531 South Ann St. Ward.
(Usual place of abode) Boone (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Black	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pachia

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Purnell Harris
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Catherine Fulthrop
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cemetery May 12 1932

19. UNDERTAKER Mrs. Kate L. Williams
(Address) 345 N. Schroeder St.

20. FILED ... 19... Registrar

RPN

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1932 to Mar. 7, 1932
I last saw him alive on Mar 7, 1932 death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung abscess	Dec 7 1931
Other contributory causes of importance:	
Operative intervention + shock	

Name of operation Thoracotomy Date of 3/7/32

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Alds, M. D.
(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T—100 B—50L.

E 77597

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77597

CERTIFICATE OF DEATH

82-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (How route to University Hospital)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Allen Whittington

(a) RESIDENCE No 1113 Park Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Whittington

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
66	65	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Dish washer, O
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Md. Club

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Peter Whittington

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Lizzie Battle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs J. C. Whittington.

(Address) 1113 Park Ave

15 Filed ..... 192 ..... Registrar

C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/9 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (autopsy or inquiry.) thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Eugene Feller, M. D. Coroner

March 11, 1932 (Address) 2729 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem.

DATE OF BURIAL 3/13 1932

20 UNDERTAKER Samuel F. Hemsley

ADDRESS 75 N. Bridge

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

77598

HEALTH DEPARTMENT—CITY OF BALTIMORE

208E 77598

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Hospital St., 76-12 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Joseph Wallace Zulauf

(a) Residence: No. 6113 Belair Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Dora Zulauf

6. DATE OF BIRTH (month, day, year) April 20, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry Truck
10. Date deceased last worked at this occupation (month and year) 2/27/32
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME August L. Zulauf
14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Anna L. Wallace
16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT August L. Zulauf
(Address) 6113 Belair Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Mar 14 1932

19. UNDERTAKER John Allent
(Address) 200 E Orleans

20. FILED Mar 12 1932 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Inquiry 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 2:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured right lower ribs punctured lung, hemothorax, pneumonia	3/1 2/27/32
Other contributory causes of importance: Fractured right humerus	

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury? Feb 27 1932
Where did injury occur? Park Hts & Sect Mile Rd
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street accident.
Manner of injury Struck on street by auto truck
Nature of Injury Crushed right chest

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Joseph Toscany M. D.
Coroner
(Address) 220 E Madison St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77599 E 77599

CERTIFICATE OF DEATH

Brooklyn 154

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3707 Second St. 25-15 Ward)

Registered No. .....

If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Infant of Mr. Mrs Edgar A Wolfrom

(a) Residence: No. 3707 Second St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 10 1932

7. AGE	Years	Months	Days	If LESS than 1 day	hrs. or	min.
				16		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Brooklyn Md

FATHER

13. NAME Edgar A Wolfrom

14. BIRTHPLACE (city or town) (State or country) Brooklyn Md

MOTHER

15. MAIDEN NAME Mildred K. Chronister

16. BIRTHPLACE (city or town) (State or country) Brooklyn Md

17. INFORMANT Edgar A Wolfrom
(Address) 3707 Second st

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Mar 12 1932

19. UNDERTAKER John F Denny
(Address) 715 Light St

20. FILED ..., 19... Registrar.

A. 087

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 11 1932

22. I HEREBY CERTIFY, That I attended deceased from Still Birth 19... to 3/10 1932

I last saw him alive on 3/10 1932 and death is said to have occurred on the date stated above, at 12 15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Birth	7 Hours

Other contributory causes of importance:

Postpartum Hemorrhage

Name of operation None Date of X

What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? X Date of injury ..., 19...
Where did injury occur? X
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. X
Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H Hart Davis M. D.
(Address) 1340 E Chase

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

Spec.—9-30—A. & Co.—250 Bks.

E 77600

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77600

CERTIFICATE OF DEATH

11-001

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen. Hosp. ST. 15-21 WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Wilson B. Welch

(a) RESIDENCE NO. 1681 W. North Ave. ST. WARD Lyttonsville Md.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov. 3 1877

7 AGE — Years: 54 — Months: 4 — Days: 8 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer: Jas. Conn.

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: David Welch

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Virginia Fredericks

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Eastman Welch
(Address): Lyttonsville Md.

15 Filed 2 1932, 19 — G. HAMPSON JONES, M. D. — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/11/32

17

I HEREBY CERTIFY, That I attended deceased from 3/9, 19 32, to 3/11, 19 32

that I last saw h[illegible] alive on 3/11, 19 32

and that death occurred, on the date stated above, at 10.05 P.M.

The CAUSE OF DEATH* was as follows:

Influenzal Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dang Eshman M. D.

19 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Mar 14 19 32

20 UNDERTAKER: Newcomer Inc. — ADDRESS: Lyttonsville Md.

ATION is very important. See instructions on back of certificate

1-30—M. & T.—100 B—50L

E 77601

HEALTH DEPARTMENT—CITY OF BALTIMORE

205-007 ✓ E 77601

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 14-20 Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George B. Lyle. (C)

(a) RESIDENCE No 1925 Division St. St., ... Ward .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. 4 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married ~~Widowed or Divorced~~ HUSBAND of ~~(or WIFE of)~~ Ellen Lyle. (C)

6 DATE OF BIRTH (month, day, and year) November 6, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	4	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer. do
(b) General nature of industry, business, or establishment in which employed (or employer): Standard Guano Co.
(c) Name of employer: Fairfield.

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: David Lyle. (C)

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Do not know.

14 Informant: Joseph Lyle. (C) son.
(Address): 1925 Division St.

15 Filed ..... 192 ..... C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 9, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Internal Hemorrhage, Accidentally crushed about the chest by having been struck by a moving bucket.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Standard Phosphate Co.
March 9, 1932

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto Luttermann, M. D. Coroner

3/12/32, 19 (Address) 1019 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary Cemetery

DATE OF BURIAL: March 12 1932

20 UNDERTAKER: Wm. George Ty Holland

ADDRESS: 1631 Druid Hill Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

3/12/1932

Spec.—9-30—A. & Co.—250 Bks

E 77602 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77602

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No Church Home and Infirmary St. 6-10 Ward)

REGISTERED No
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Ida Engelbrecht

(a) RESIDENCE No 6 North Milton Ave, St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mr August Engelbrecht

6 DATE OF BIRTH (month, day, and year) June 1-1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
64		9	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife, 37

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Richard Lehmann

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Wilhelmina J. Moore

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md.

14 Informant August Engelbrecht
(Address) 6 N. Milton Ave.

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 11-1932

17

I HEREBY CERTIFY, That I attended deceased from March 2, 1932, to March 11, 1932

that I last saw h[illegible] alive on March 11, 1932

and that death occurred, on the date stated above, at 8:10 A.M.

The CAUSE OF DEATH* was as follows:

Primary Carcinoma of the left mamma with metastasis to the sternum and ribs

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic myocarditis with pulmonary edema (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical examination

(Signed) Allyn B. Choate M. D.

, 19 (Address) Church Home and Inf.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oakland Cem. DATE OF BURIAL: March 14 1932

20 UNDERTAKER: Wm. A. Black ADDRESS: 922 N. Broadway

TION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 77603

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93 E 77603

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1720 N.Calvert St. (St.) (12-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clifton S.Johns.

(a) RESIDENCE NO 1720 N.Calvert St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Nashua Sealing Co.
(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

10 NAME OF FATHER: William H.Johns.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Do not know.

12 MAIDEN NAME OF MOTHER: Mary J.White.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland.

14 Informant: William S.Carroll.
(Address) 2903 Arlington Ave.

15 Filed ... 1932 ... 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 11, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilotation of the Heart.

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto Hennault, M. D. Coroner

8/12/32, 19 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cem. DATE OF BURIAL: Mch. 12 1932

20 UNDERTAKER: Chas. G. Black ADDRESS: 2742 W. Lanvale ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

REG. 1932 C. HAMPSON JONES, M.D.

A&Co. 5-13 2502

HEALTH DEPARTMENT CITY OF BALTIMORE

77604 — 23 E 77604

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (The.) — Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St. 14 22 Ward)

Length of residence in city or town where death occurred 8 yrs. ____ mos. ____ ds. How long in U.S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Warren Harrison

(a) Residence: No. 231 N. Gilmor st. St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Delia Harrison

6. DATE OF BIRTH (month, day, year) 1899

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	33			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Presser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Greenville South Carolina

FATHER

13. NAME Edward Harrison

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Manie Prestly

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 5/12/1932

19. UNDERTAKER Chas. E. Cooper
(Address) 514 N. Calhoun St.

20. FILED MAY 12 1932, 19____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1932 to March 8, 1932

I last saw h im alive on March 8, 1932 death is said to have occurred on the date stated above, at 1.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1 year

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Laurence de Sena, M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 77605

HEALTH DEPARTMENT CITY OF BALTIMORE

E 77605

CERTIFICATE OF DEATH

93

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5213 Eastern Ave. St., 26 Ward

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U.S. If of foreign birth? 40 yrs mos da

2. FULL NAME George Leda "Ledy"

(a) Residence: No. 5213 Eastern Ave St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Late Mary Leda (Ledy)

6. DATE OF BIRTH (month, day, year) Dec. 21-1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER FATHER

13. NAME John Leda (Ledy)

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Maria Szymikowiak

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Charles J. Leda (Ledy)
(Address) 5213 Eastern Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date March 14 1932

19. UNDERTAKER Lilly & Zeiler, Inc.
(Address) 403 S. Wolfe St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 7 1932 to Mar 10 1932

I last saw h— alive on Mar 2 1932 death is said to have occurred on the date stated above, at 5.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Chronic
Other contributory causes of importance:	
Acute Myocarditis	2 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Isaac A. Arthur, M. D.

3/11/32 (Address) 31 S. Highland Ave.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—MAT—1500 Blks.

E 77606

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77606

CERTIFICATE OF DEATH.

107-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 C. Cordova Apt St. 13-54 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dora Levy

(a) RESIDENCE NO. 2 C Cordova Apt, Lake St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fe	W	W.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Morris Levy

6 DATE OF BIRTH (month, day, and year) 1-6-1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	2	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Abaham Solomon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Hannah Dever

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs. May Summerfield

(Address) Cordova Apt

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-11 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb 28, 1932, to March 11, 1932, that I last saw h[illegible] alive on March 11, 1932, and that death occurred, on the date stated above, at 4.35 P. m.

The CAUSE OF DEATH* was as follows:

Bronco-pneumonia

(duration) yrs. mos 13 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical symptoms

(Signed) Frank Levinson, M. D.

, 19 (Address) 2305 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cem.

DATE OF BURIAL 3/13 1932

20 UNDERTAKER J. Abrams #60

ADDRESS 2432 Reisterstown Rd

12 1932 G. HAMPSON JONES, M. D.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AdCo. 5-31 250B

77607

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54 E 77607

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 17-24 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Shepard

(a) Residence: No. 1307 Argyle Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 1, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, 2 hrs. or 13 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ... None
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

FATHER

13. NAME John Shepard
14. BIRTHPLACE (city or town) Philadelphia (State or country) Pa.

MOTHER

15. MAIDEN NAME Sadie King
16. BIRTHPLACE (city or town) Philadelphia (State or country) Pa.

17. INFORMANT ...
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ..., 19...

19. UNDERTAKER ...
(Address)

20. FILED ..., 19... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1932, to Mar. 1, 1932
I last saw him alive on Mar. 1, 1932 death is said to have occurred on the date stated above, at 3:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (30 weeks)	2-7-32

Other contributory causes of importance:

(Immature separation of placenta)

Name of operation None Date of —
What test confirmed diagnosis? Measurements Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Frank T. Rodgers M. D.
(Address) Penna. Bldg.

UNIVERSITY OF MARYLAND MAR 2 1932

MAR 2 1932 H. HUDSON HOYE M.D.

AdCo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE 3

B 77608

93-B 77608

CERTIFICATE OF DEATH

13-54

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Riviera Apts. 4 F. St., ... Ward .....

Length of residence in city or town where death occurred Lifetime How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry Gruber

(a) Residence: No. Riviera Apts. 4 F. St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Regina M. Gruber

6. DATE OF BIRTH (month, day, year) Nov. 14, 1866

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	65	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

FATHER

13. NAME Jacob Gruber
14. BIRTHPLACE (city or town) (State or country) Bavaria

MOTHER

15. MAIDEN NAME Bettie Lauchheimer
16. BIRTHPLACE (city or town) (State or country) Bavaria

17. INFORMANT Mrs. Harry Gruber
(Address) Riviera Apts.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Heb. Friendship Date Mch. 13, 1932

19. UNDERTAKER Harry Sondheim & Son
(Address) 1902 Eutaw Place

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch. 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1932 to March 10, 1932
I last saw him alive on March 10, 1932 death is said to have occurred on the date stated above, at 6 30p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	1927
Myocarditis	5 years
Other contributory causes of importance:	
Acute dilatation of heart	1 day

Name of operation none Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frederick Leitz M. D.
(Address) Temple Garden Apts.

C. HITCHENS JONES, M. D.

OCCUPATION is very important. See Instructions on back of certificate. Exact statement of

Spec.—8-16-29—L. F. S.—100 Blks.

E 77609

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77609

CERTIFICATE OF DEATH

108

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE; (No. 1313 Franklin ST. 14-26 WARD)

2—FULL NAME James H. Brown

(a) RESIDENCE NO. 1313 Franklin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. — mos. 4 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Color	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 4/1913

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
18 - 19	1913	July 8	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Porter of

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Kermit Jewelry, Co.

9 BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

PARENTS

10 NAME OF FATHER James H. Brown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co. Md.

12 MAIDEN NAME OF MOTHER Lucy Bowen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mrs. Wilhelmina Brown

(Address) 1313 W. Franklin St.

15 Filed ..., 19... Registrar

C. HAMPSON JONES, M. D.

FEB 2 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 11, 1932

17 I HEREBY CERTIFY, That I attended deceased from March 7, 1932 to March 11, 1932

that I last saw h... alive on March 11, 1932

and that death occurred, on the date stated above, at 1:30 P m.

The CAUSE OF DEATH* was as follows:

Tobacco Amaurosis

(duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. — mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) H. J. Barksdale, M. D.

19 (Address) 544 N. Carey St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Calvert Co. Maryland

DATE OF BURIAL 3/13 1932

20 UNDERTAKER Walter B. Spriggs

ADDRESS 1394 W. Hamburg St.

Important. See instructions on back of certificate.

AACo. 5-31 250B

77610

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 E 77610

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1500 N. Fulton Ave. St., ... Ward) 15-21

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? 60 yrs. ... mos. ... ds.

2. FULL NAME Lena Stohr.

(a) Residence: No. 1500 N. Fulton Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Gustav Stohr.

6. DATE OF BIRTH (month, day, year) Sept. 12, 1842

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	89	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME ? Berlin,
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles Stohr
(Address) 1500 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lutheran Cem. Date MAR 14 1932 19

19. UNDERTAKER [illegible]
(Address) 2700 Edmondson Ave.

20. FILED ... 1932 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 11 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1932 to March 11, 1932
I last saw her alive on March 11, 1932 death is said to have occurred on the date stated above, at 10-40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurgitation	1929
Other contributory causes of importance:	

Name of operation — Date of —
What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John D. Turner, M. D.
(Address) 1507 N. Fulton Ave.

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 2508

(Marcieszonek)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77611 — CERTIFICATE OF DEATH — 131 — E 77611

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 S. Paca St., 7 7 30 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? 22 yrs. ..... mos. ..... ds.

2. FULL NAME Josephine Marcieszonek

(a) Residence: No. 612 S Paca St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Marcieszonek

6. DATE OF BIRTH (month, day, year) March 19, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER FATHER

13. NAME Andrew Assadourski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Josephine Assadourski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Sophie Marcieszonek
(Address) 612 S Paca St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date March 14, 1932

19. UNDERTAKER Chas B. Kushpaeckas
(Address) 637 S Paca St

20. FILED ....., 19.....
Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 - 11 , 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 , 1932 to 3 - 11 , 1932

I last saw her alive on 3-11- , 1932 death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	3/10/32
Other contributory causes of importance: Cardio-Vascular-Renal Disease	about 6 mos

Name of operation None Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Joseph F Laukaitis M. D.
(Address) 679 Washington Blvd

12 1932 C. PERSON JONES, M. D.

77612 **STATE OF MARYLAND—CERTIFICATE OF DEATH** 16-67 131 E 77612

1. PLACE OF DEATH

County Baltimore Registration Dist. No.

Village or City Baltimore No. 1008 Franklintown Road Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 21 yrs. — mos. — ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary M. A. Schwartz

(a) Residence: No. 1008 Franklintown Road Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

6a. If married, widowed or divorced HUSBAND of (or) WIFE of → Lothaire E. Schwartz

6. DATE OF BIRTH (month, day, and year) July 27, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
71	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ooo

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME William Weikert

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Susan Sell

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Father L. Schwartz

(Address) 1008 Franklintown Road

18. BURIAL, CREMATION, OR REMOVAL

Place Fitzgerald's Cem. Date Mar 15 1932

19. UNDERTAKER John W. Little

(Address) Gatchstown, Pa.

20. FILED ..... 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 3 (Month) — 12 (Day) — 32 (Year) 193

22. I HEREBY CERTIFY, That I attended deceased from Mar 12 1932 to Mar 12 1932

I last saw h alive on Mar 12 1932; death is said to have occurred on the date stated above, at 6 P m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1-1-32
Other Contributory Causes of importance:	
Cardiac Insufficiency	3/11/32

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Shepherd Dorr M. D.

(Address) 1522 Eastern Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requisting U. S. No. 1.

...ease print plainly. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

25749 1 E 77613

CERTIFICATE OF DEATH

117-E 77613

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... St. 19-28 Wall Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth?.... yrs. ... mos. ... ds.

2. FULL NAME John Perlman

(a) Residence: No. 423 N. Pulaski St., ... Ward. Wall

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret

6. DATE OF BIRTH (month, day, year) Feb 10-1891

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
41	40	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Harry Perlman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME ? Chenedel

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Ft Lawn Date 3-13 19 32

19. UNDERTAKER Jack Lewis Inc

(Address) 1439 Eutaw St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 5 1932 to March 12 1932

I last saw him alive on March 12 1932 Death is said to have occurred on the date stated above, at 3 35 p m

The principal cause of death and related causes of importance were as follows:

Hemorrhage from Gastric Ulcer — Date of onset 3/10/32

Other contributory causes of importance: Uremia

Operation: Repair of Incisional Hernia 2/24/32

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) I Rich Cecil Trimble M. D.

(Address) Johns Hopkins

BE CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 77614

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77614

CERTIFICATE OF DEATH

1. PLACE OF DEATH Levindale

CITY OF BALTIMORE: (No. Belvedere & Greenspring Ave. St.) (Ward) 27954 46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 25 yrs. ..... mos. ..... ds.

2. FULL NAME Frieda Molitz

(a) Residence: No. Levindale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jacob

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sigmund Hellman
(Address) Levindale

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 3-13 ..., 19 32

19. UNDERTAKER Jack Levis Inc
(Address) 1429 E Baltimore

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from October 21, 1931, to March 12, 1932

I last saw her alive on March 12, 1932 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the stomach	3-41-31

Other contributory causes of importance:

Name of operation No Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edmund Levin, M. D.

(Address) Levindale

OCCUPATION IS very important. See instructions on back of certificate.

M. D. R. 1268-9

E 77615

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161 E 77615

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St. 13-54 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Meranski

(a) Residence: No. 2020 Whittier Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 17, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Peter Meranski

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Jeanette Goldberg

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Jeanette Meranski
(Address) 2020 Whittier Ave

18. BURIAL, CREMATION, OR REMOVAL
Hebrew Friendship Date 3-13-32, 19

19. UNDERTAKER Jack Kaus Inc
(Address) 1839 E Baltimore St

20. FILED ..., 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1932, to March 11, 1932

I last saw him alive on March 11, 1932 Death is said to have occurred on the date stated above, at 6.55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis Neonatorum	23 days
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Burns M. D.

(Address) Mercy Hospital

OBSERVATION IS very important. See instructions on back of certificate.

AdCo. 5-31 250B

E 77616

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77616

92-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St. 13-59 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U.S. If of foreign birth? 37 yrs. mos. ds.

2. FULL NAME Rose Abrams

(a) Residence: No. 2221 Bryant ave, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Meyer Cadel

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rebecca

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Son Abrams
(Address) 2221 Bryant ave

18. BURIAL, CREMATION, OR REMOVAL
Place Herring Run Date 3-13 1932

19. UNDERTAKER Jack Lewis Lee
(Address) 1439 E. Baltimore st

20. FILED ..... 19.... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-11 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-6-32, 19..., to 3-11, 1932

I last saw her alive on 3-11 1932 death is said to have occurred on the date stated above, at 11:50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Type IV)	3-5-32
Other contributory causes of importance: Mitral Stenosis & Insufficiency	1922

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) M. B. Kirsh M. D.

(Address) Sinai Hospital

1-30—M. & T.—100 B—50L

E 77617

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77617

CERTIFICATE OF DEATH

REGISTERED NO. 186-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital. ST. 6-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street) and number and fill out No. 1a.)

2-FULL NAME Mary Gerber.

(a) RESIDENCE NO 411 N. Luzerne St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? 30 yrs. ---- mos. ---- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a If married, widowed, or divorced (or) WIFE of Leon Gerber.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	----	----	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer None.

9 BIRTHPLACE (city or town) (State or country) Russia.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia.

14 Informant Benjamin Gerber.(son)
(Address) 411 N. Luzerne St.

15 Filed ____, 192 ____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the left Humerus.
Accidental fall down stairway.
Terminal Pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 411 N. Luzerne St.

Did an operation precede death? Yes. Date of February 18, 1932

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto [illegible], Coroner, M. D.

3/13/32 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew South Am. DATE OF BURIAL 3/13 32

20 UNDERTAKER Jack Levin Inc. ADDRESS 1426 Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 2-29-28—L. F. S.—500 Bks.

E 77618

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 77618

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE; (No. 850 Pierce ST. 18-76 WARD)

2—FULL NAME Margaret A Collins

(a) RESIDENCE NO. 850 Pierce St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): widd.

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of: Henry Collins

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years: 77 — Months: — Days: — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Calvert Co. Md

PARENTS

10 NAME OF FATHER: James Brooks

11 BIRTHPLACE OF FATHER (city or town) (State or country): Calvert Co Md

12 MAIDEN NAME OF MOTHER: Margaret Watts

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Calvert Co Md.

14 Informant: Rose Brooks (mother)

(Address): 850 Pierce St

15 Filed . . 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 10, 1932

17 I HEREBY CERTIFY, That I attended deceased from Oct 29, 1931, to March 10, 1932

that I last saw h[illegible] alive on March 10, 1932

and that death occurred, on the date stated above, at 8 30 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary): Arteriosclerosis Cardio-Vascular Renal Disease

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis: Hist. Symptoms, gross pathology

(Signed) Geo. M. McDonald, M. D.

19 (Address) 900 W Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Star Cemetery

DATE OF BURIAL: March 13 1932

20 UNDERTAKER: Mrs Katie R. Williams

ADDRESS 3[illegible] Schroeder St.

1-30 M A [illegible] L

E 77619

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77619

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 573 N. Mount St.) (WARD) 19-27

2-FULL NAME Florence Henry

(a) RESIDENCE NO. 573 N. Mount St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (Write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Mar 9 1896

7 AGE: Years 36 Months 0 Days 0 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Private
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): East Baltimore Md

PARENTS

10 NAME OF FATHER: Louis Henry

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Viola Rungold

13 BIRTHPLACE OF MOTHER (city or town) (State or country): East Baltimore Md

14 Informant: Jas Barge

(Address): 573 N. Mount

15 Filed _____, 192 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 9th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 3 da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) Thos A. Goldsmith M. D.
Coroner

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: March 14, 1932

20 UNDERTAKER: Mrs Lettie R. Williams — ADDRESS 322 Schroeder St.

TION is very important. See instructions on back of certificate.

M. D. B. 1268-9

C 77620

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 77620

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1314 Central ave Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Todd

(a) Residence: No. 1314 Centralave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie Brown Todd

6. DATE OF BIRTH (month, day, year) Oct 12 1839

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
92	√	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James H. Todd

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Crabbe

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT William J. Todd

(Address) 3014 St. Paul ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery Date March 14 1932

19. UNDERTAKER John E. Black

(Address) 1600 Eutaw Place

20. FILED 1932 FEK Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12 1932

22. I HEREBY CERTIFY, That I attended deceased from March 5 1932 to March 12 1932

I last saw h alive on March 11 1932 Death is said to have occurred on the date stated above, at 5 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1930
Other contributory causes of importance:	
Arteriosclerosis	1930

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Chas O'Donovan M. D.

(Address) 3013 St Paul St

OCCUPATION is very important. See instructions on back of certificate.

A4Co. 5-31 2508

E 77621 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

23 E 77621

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1025 S. Charles St St. 24-35 Ward.

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. 3 mos. 22 ds. How long in U.S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Lambert Nordegren

(a) Residence: No. 1473 Woodall St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Son

6. DATE OF BIRTH (month, day, year): Nov 17 1912

7. AGE — Years	Months	Days	If LESS than 1 day, hrs. or min.
19	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shipfitter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Shipyard
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: 5yr

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: George L. Nordegren
14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Ella Williams
16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Mrs Ella Bowman
(Address) 1025 S Charles St

18. BURIAL, CREMATION, OR REMOVAL
Place: Cedar Hill Date: March 15, 1932

19. UNDERTAKER: Charles L. Stevens
(Address) 501 E Fort Ave.

20. FILED ....., 19.... Hfl Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1932, to March 11, 1932

I last saw him alive on March 11, 1932 death is said to have occurred on the date stated above, 1.15 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	about two years prior death

Other contributory causes of importance:

Name of operation: none Date of: - -

What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify - - -

(Signed) Harry Levitsel, M. D.
(Address) 1224-1226 Hanover St.

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 77622

HEALTH DEPARTMENT—CITY OF BALTIMORE

93,003 E 77622

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore Gen. Hos ST., 15-6L WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George E. Blann

(a) RESIDENCE No. 2120 Chelsea Terrace ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Susie Blann

6 DATE OF BIRTH (month, day, and year) April 15, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	10	27 25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Watchman
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Talbot County Maryland

PARENTS

10 NAME OF FATHER Philemon Blann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Plummer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. George E. Blann
(Address) 2120 Chelsea Terrace

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12 19 32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 6 mos ds

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physician

(Signed) H. C. Lantz, M. D. Coroner

19 (Address) North Ave & Division St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: March 14 19 32

20 UNDERTAKER: Joseph B Cook — ADDRESS: 1003 West Baltimore St.

TION is very important. See instructions on back of certificate.

A&Co. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77623

93 E 77623

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 21-29 ..... Ward)

Length of residence in city or town where death occurred life yrs mos ds How long in U S. If of foreign birth? yrs mos ds

2. FULL NAME Corna F. Vordenberg

(a) Residence: No. 1210 James St. St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Jan. 28, ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
75?		13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

FATHER

13. NAME Adam Dietrich

14. BIRTHPLACE (city or town) ?
(State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Straus

16. BIRTHPLACE (city or town) ?
(State or country) Germany

17. INFORMANT Records of
(Address) Balto. City Hospitals

18. BURIAL, CREMATION, OR REMOVAL
Place Westview Cem. Date 3/14 1932

19. UNDERTAKER L. Frew McCully
(Address) 1305 Front

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1932 to March 11, 1932

I last saw her alive on March 11, 1932 death is said to have occurred on the date stated above, at 8:15 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chr. Degeneration. Hypertension	6 years

Other contributory causes of importance:

Bronchopneumonia	4 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. A. Thomas M. D.

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 77624 HEALTH DEPARTMENT—CITY OF BALTIMORE

97-001 E 77624

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No.

City of BALTIMORE: (No. 2012 W. Lafayette Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. John S. Cavanaugh

(a) Residence No. 2012 W. Lafayette Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced, HUSBAND ~~of (or WIFE)~~ Lydia Cavanaugh

6-DATE OF BIRTH (month, day and year) Jan. 28, 1857

7-AGE. 75 yrs. 1 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired

(b) General nature of industry, business, or establishment in which employed (or employer). —

(c) Name of employer. —

9-BIRTHPLACE (city or town) (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER. John Cavanaugh

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Ireland

14- (Informant). Jennie D. Buckheit

(Address) 2012 W. Lafayette Ave.

15- Filed ..... 1932 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 11, 1932

17- I HEREBY CERTIFY, That I attended deceased from March 7, 1932, to March 11, 1932, that I last saw him alive on March 11, 1932, and that death occurred, on the date stated above, at 4 30 P. m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? "

What test confirmed diagnosis? Examination

(Signed) John D. Quinn, M. D.

3/11/32 (Address) 1501 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. New Cathedral

DATE OF BURIAL. 3/14 1932

20-UNDERTAKER. H. B Hamming Son

ADDRESS 1136 Bolton Street

Instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

25-8708
25 77625

CERTIFICATE OF DEATH

181 E 77625
Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
CITY OF BALTIMORE: (No. ..... St., 9-46 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles H. Kelly Sr.
(a) Residence: No. 1542 Fillmore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ada (Clay) 9/24/88

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
75	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist - Auto.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md -

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records - JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place St. Johns Cem. Date 3/14/32 19

19. UNDERTAKER George J. Kelly Inc
(Address) 1735 Hanford Ave Govans

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar-11 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar-10 1932 to Mar-11 1932
I last saw him alive on Mar-11 1932 Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
erysipelas	2-27-32
bronchopneumonia	3-9-32 (?)

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ... erysipelas started over [illegible] scalp and face

(Signed) Caroline C. Bedell, M. D.
(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77626

CERTIFICATE OF DEATH

131

E 77626

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 306 Lorraine Ave ST. 12-50 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lilly Belle Coakley

(a) RESIDENCE NO. 306 Lorraine Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Walter J. Coakley

6 DATE OF BIRTH (month, day, and year):

7 AGE: Years 65 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Timberville Va.

PARENTS

10 NAME OF FATHER: John Coakley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Barbara Garricoff

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: R. N. Painter

(Address): 306 Lorraine Ave

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 12, 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 1932, to March 12, 1932,

that I last saw her alive on March 12, 1932,

and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerotic Cardio-vascular renal disease

(duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary): Chronic nephritis - uremia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Samuel B. Wolf M. D.

19 (Address) 1831 E. Monument Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Timberville Va.

DATE OF BURIAL: March 15 1932

20 UNDERTAKER: Stephen D. Fealtherstone INC

ADDRESS: 1000 E Lanvale Ave

Important. See instructions on back of certificates.

OCT 10 1932

AaCo. 5-11 250B

E 77627 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77627

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 8-16 Ward)

Length of residence in city or town where death occurred ...yrs.... mos.... ds. How long in U.S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Charles Mills

(a) Residence: No. 1929 N. Patterson Park Ave St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Pearl L. Mills

6. DATE OF BIRTH (month, day, year) Jan 1 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. John Grimes

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMANT Pearl L. Mills

(Address) 1929 N. Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date March 14 1932

19. UNDERTAKER Stephen J. Szatkowski Inc

(Address) 1500 E. Lenwood Ave

20. FILED ..... 19.....

Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1932 to March 10, 1932

I last saw him alive on March 10, 1932 death is said to have occurred on the date stated above, at 11:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pseudo cerebral hemorrhage.	2/25/32
Uremia, hypertension	2/26/32
Other contributory causes of importance:	
Bilateral Pneumonitis	3/22/32

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) F. W. Strahan, M. D.

(Address) University Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77628

CERTIFICATE OF DEATH

E 77628

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St., 4-7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Brother Faber Meddinger

(a) Residence: No. Emmendale, Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
76?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New York
(State or country)

FATHER

13. NAME Meddinger
14. BIRTHPLACE (city or town) ?
(State or country)

MOTHER

15. MAIDEN NAME ?
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Emmendale Date Mar 15 . 1932

19. UNDERTAKER Lloyd Keiser & Sons
(Address)

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/13/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from 3/6/32 . 19 . to 3/13/32 . 19 . I last saw h.. alive on 3/13/32 . 19 . Death is said to have occurred on the date stated above, at 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7 days

Other contributory causes of importance:

Bronchio-Pneumonia	5 days

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) F. L. Chambers . M. D.

(Address) Mercy Hosp.

OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

77629

CERTIFICATE OF DEATH

216439

46 E 77629

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mrs Hope Retreat St., 25-63 Ward)

Length of residence in city or town where death occurred 34 yrs. 6 mos ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME Almeda Roberts

(a) Residence: No. Mrs Hope Retreat St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Jan 13 1857

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	75	2	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent Co Delaware

FATHER

13. NAME Geo. Horton Roberts

14. BIRTHPLACE (city or town) (State or country) Portsmouth New Hampshire

MOTHER

15. MAIDEN NAME Deborah L. Penney

16. BIRTHPLACE (city or town) (State or country) Kent Co Delaware

17. INFORMANT Mrs Hope Reeds
(Address) Mrs Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Md Date March 15, 1932

19. UNDERTAKER The W. C. White Co
(Address)

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13. 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1924 to March 13, 1932

I last saw her alive on March 12 1932 death is said to have occurred on the date stated above, at 11:40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	Autumn
Chr Myocarditis	
	?
Senile Dementia	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton P. Hall, M. D.

(Address) Mrs Hope Retreat

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 250B

B 77630 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77630

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Ruth A. Haddock

(a) Residence: No. R.D #1 North East St., Cecil Co. Md.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of — Widowed (?)

6. DATE OF BIRTH (month, day, year) Sept. 21, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57 58 yrs.	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 066
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Joseph T. Reed (d)
14. BIRTHPLACE (city or town) (State or country) Md.
15. MAIDEN NAME Isabel ? (d)
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Bayview Date Mch 18 1932

19. UNDERTAKER A. J. Abercrombie
(Address) Elkton Md

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13 1932

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1932 to March 13, 1932
I last saw her alive on March 13 1932 death is said to have occurred on the date stated above, at 5-45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myeloid leukemia	—
Uremia	

Other contributory causes of importance:

Abscess & abscess left thigh

Name of operation Incision & drainage of abscess 3/7/32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel McLanahan, M. D.
(Address) Union Mem. Hospital

OCCUPATION is very important. See instructions on back of certificate.

AsCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77631

E 77631

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 544 E. 22nd St., 9-46 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William J. Hamilton

(a) Residence: No. 544 E. 22nd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 8th 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grain Merchant (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME James J. Hamilton

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Catherine Noble

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Miss Catherine Hamilton
(Address) 544 E. 22nd St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Cathedral Date 3/14/1932

19. UNDERTAKER E. J. Fanning & Son
(Address) 1938 E. Lafayette Ave.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 11th 1932

22. I HEREBY CERTIFY, That I attended deceased from March 4 1932 to March 11 1932

I last saw h[illegible] alive on March 11 1932 death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/4/32
Myocarditis	
Other contributory causes of importance:	
Arteriosclerosis	1 yr

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James White M. D.

(Address) 532 E. 22nd St

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77632

CERTIFICATE OF DEATH

V23 E 77632

1. PLACE OF DEATH Baltimore City Hospitals (Tbc.) Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 1-1 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Andrzej Henry Swieg (Swiec)

(a) Residence: No. 1228 S. Elwood ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Swiec

6. DATE OF BIRTH (month, day, year) Apr. 12, 1888

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
44	43	11		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tin Mill
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER FATHER
13. NAME William Swiec
14. BIRTHPLACE (city or town) (State or country) Poland
15. MAIDEN NAME Annie (Unknown)
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date March 15, 1932

19. UNDERTAKER M. Bazewicz
(Address) 1932 Eastern Ave

20. FILED ..., 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1931 to March 12, 1932
I last saw him alive on March 12, 1932 death is said to have occurred on the date stated above, at 1.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pul Tuberculosis	1 yr.

(Other contributory causes of importance)

Name of operation ... Date of ...
What test confirmed diagnosis Clinw as there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19 ...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Laurence M. Sera, M. D.
(Address) Baltimore City Hospitals

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77633

E 77633

131 V

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2901 Winchester St. 16-67 (Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Shellman J Frankfurter

(a) Residence: No. 2901 Winchester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, (Widowed) or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sophia Frankfurter

6. DATE OF BIRTH (month, day, year) July 19 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 075

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Daniel Frankfurter

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Albertina Futterman

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs F B. Snyder

(Address) 2901 Winchester St.

18. BURIAL, CREMATION, OR REMOVAL

Place Humpstead Date March 14 1932

19. UNDERTAKER W. J. Jackson - Sons

(Address) Walbrook Penna Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 11 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1932 to Mar 11 1932

I last saw him alive on Mar 11 1932 Death is said to have occurred on the date stated above, at 9.40 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Organic Heart

Other contributory causes of importance:

Intestinal Nephritis -

Name of operation ..... Date of .....

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Polatnick M. D.

(Address) 2502 Eutaw Place

Instructions on back of certificate.

AsCo. 5-31 250B

7634

HEALTH DEPARTMENT—CITY OF BALTIMORE 7634

CERTIFICATE OF DEATH

93-603

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3116 Clifmont Ave St. or Ward) 8-40

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME G. Henry A Strobel

(a) Residence: No. 3116 Clifmont Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary E Brown

6. DATE OF BIRTH (month, day, year) Nov 4, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Moving Picture

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business

10. Date deceased last worked at this occupation (month and year) Ret

11. Total time (years) spent in this occupation 15 Yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Charles Strobel

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Christina Kurz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary E Strobel (Address) 3116 Clifmont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date March 15 1932

19. UNDERTAKER John Leach (Address) 2228 Gilmore St

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 6 1932 to Mar 12 1932

I last saw h in alive on Mar 12 1932 death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	
Bronchial asthma.	

Other contributory causes of importance:

Terminal Pneumonia

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) E. H. Donally, M. D.

(Address) 617 Park Ave

AaCo. 5-31 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77635

CERTIFICATE OF DEATH

100 E 77635

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 807 Winston Ave St. Govans (Ward) 27 15 8

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellis L. Seidel

(a) Residence: No. 807 Winston Ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 12, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sep.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Fairview Pa

FATHER

13. NAME John A. Seidel
14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Elizabeth Hood
16. BIRTHPLACE (city or town) (State or country) Duncannon Pa

17. INFORMANT Frank E. Seidel
(Address) 3153 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 3/15 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul st

20. FILED ... 19 Sept. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 12 1932

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1932 to March 12, 1932
I last saw h[illegible] alive on March 12, 1932 death is said to have occurred on the date stated above, at 7:33 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5 Day
Other contributory causes of importance:	
Cardiac Failure	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Chas. V. Keer, M. D.
(Address) 408 Fairfax ave

3/14/32

A&Co. 5-31 250B

E 77636 HEALTH DEPARTMENT—CITY OF BALTIMORE

46 E 77636

CERTIFICATE OF DEATH

1. PLACE OF DEATH 2706 Hugo Ave

CITY OF BALTIMORE: (No. 2706 St., 9-46 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Geo Washington Sanders

(a) Residence: No. 2706 Hugo Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 27 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. U S Navy Retired 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Geo Cannon
(Address) 2706 Hugo Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 3/15 1932

19. UNDERTAKER H M Cook
(Address) 1412 E Fort Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 12 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 13 1932 to Mar 12 1932

I last saw him alive on Mar 12 1932 death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	?
Metastasis to Liver	?
Pneumonia as my final visit	

Other contributory causes of importance:

Hypocarditis & Arteriosclerosis	?
Present at final visit	

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas C Wm Judd, M. D.

(Address) 222 Woodlawn Rd.

AACo. 5-31 250M

E 77637 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

32-002

E 77637

1. PLACE OF DEATH Baltimore City Hospitals (Tbc.) Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St. 42-51 Ward)

Length of residence in city or town where death occurred 2 yrs. ____ mos. ____ ds. How long in U.S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Siegfield Kofler

(a) Residence: No. 2102 N. Charles St., ____ Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harriet Kofler

6. DATE OF BIRTH (month, day, year) Feb. 15, 1874

7. AGE Years	Months	Days	If LESS than 1 day.. hrs. or min.
58	0	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Francis Kofler

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Margaret ?

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Mch 15 1932

19. UNDERTAKER Baltimore Corp
(Address) 1217 St Paul St

20. FILED ____, 19____ ____
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1932 to March 12, 1932

I last saw him alive on March 12, 1932 death is said to have occurred on the date stated above, at 6.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary tuberculosis	May 1931
Other contributory causes of importance:	

Name of operation ____ Date of ____

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? If so, specify ____

(Signed) Lawrence H. Fera, M. D.

(Address) Baltimore City Hospitals

A4Co. 5-11 250M

E 77638 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77638

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2500 Maryland Ave Ward)

Length of residence in city or town where death occurred 3 yrs mos ds How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Redgley S Fleharty

(a) Residence: No. 2500 Maryland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Sept 30 1928

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
3	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Paul S Fleharty

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Elizabeth Nicholson

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Margaret Nicholson

(Address) 2500 Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cem Date May 14th 1932

19. UNDERTAKER Wellington Cook

(Address) 1217 St Paul St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1932 to March 12, 1932

I last saw him alive on March 11, 1932 death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Capillary Acute Bronchitis	3-7-32
Probable influenzal pneumonia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo M Steele, M. D.

(Address) 2438 Mary Land Ave

AACo. 5-31 250B

E 77639 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77639

CERTIFICATE OF DEATH

Registered No. 50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1542 Holbrook St. 9-16 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theresa M. Walsh

(a) Residence: No. 1540 Holbrook St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Robert J. Walsh

6. DATE OF BIRTH (month, day, year): July 6, 1873

7. AGE: Years 58 | Months 7 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): England

MOTHER FATHER

13. NAME: James Whatmore

14. BIRTHPLACE (city or town) (State or country): England

15. MAIDEN NAME: Whatmore

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT: Robert J. Walsh
(Address) 1540 Holbrook St

18. BURIAL, CREMATION, OR REMOVAL: Mt. Calvary Date 3/15, 32

19. UNDERTAKER: J. M. Cox
(Address) 1212 E. Baltimore St.

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb., 1930, to March 13, 1932

I last saw her alive on March 13, 1932 death is said to have occurred on the date stated above, at 1:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Epithelioma Generalized Metastasis	1930
Other contributory causes of importance: Bronchial Pneumonia	3/11/32

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Samuel B. Apple, M. D.

(Address) 1331 E. Monument St.

A&Co. 5-31 2500

E 77640 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77640

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2705 E Orleans St. 6-10 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John G. Feller

(a) Residence: No. 2705 E Orleans St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sophia Feller

6. DATE OF BIRTH (month, day, year): Dec 11, 1855

7. AGE: Years 77 | Months 1 | Days 2 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk, Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Dept Store

10. Date deceased last worked at this occupation (month and year): 1926

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Conrad Feller

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Conrad Feller
(Address) 3108 Hall Ave

18. BURIAL, CREMATION, OR REMOVAL: Loudon Park Date 3/15, 1932

19. UNDERTAKER: Wm Cook
(Address) 1217 E Fayette St

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Febr. 20, 1932 to March 13, 1932

I last saw him alive on March 13, 1932 death is said to have occurred on the date stated above, at 4:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Obstructive Jaundice	unknown

Other contributory causes of importance:

Chronic Myocarditis	

Name of operation none Date of ...

What test confirmed diagnosis? R.E. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Jos. A. Rosenblatt, M. D.

(Address) 3018 O'Donnell St.

Occupations are to be entered only when they have existed for some time. See instructions on back of certificate.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

E 77641

CERTIFICATE OF DEATH

E 77641

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 11-15 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S. if of foreign birth 30 yrs. mos. ds.

2. FULL NAME Isaac Goldstein

(a) Residence: No. 90 (Usual place of abode) St. N. Calvert St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Jewish	M.

5a. If married, widowed, or divorced HUSBAND of Mrs. Isaac Goldstein

6. DATE OF BIRTH (month, day, year) 1-25-67

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

MOTHER FATHER

13. NAME Dave Goldstein

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Roy

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT wife Rose Goldstein

(Address) 1905 N Calvert St

18. BURIAL, CREMATION, OR REMOVAL Mariner Rosedale Date 3-14 1932

19. UNDERTAKER Jack Lewis Inc

(Address) 1439 E. Baltimore st

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13th 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-23-1932 to 3-13-1932

I last saw him alive on 3-13-1932 death is said to have occurred on the date stated above, at 10.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intermuscular heart disease	1-14-31
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Richard Pearce, M. D.

(Address) Union Mem. Hosp.

THE INFORMATION ASKED FOR IN THIS CERTIFICATE IS REQUIRED IN THE INTEREST OF ACCURACY AND UNIFORMITY IN THE REGISTRATION OF DEATH. IT SHOULD BE SUPPLIED AS COMPLETELY AND ACCURATELY AS POSSIBLE.

AaCo. 5-31 250B

William H. Miller

77642 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 77642

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. Ward)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Miller

(a) Residence: No. 630 Scott St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mollie A. Muller

6. DATE OF BIRTH (month, day, year): Mar 10. 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

MOTHER FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mollie A. Muller

(Address) 630 Scott St

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: Mar 15 1932

19. UNDERTAKER: Mrs. Mrs. John W. Teufel & Son

(Address) 501 W. Fayette St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-12-32, 19

22. I HEREBY CERTIFY, That I attended deceased from 6-22, 1931, to 3-12, 1932

I last saw h[illegible] alive on 3-12, 1932 death is said to have occurred on the date stated above, at 1:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystitis. TBc.	1 yr.

Other contributory causes of importance:

Name of operation: — Date of: —

What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Lawrence H. Sims, M. D.

(Address) Balto. City Hospitals

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77643

CERTIFICATE OF DEATH

11-00

E 77643

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2730 Hugo Ave 9-46 Ward)

Length of residence in city or town where death occurred 60 yrs mos ds How long in U. S. If of foreign birth? yrs mos ds

2. FULL NAME Sarah A. Kent

(a) Residence: No. 2730 Hugo Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph W. Kent.

6. DATE OF BIRTH (month, day, year) Oct 8. 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York City N.Y.

FATHER

13. NAME Wm. Acker

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Sadie S. Robinson
(Address) Box 148 Severn. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Mar. 15. 1932.

19. UNDERTAKER Mgr. Mrs. John W. Tuffendson
(Address) 501 N. Fayette St.

20. FILED ..... 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 13. 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 2. 1932. to Mar 13. 1932

I last saw her alive on Mar 2 1932 Death is said to have occurred on the date stated above, at 3.30 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	3/8/32
Other contributory causes of importance: Grip	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) [illegible] M. D.

3/13/32 (Address) 1858 Hanford Rd

AACo. S-H 250B

HEALTH DEPARTMENT CITY OF BALTIMORE

E 77644

E 77644.

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 773 Curran St. 20 Ward) 20-69

Length of residence in city or town where death occurred Ave yrs mos da How long in U.S. if of foreign birth? yrs mos da

2. FULL NAME William Gobus

(a) Residence: No. 773 Curran St., 20 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M | 4. Color or Race: W | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or WIFE of): Ann Elizabeth Gobus

6. DATE OF BIRTH (month, day, year): Dec 24 1855

7. AGE: 76 Years | 3? Months | 19 Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Butcher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER
13. NAME: Thos Gobus
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER
15. MAIDEN NAME: Parkinson
16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs E. Gobus (Address) 773 Curran St

18. BURIAL, CREMATION, OR REMOVAL: Pleasant View Cem Date 3/15 19 32

19. UNDERTAKER: Chas Traynham (Address) 512 Eutaw St

20. FILED ..... 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/17 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 1932 to Mar 17 1932

I last saw him alive on Mar 11 1932 death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rt Side Hemiplegia	3 days
Other contributory causes of importance: Hypertension & Arteriosclerosis	10 yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Howard Kelly M.D.
(Address) 7027 Wendover Rd

INFORMATION is very important. See instructions on back of certificate.

AACo. 5-31 2908

HEALTH DEPARTMENT CITY OF BALTIMORE

E 77645

E 77645

CERTIFICATE OF DEATH

108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 236 N Durham St. 6-9 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John A Johnson

(a) Residence: No. 236 n Durham St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Charles Johnson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lena Jarrett

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Lena Johnson

(Address) 236 N Durham St

18. BURIAL, CREMATION, OR REMOVAL

Place National Date Mch 15 1932

19. UNDERTAKER Ida Snowden

(Address) 1720 E Madison

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-12 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-14 1932 to 3-12 1932

I last saw him alive on May 12 1932 death is said to have occurred on the date stated above, at 5 10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage Pneumonia	May 4

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W S Allen M. D.

3-14-32 (Address) 50 Ausquith St

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

B 77646 HEALTH DEPARTMENT—CITY OF BALTIMORE +9√E 77646

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sydenham Hospital St., 9-18 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Bryant

(a) Residence: No. 1307 Holbrook Ave. St., Ward. Augusta Ga.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/29/30

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	1	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Augusta Ga.

FATHER

13. NAME Isaac Bryant
14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Myrtle Crabtree
16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Mrs. Isaac Bryant
(Address) 1307 Holbrook Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore County Date March 14th 19 32

19. UNDERTAKER Henry Heath Sons Inc
(Address) 1301 E. Eager St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/13/32 19

22. I HEREBY CERTIFY, That I attended deceased from 3/6/32, 19, to 3/13/32, 19
I last saw him alive on 3/13/32, 19 death is said to have occurred on the date stated above, at 10:15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	4 wks.
Other contributory causes of importance:	
Bronchial Pneumonia	3/31/32

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. V. Jackson M. D.
(Address) Sydenham Hospital

M. D. B. 1268-9

E 77647 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77647

25/1969

CERTIFICATE OF DEATH

X 423

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-9 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Silvia Smart

(a) Residence: No. 404 Railroad ave St., Ward. Towson Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John

6. DATE OF BIRTH (month, day, year) 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Brandly Hollis

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Lizzy ? "

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Pleasant Rest Date 3-15 1932

19. UNDERTAKER Byron Wright

(Address) 1218 McCulloh St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1932 to March 12, 1932

I last saw her alive on March 12, 1932 Death is said to have occurred on the date stated above, at 7.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis generalized	3/11/32
Paralytic Ileus	3/10/32

Other contributory causes of importance:

Pulmonary tuberculosis	Sept 1931
Full term pregnancy with delivery by Caesarean Section	June 1924

Name of operation Caesarean Section Date of March 7, 1932

What test confirmed diagnosis Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Ross A. Jack M. D.

(Address) Johns Hopkins Hospital

M. D. H. 3265-0

E 77648

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77648

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 Homestead St., 9-46 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. da. How long in U. S. If of foreign birth? 58 yrs. mos. da.

2. FULL NAME Christina Frommer

(a) Residence: No. 816 Homestead St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Martin Frommer

6. DATE OF BIRTH (month, day, year) June 1/1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Factory Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cigar

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Geo. J. Muth, Inc.
(Address) 1701 Harford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Cemetery Date March 14 1952

19. UNDERTAKER George J. Muth Inc
(Address) 1701 Harford Ave

20. FILED 19 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11/52

22. I HEREBY CERTIFY, That I attended deceased from 19 . to 19 .

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows: Probably Myocardial Insufficiency — Date of onset

Other contributory causes of importance: Senile Sclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so specify

(Signed) J. S. Hoffman Coroner, M. D.

(Address) 508 E. Fayette

Spec.—2-29-28—L. F. S.—500 Bks.

E 77649

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77649

CERTIFICATE OF DEATH

REGISTERED NO. 13-57

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2136 Woodbury Ave ST.) (WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Minnie E. Forester.

(a) RESIDENCE NO. 2136 Woodbury Ave ST. WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	marrid.

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of David A. Forester.

6 DATE OF BIRTH (month, day, and year) June 28 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	8	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER George E. Bell.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Laura V. Price

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant David A. Forester.
(Address) 2136 Woodbury Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12, 1932

17 I HEREBY CERTIFY, That I attended deceased from March 1st, 1930, to March 12th, 1932.

that I last saw h alive on March 11th, 1932.

and that death occurred, on the date stated above, at 1.55 p. m.

The CAUSE OF DEATH* was as follows: Cancer right breast. Abscess. Cancer. Abscess of lung.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical & Clinical diagnosis

(Signed) O. J. Sheeak. M. D.

3/14/32, 19 32 (Address) 36 1/2 Foster Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park. DATE OF BURIAL: March 17 1932

20 UNDERTAKER: Thurnwald Son ADDRESS: 1515 Aisquith St

1-30—M. & T.—100 B—50L

E 77650

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77650

CERTIFICATE OF DEATH

93-004

REGISTERED NO. 13-52

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Penitentiary. (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward C. Harvey.

(a) RESIDENCE NO. 3438 Keswick Rd. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. 7 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married HUSBAND of Alice Harvey.

6 DATE OF BIRTH (month, day, and year) July 16, 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	7	26 27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Chief Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): Maryland Penitentiary.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER James E. Harvey.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Rose Cookel.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Alice Harvey. (wife)

(Address) 3438 Keswick Rd.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 13, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardiol Insufficiency.

Acute dilatation of the Heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto Bernheimer, M. D. Coroner

3/14/32 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Moore Cemetery

DATE OF BURIAL: Mar 16 1932

20 UNDERTAKER: Edmondson

ADDRESS: 3615 Eastern Ave

TION is very important See instructions on back of certificates.

Spec.--2-29-28—L. F. S.—500 Bks.

E 77651.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77651.

CERTIFICATE OF DEATH

23

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 622 W 33rd St. ST. 13-51 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Gladys Kone

(a) RESIDENCE NO. 622 W 33rd St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 29, 1903

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
29	1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Telephone Operator

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md.

PARENTS

10 NAME OF FATHER Frank H. Kone.

11 BIRTHPLACE OF FATHER (city or town) (State or country) md.

12 MAIDEN NAME OF MOTHER Sarah E. Shaffer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Sarah E. Kone

(Address) 622 W 33rd St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) march 12, 1932.

17 I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1931 to March 12, 1932.

that I last saw her alive on March 12, 1932

and that death occurred, on the date stated above, at 5P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Exhaustion

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary & Intestinal Tb.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) D. H. Martin, M. D.

, 19 (Address) 4037 Falls Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge. DATE OF BURIAL mar 15, 1932

20 UNDERTAKER Chenowith & Son ADDRESS 3615 Eastern Ave

1-30—M & T.—100 B—50L

E 77652, Thelma L Bowen E 77652,

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3101 Chestnut Ave ST. 13-51 WARD)

2-FULL NAME Thelma L Bowen

(a) RESIDENCE NO 3101 Chestnut Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Milton Bowen

6 DATE OF BIRTH (month, day, and year) Dec 31 1907

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25 27	2	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md.

PARENTS

10 NAME OF FATHER George Fischer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Jennie Potter

13 BIRTHPLACE OF MOTHER (city or town) md (State or country)

14 Informant Jennie Fischer

(Address) 3101 Chestnut Ave

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/12 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry, find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John Bowen, Coroner, M. D.

3/12, 1932 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cem	mar 15 1932
20 UNDERTAKER	ADDRESS
Chenowith & Son	3615 Chestnut Ave

TION is very important See instructions on back of certificate.

M. D. B. 1268-0

E 77653

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77653

258350

CERTIFICATE OF DEATH

X 4/21

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 15 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jessie Mackenzie

(a) Residence: No. Route 6 Tolwson St. Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Mackenzie

6. DATE OF BIRTH (month, day, year) Jan 1 - 1859

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	73	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME Wm Mackenzie

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Margaret ?

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT [redacted] Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Waugh Cem Date 3/17 1932

19. UNDERTAKER Frederick Lassahn

(Address) 7401 Belair Rd

20. FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14. 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 29 1932 to March 14 1932

I last saw her alive on March 14 1932 Death is said to have occurred on the date stated above, at 12.40 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	3-1-32

Other **contributory causes** of importance:

Chr. chronic myocarditis arteriosclerosis

Name of operation appendectomy & removal of breast Date of 3-10-32

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify No.

(Signed) Hume Wilson Zeiler M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

E 77654

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77654

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 7-9 St., 1105 Ward)

Registered No. E 77654

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ethel Holland

(a) Residence: No. Rockville Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas

6. DATE OF BIRTH (month, day, year) Feb 14 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50		29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME Alfred Winsor

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Sarah DeBois

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Friends
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Sandy Spring Md 19...

19. UNDERTAKER Geo A Thomas
(Address) Rockville Md

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 28 1932 to March 1 1932

I last saw her alive on March 1 1932 Death is said to have occurred on the date stated above, at 1 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post operative Pneumonia	3-11-32
Secondary anemia	3
Circulatory Failure	3-12-32

Other contributory causes of importance:

Name of operation Hysterectomy 3-5-32 Date of Secondary Anemia 3-11-32

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Charles M McLane M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268

E. 27655 Annice C Woolford

E 77655 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77655

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1203 Harlem Ave St., 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 4 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annice Credett Woolford.

(a) Residence: No. 1213 Harlem Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	Colored.	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of C. W. Woolford.

6. DATE OF BIRTH (month, day, year) Nov 24 1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
37	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington.

FATHER

13. NAME Wm. F. Credett.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Nellie Vessels.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT C. W. Woolford.

(Address) 1213 ~~Harlem~~ Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Mar. 16, 1932

19. UNDERTAKER Harry E. Dent & Co.

(Address) 700 N. Carrollton Ave.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1931 to March 12, 1932

I last saw her alive on March 12, 1932 Death is said to have occurred on the date stated above, at 6.25 P.m.

The principal cause of death and related causes of importance were as follows:

Primary cancer of left breast + metastases in glands + liver. — Date of onset .....

Other contributory causes of importance:

Name of operation Breast removed Date of ..... May 1930

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Harry Dee Carty, M. D.

(Address) 27 W. Pres. Ave Balto

Instructions: Every question must be answered. See instructions on back of certificate.

AACo. 5-31 250B

77656 HEALTH DEPARTMENT—CITY OF BALTIMORE

11456 CERTIFICATE OF DEATH 108 E 77656

1. PLACE OF DEATH Baltimore City Hospitals Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 11-24 Ward)

Length of residence in city or town where death occurred life yrs mos da How long in U.S. If of foreign birth? yrs mos da

2. FULL NAME Euguene Hutchins

(a) Residence: No. 1237 Druid Hill Ave St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
60 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 70

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Samuel B. Hutchins

14. BIRTHPLACE (city or town) ? (State or country) Md.

MOTHER

15. MAIDEN NAME Annie Frazier

16. BIRTHPLACE (city or town) ? (State or country) Md.

17. INFORMANT Records of Balto. City Hosp. (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Cem. Date 3/17, 1932

19. UNDERTAKER Samuel A. Hemsley (Address) 578 N. Bradford St

20. FILED ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1930 to March 12, 1932

I last saw him alive on March 12 1932 death is said to have occurred on the date stated above, at 2:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	3-7-32

Other contributory causes of importance:

none	

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify —

3-12-32 (Signed) Elmer Hightberger, M. D.

(Address) Balto. City Hosp.

1-30—M & T.—100 B—50L E. 77657

E. 77658

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77657.

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 565 Dolphin (St.) 17-27 (Ward) 87

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Bailey.

(a) RESIDENCE NO. 565 Dolphin ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, Divorced (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Bailey.

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	63			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: John Bailey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Celia Butler

(Address) 1113 Argyle Ave

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 12th 19 32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) Inquest thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) Sudden

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) Wm F. Holland, M. D.

(Address) Govans

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: 31 19 32

20 UNDERTAKER: Samuel F. Lancaster

ADDRESS: Middle

TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

677658

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183 E 77658

REGISTERED NO.

1-PLACE OF DEATH: Found floating in the water at W. Md. R.R. Bridge Spring Gardens (WARD) 24-35

CITY OF BALTIMORE: (No.) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME: Unknown. (C)

(a) RESIDENCE NO. Do not know. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Do not know.

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Do not know.

PARENTS

10 NAME OF FATHER: Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Do not know.

12 MAIDEN NAME OF MOTHER: Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Do not know.

14 Informant: Police Report. S.D.

(Address)

15 Filed ..., 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Found February 26, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.
Probably accidental.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt, Coroner, M. D.

3/7/32 19 (Address) 1019 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: PUBLIC CEMETERY

DATE OF BURIAL: MAR 14 1932 19

20 UNDERTAKER

ADDRESS

SECTION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 77659

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77659

CERTIFICATE OF DEATH

Registered No. 10-1440

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Irene Hardy

(a) Residence: No. 909 Somerset St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Benny

6. DATE OF BIRTH (month, day, year) 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. private home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME ~~Henry Booker~~

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Susie Booker

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Hopkins Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Johns cemetery Date march 14 1932

19. UNDERTAKER Edward Bryan

(Address)

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10/32 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 Death is said I last saw h alive on inquiry , 19 to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	3/1/3
Septicemia	3/6/3

Other contributory causes of importance:

Incomplete Abortion (Spontaneous)	2/26

Name of operation Completion of Date of 3/2/32

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jos V Baccino M. D.

(Address) 508 Ermon Coroner

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77660

CERTIFICATE OF DEATH

93-003

Registered No. E 77660

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5411 Parkhurst St. Ward) 27-55

Length of residence in city or town where death occurred 45 yrs. mos ds. How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Hettie K. Eaton

(a) Residence: No. 5411 Parkhurst Ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced (or) WIFE of Harry C. Eaton

6. DATE OF BIRTH (month, day, year) Feb 26 1862

7. AGE: Years 70 | Months | Days 16 15 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME J. B. Young

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Margaret Beaver

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mr Harry C. Eaton (Address) 5411 Parkhurst Ave

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cem Date May 15 1932

19. UNDERTAKER J. C. Marshall (Address) 1613 Eastern Ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 12 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 22 1932 to March 11 1932

I last saw her alive on March 11 1932 death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Thos E Vaughan M. D.

(Address) 1602 Runna Rd

Spec. 4 70—A. & Co.—250 Blks Dora Woody Gerhard

E 77661 HEALTH DEPARTMENT—CITY OF BALTIMORE 77661

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1624 Light St. 23-32 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Dora Woody Gerhard.

(a) RESIDENCE NO. 1624 Light St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred 7 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White.	Married.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frederick Gerhard.

6 DATE OF BIRTH (month, day, and year) Dec. 15, 1860.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71.	2.	27.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home. 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Don't know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Don't know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Mrs. Frederick Gerhard
(Address) 509 E. Randall St.

15 Filed Mar 14 1932 M.L. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 12, 1932

17 I HEREBY CERTIFY, That I attended deceased from Mar. 10, 1932, to Mar. 12, 1932

that I last saw her alive on Mar. 12, 1932

and that death occurred, on the date stated above, at 3:30 A m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation
Indefinite mos. ds.
CONTRIBUTORY (Secondary) Exhaustion
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. L. Campbell M. D.

3/12, 1932 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Pk. Cem. DATE OF BURIAL March 15 1932

20 UNDERTAKER A. Edward Evans ADDRESS 35 S. Fulton

Sec. instructions on back of certificate.

M. D. B. 1268-9

77662

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

E 77662

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1137 Patapsco Av. Brooklyn St. 25-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John R. Garrison

(a) Residence: No. 1137 Patapsco Av. Brooklyn St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Flora L. Garrison

6. DATE OF BIRTH (month, day, year) October 18 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Flora L. Garrison (Wife)

(Address) 1137 Patapsco Av. Brooklyn

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem. Date March 15 1933

19. UNDERTAKER John F. Deany

(Address) 715 Light St.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11 1933

22. I HEREBY CERTIFY, That I attended deceased from March 1st, 1933 to Mar. 11, 1933

I last saw him alive on Mar. 11, 1933 Death is said to have occurred on the date stated above, at 9.40 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - 3rd Stage	Mar. 1st 1933

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify —

(Signed) Wm. D. Goth M. D.

(Address) 4815 Pennington Ave

AaCo. 3-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-00 E 77663

77663

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 3534 Edmondson Ave 16-20 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma J. Bower

(a) Residence: No 3534 Edmondson Ave St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William J. Bower

6. DATE OF BIRTH (month, day, year) Nov 18 - 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month, day, year) Mch 11 1932
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME J. H. Buburger
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Sarah Brown
16. BIRTHPLACE (city or town) (State or country) Balt Md

17. INFORMANT Mrs Grace Powell
(Address) 3534 Edmondson

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Mar 15 1932

19. UNDERTAKER Charles P Powell
(Address) 3534 Edmondson Ave

20. FILED ... 19 32 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1930, to Mch 12, 1932
Last saw her alive on Mch 12, 1932 death is said to have occurred on the date stated above, at 1.20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	1 wk
Acute Endocarditis	

Other contributory causes of importance:
Arteriosclerosis with Heart Complications 2 yrs

Name of operation None Date of —
What test confirmed diagnosis? Clinical Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) Wm M Ramsbaker M. D.
(Address) 2740 St. Paul St, Balto.

A&Co. 5-31 250B

77664

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-E° 77664

1. PLACE OF DEATH Baltimore City Hospitals 26-37 Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S. If of foreign birth? 20 yrs. mos. ds.

2. FULL NAME Carmino Arico (Carmill Arriegco)

(a) Residence: No. none St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
apparent 55 to 65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Rome Italy

MOTHER FATHER

13. NAME Vincent Arico

14. BIRTHPLACE (city or town) (State or country) ? Italy

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ? Italy

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL. Place Holy Rosary Date March 15, 1932

19. UNDERTAKER (Address) Kendall & Murphy 200 N. Bond St.

20. FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 31 to March 10, 32

I last saw h alive on March 10, 1932 death is said to have occurred on the date stated above, at 12 Midnight.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-5-32
Myocarditis, chr.	Approximately Jan 1932

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas. E. Hurd M.D.

(Address) Balto. City Hosp.

1-30—M. & T.—100 B—60L

E 77665

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77665

CERTIFICATE OF DEATH

REGISTERED NO. 207

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Canton R R Yards ST. 6- (WARD) 11

2-FULL NAME Howard E. Krontz

(a) RESIDENCE NO. 27 N Ellwood St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 25 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	5	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work 873
(b) General nature of industry, business, or establishment in which employed (or employer) Yards Supt.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Andrew Krontz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Barabra Will

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Susan Kalow

(Address) 27 1919 Eastern ave

15 Filed APR 4 1932 C. PAWSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental killed by Railroad Engine

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H Ritzenberg M D, M. D. Coroner

3/14, 1932 (Address) 305 N Paterson Park ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cem.

DATE OF BURIAL March 15 1932

20 UNDERTAKER W. E. Luppe Jr

ADDRESS 37 Lan

TION is very important See instructions on back of certificates.

A&Co. 5-31 250B

77666

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77666

CERTIFICATE OF DEATH

Registered No. 137

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 4-6 Ward)

Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? 42 yrs. ..... mos. ..... ds.

2. FULL NAME William Ostendorf

(a) Residence: No. 48 Marsh Place St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper**, etc. Laborer (Ret'd)
9. Industry or business in which work was done, as **silk mill, saw mill, bank**, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Orle Ostendorf
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ..... 19.....

19. UNDERTAKER
(Address)

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-5-32 19

22. I HEREBY CERTIFY, That I attended deceased from 8-13-29, 19..., to 3-5-32, 19...
I last saw h.im alive on 3-4-32, 19... death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy with acute Urinary Obstruction	?
	3-3-32

Other contributory causes of importance:

Uremia	3-1-32

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify — (per P.S. Hill)

(Signed) Luther E. Little M. D.

(Address) Baltimore City Hospitals

UNIVERSITY OF MARYLAND

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

77667 E 77667

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1221 Park Ave St. 11-24 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Hall

(a) Residence: No. 1221 Park Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 25, 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
		16 days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James Hasts
14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Annabelle Hall
16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Mother
(Address) 1221 Park Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ..... 19...

19. UNDERTAKER .....
(Address) .....

20. FILED ..... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 12. 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 25th, 1932, to Mar 12th 1932

I last saw ... alive on Mar 12, 1932 death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	
Other contributory causes of importance:	

Name of operation — Date of —

What test confirmed diagnosis? Unc. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Conrad J. C. Hildebrandt M. D.
(Address) University Hospital

AACo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

77668 E 77668

CERTIFICATE OF DEATH

Registered No. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 N. Carlton St. 6-24 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dorothy Gordon Brown

(a) Residence: No. 914 N. Carlton St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Col	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 3/11/32

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Thomas Brown
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Geraldine Waters
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Geraldine Brown
(Address) 914 N. Carlton St

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS HOSP. Date MAR 14 1932 19...

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/12/1932

22. I HEREBY CERTIFY, That I attended deceased from 3/11/32, 19... to 3/12/32, 1932

I last saw her alive on 3/12/32, 1932 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Premature Birth — Date of onset

Other contributory causes of importance:

Entozoal Pelvis

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Lowell Bowley, M. D.
(Address) 914 N. Carlton St.

AACo. 5-11 2508

77669 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 23 E 77669

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (Toc.) St. 76-37 Ward

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Martin

(a) Residence: No. Baltimore City Hospitals, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 3-17-32

6. DATE OF BIRTH (month, day, year) Sept 28, 1877 Unknown

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Orderly
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) New York

MOTHER FATHER

13. NAME John Martin
14. BIRTHPLACE (city or town) (State or country) Virginia
15. MAIDEN NAME Jeane Stephenson
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date 19

19. UNDERTAKER
(Address)

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1928 to March 10, 1932

I last saw him alive on March 10 1932 death is said to have occurred on the date stated above, at 9.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unknown
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Lawrence A. Sera, M. D.

(Address) Baltimore City Hospitals

AACo. 5-11 2408

E 77670 HEALTH DEPARTMENT CITY OF BALTIMORE E 77670

CERTIFICATE OF DEATH

23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (Dec.) 22-31 St. (Ward)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Dixon

(a) Residence: No. 802 S. Hanover st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Odd Jobs 10
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 0
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Dickerson Dixon
14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date 19

19. UNDERTAKER .....
(Address)

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from February 24, 1932, to March 11, 1932
I last saw him alive on March 11, 1932 death is said to have occurred on the date stated above, at 10.20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Colon Vac	Unk

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Laurence K. Sera, M. D.
(Address) Baltimore City Hospitals

AACo. 5-31 2109

77671 HEALTH DEPARTMENT CITY OF BALTIMORE E 77671

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals St., 16-31 Ward 0 Registered No. 131
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred 7 yrs 8 mos 8 da. How long in U.S. If of foreign birth? yrs mos da.

2. FULL NAME Samuel Riley

(a) Residence: No. No address St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, year) June 26 1847

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
84	8	13	

OCCUPATION

8. Trade, Profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Abraham Riley
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Finch
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Patient
(Address) None

18. BURIAL, CREMATION, OR REMOVAL
Place Date 19

19. UNDERTAKER
(Address)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-13-32. 19

22. I HEREBY CERTIFY, That I attended deceased from 2-29-32. 19 to 3-13-32. 19
I last saw h m alive on 3-13-32. 19 death is said to have occurred on the date stated above, at 6:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Arteriosclerotic Cardio-renal vascular disease with hypertension	?
(2) Gangrene of foot	3-1-32
Other contributory causes of importance:	
Terminal Bronchopneumonia	3-7-32

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) Lester E. Frank M. D.
(Address) Balto City Hospitals

AACo. 5-31 2500

77672

HEALTH DEPARTMENT CITY OF BALTIMORE 77672

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 10-44 St., Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Crawford

(a) Residence: No. 932 Greenmount Ave. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Bessie

6. DATE OF BIRTH (month, day, year): July 13, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	8	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chair maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Kent Co. Md.

FATHER

13. NAME: Robert Crawford

14. BIRTHPLACE (city or town) (State or country): ? Penn.

MOTHER

15. MAIDEN NAME: Ada Crosby

16. BIRTHPLACE (city or town) (State or country): ? Conn.

17. INFORMANT: Records of
(Address): Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Date 19

19. UNDERTAKER: [illegible] Health
(Address)

20. FILED 19 Registrar. RHH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1928 to March 13, 1932

I last saw him alive on March 13, 1932 death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis of general } Myocarditis. Chr } Cystitis, chr } Senility	Unknown Jan 1932 Unknown

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Balto. City Hosp.

AdCo. 8-11 2508

77673 HEALTH DEPARTMENT—CITY OF BALTIMORE

47 E 77673

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tbc.) 14-54

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isaiah Pennington (Pendleton)

(a) Residence: No. 2147 Division st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) UNKNOWN

11. Total time (years) spent in this occupation UNKNOWN

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 3/16, 1932

19. UNDERTAKER Lemke M. E. Funeral Home
(Address) 628 N. Fulton

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 28, 1931 to March 12, 1932
I last saw him alive on March 12, 1932 death is said to have occurred on the date stated above, at 11.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lung	8 months

Other contributory causes of importance:

Carcinomatosis Metastatic

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lawrence H. Sams, M. D.

(Address) Baltimore City Hospitals

MAR 1932 C. Hawsen Jones M.D.

M. D. H. 1268-9

77674 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 77674

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1821 Y Wolf St. 8-17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth 56 yrs. mos. ds.

2. FULL NAME Edward Strobel

(a) Residence: No. 1821 Y. Wolf St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of Sophia Strobel

6. DATE OF BIRTH (month, day, year) 1876

7. AGE 56 Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. confections

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 019

10. Date deceased last worked at this occupation (month and year) Feb 1932

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Pittsburg Pa
(State or country)

FATHER

13. NAME Gustav Strobel

14. BIRTHPLACE (city or town) —
(State or country)

MOTHER

15. MAIDEN NAME — Tolinger

16. BIRTHPLACE (city or town) — Cincinnati Ohio
(State or country)

17. INFORMANT Wife
(Address) 1821 Y Wolf st

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date March 15 1932

19. UNDERTAKER Walter E. Pontzer
(Address) 2233 W Northern

20. FILED [illegible] 19 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1931 to March 13 1932

I last saw him alive on March 13 1932 Death is said to have occurred on the date stated above, at 4 20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous Nephritis	for 12 yrs

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John F Crowe M. D.

(Address) 1658 W Broadway

A4Co. 5-H 2908

E 77675

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77675

CERTIFICATE OF DEATH

107-001

Registered No. 15-63

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4300 Garrison Blvd St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U.S. If of foreign birth? 30 yrs. mos. ds.

2. FULL NAME Filomena Pacienza

(a) Residence: No. 4300 Garrison Blvd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Pacienza

6. DATE OF BIRTH (month, day, year) Jan. 15 1867

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
65	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) [illegible] 1923
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Vincent Iannuzzi

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Frank Pacienza M.D.
(Address) Medical Arts

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date March 15 1932

19. UNDERTAKER Frank V. Pipitone
(Address) 2814 E. Baltimore St

20. FILED [illegible] 1932 R.P.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1932 to March 12, 1932

I last saw her alive on March 11, 1932 death is said to have occurred on the date stated above, at 11 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Mar. 9 1932
Other contributory causes of importance:	
Myocardial failure	Mar. 12 1932

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. A. Iannuzzi, M. D.

(Address) 306 N. Fulton Ave.

AACo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

77676

CERTIFICATE OF DEATH

131 E 77676

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1520 N. Gay St. 8-17 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna B Caldwell

(a) Residence: No. 1520 N. Gay St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of John S. Caldwell

6. DATE OF BIRTH (month, day, year) Mar 8th 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cuba

FATHER

13. NAME Simon Lauer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Cristina Wurz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John S. Caldwell
(Address) 1520 N. Gay St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 3/15/1932

19. UNDERTAKER E. J. Fanning & Son
(Address) 1935 E. Lafayette Ave.

20. FILED ... 19 32 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 17th 1932

22. I HEREBY CERTIFY, That I attended deceased from August 26th, 1929, to March 11, 1932

I last saw her alive on March 11, 1932 death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular-Renal Disease	?
Cerebral Hemorrhage	March 11, 1932

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Victor Goldberg M.D.

(Address) 1524 N. Patterson Park Ave.

AaCo. 5-11 2508

77677 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77677

CERTIFICATE OF DEATH

Registered No. 115 25-93

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Delores Eckman

(a) Residence: No. 2565 Smith Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec. 11, 1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	1	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Eckman

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Jeanette Murphy

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT (Address) Mrs. John Eckman 2565 Smith Ave

18. BURIAL, CREMATION, OR REMOVAL Place Interred Date 3/15 1932

19. UNDERTAKER Harry L. Mitchell (Address) 4101 Edmondson Ave.

20. FILED 1932 By [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1932 to March 12, 1932

I last saw her alive on March 12 1932 death is said to have occurred on the date stated above, at 8:55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcic Sore Throat	3/8/32
Other contributory causes of importance:	
Bronchopneumonia	?

Name of operation None Date of

What test confirmed diagnosis? Clinical + X Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, specify

(Signed) Myron G. Tull M. D.

(Address) Sydenham Hospital

AaCo. 5-31 250B

77678 HEALTH DEPARTMENT—CITY OF BALTIMORE 77678

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 4-25 ..... Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Campbell

(a) Residence: No. 631 W. Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Daisy

6. DATE OF BIRTH (month, day, year) July 9, ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	72?	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engine room
10. Date deceased last worked at this occupation (month and year) ? — 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) Powesheit Co.
(State or country) Iowa

FATHER

13. NAME Thomas Campbell
14. BIRTHPLACE (city or town) Pheonix
(State or country) Ohio

MOTHER

15. MAIDEN NAME Sarah Bone
16. BIRTHPLACE (city or town) Zenie
(State or country) Ohio

17. INFORMANT Records of Balto. City Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 3/15 19 32

19. UNDERTAKER Wm. J. Burke
(Address) 421 E. Baltimore St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1932 to March 12, 1932
I last saw him alive on March 12, 1932 death is said to have occurred on the date stated above, at 12:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar	5 days

Other contributory causes of importance:

Arteriosclerosis
Bronchopneumonia
Uremia

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jos. Garnold Jr. M. D.
(Address) Balto. City Hosp.

AaCo. 5-31 250B

77679 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77679

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Harrington Apt 3908 St. N Charles St Ward) 17

Registered No. 1457

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 8 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME J. Clem Goodrich

(a) Residence: No. 3908 N Charles St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lee Antoinette Goodrich

6. DATE OF BIRTH (month, day, year) Feb. 25 - 1858

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
74	-	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (city or town) (State or country) Oxford Pa.

FATHER

13. NAME W. Clement Goodrich

14. BIRTHPLACE (city or town) (State or country) Mt Harrison Del

MOTHER

15. MAIDEN NAME Caroline Grant

16. BIRTHPLACE (city or town) (State or country) Milton Pa.

17. INFORMANT Nancy G. Eyerly
(Address) Rogersville Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Remmert Date March 15, 1932

19. UNDERTAKER Henry Hendrix & Co
(Address) Cathedral & Mt Vernon Sts

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from October 8, 1931, to March 14, 1932

I last saw him alive on March 14, 1932 death is said to have occurred on the date stated above, at 2:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic infectious arthritis	1910
Arteriosclerosis	1917
Myocardial degeneration	1917
Other contributory causes of importance:	
Edema of larynx	5 days

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles Chapman, M. D.

(Address) 1417 Eutaw Place

Spec.—2-29-28—L. F. S.—500 Bks.

E 77680

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 77680

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1831 Mosher ST. 16-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Carrie A. Imwold

(a) RESIDENCE NO. 1831 Mosher ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed or divorced
BUSBAND of (or) WIFE of John A. Imwold

6 DATE OF BIRTH (month, day, and year) June 22 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	8	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cincinnati, O.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Geo Roth
(Address) 1831 Mosher St

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 14, 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1932, to March 14 1932 that I last saw h alive on March 14, 1932 and that death occurred, on the date stated above, at 3:20 P. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis
and
Myocarditis
(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Phys. Exam.

(Signed) Gaetus I. Baggott M. D.

, 19 (Address) 2229 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood — DATE OF BURIAL 3/17 1932

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul

1 APR 1932 C. H. WILSON, LANES. M.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77681

CERTIFICATE OF DEATH

E 77681

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. Union Memorial Hospital ST. 12 - 49 WARD) REGISTERED NO. 1 - 210

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Francis Hooper

(a) RESIDENCE NO 1 Montrose Avenue ST., WARD Catonsville Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. 3 mos. 19 ds. How long in U. S., If of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) Nov. 24, 1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	3	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Asst. Secretary
(b) General nature of industry, business, or establishment in which employed (or employer) Eastern
(c) Name of employer Transportation Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Timothy J. Hooper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Mary A. Weidenhan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Richmond Virginia

14 Informant Timothy J. Hooper

(Address) 1 Montrose Avenue

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 13 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured skull (base)

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Subdural Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was ~~disease~~ contracted if not at place of death? Acc Fell down stairs at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Joseph Fokerny, M. D. Coroner

, 19 (Address) 2200 E Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 3/16 1932

20 UNDERTAKER Henry U. Meeks and Son

ADDRESS 605 W Baltimore

TION is very important. See instructions on back of certificate.

MAR 15 1932

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77682 E 77682

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 E. 33d St. 9-4-6 Ward)

Registered No. 431

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Americus K. V. Hull

(a) Residence: No. 707 E. 33d St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Abbie Rice

6. DATE OF BIRTH (month, day, year): Mar. 9, 1842

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	90	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Frederick Maryland

FATHER

13. NAME: Teddeman Hull

14. BIRTHPLACE (city or town) (State or country): ------- New York

MOTHER

15. MAIDEN NAME: Elizabeth Derr

16. BIRTHPLACE (city or town) (State or country): Frederick Maryland

17. INFORMANT: Mrs. Abbie R. Hull

(Address) 707 E. 33d St.

18. BURIAL, CREMATION, OR REMOVAL

Place Frederick, Md. Date 3/15 1932

19. UNDERTAKER Henry W. Myers & Son

(Address) 805 N. Eutaw St.

20. FILED ... 19... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 13 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 2 1931 to March 13 1932

I last saw her alive on March 13 1932 Death is said to have occurred on the date stated above, at 9.30 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, Chr Nephritis	1929
Old Age	

Other contributory causes of importance:

Acute Cardiac Dilatation	Feb 1932

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D W Bishop M. D.

(Address) 501 Rhoden Av

Spec.—1-30—M. & T.—250 Bks.

E 77683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 77683
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 409 Parkesley St., (Ward) 20-10

2-FULL NAME Laurence Shipley

(a) RESIDENCE NO. 409 Parkesley St., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Amelia Shipley

6 DATE OF BIRTH (month, day, and year): Sept. 3-1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	37	6	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): 615

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Howard Co. Md.

PARENTS

10 NAME OF FATHER: Edward Shipley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Carroll Co. Md.

12 MAIDEN NAME OF MOTHER: Emma Mornington

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Carroll Co. Md.

14 Informant (Address): Mrs. Amelia Shipley 409 Parkesley St.

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 12-32

17 I HEREBY CERTIFY, That I attended deceased from Mar 6, 1932, to Mar 12, 1932, that I last saw h[illegible] alive on Mar 12, 1932, and that death occurred, on the date stated above, at 1050 A.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary): Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Harry Glassman M. D.

Mar 13, 1932 (Address) 753 N. Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Mar. 16 1932

20 UNDERTAKER: George L. Schwab. — ADDRESS: 2101 Pulk. Ave.

AdCo. 5-31 250B

77684 HEALTH DEPARTMENT CITY OF BALTIMORE

23 E 77684

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tbc.) Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 16-44 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Edward Zile

(a) Residence: No. 2717 Harlen ave. St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of -----

6. DATE OF BIRTH (month, day, year) 1877 Sept. 1st

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	55	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John T. Zile

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary A. Hoff

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date MAR 17 1932 19

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson ave

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1927 to March 13, 1932

I last saw h 1m alive on March 13, 1932 death is said to have occurred on the date stated above, at 11.30 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	2 years
Other contributory causes of importance:	
Cardiac dilatation	2 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

28. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

31. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Lawrence A. Senn, M. D.

(Address)

AACo. 5-31 2508

E 77685 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 77685

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1934 W. Lafayette Ave. Ward) 16-32

Registered No. 72

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louise Shipley,

(a) Residence: No. 1934 W. Lafayette Ave. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles W. Shipley,

6. DATE OF BIRTH (month, day, year) August 7, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Midway, Ohio,

FATHER

13. NAME Geo. W. Wright,

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Jennie C. Wilson,

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Charles W. Shipley,
(Address) 1934 W. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL Place Keyser W. Va. Date MAR 16 1932 19

19. UNDERTAKER Geo. N. Little
(Address) 2700 Edmondson Ave.

20. FILED ..., 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 14 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1932 to Mar 14, 1932

I last saw her alive on Mar 13, 1932 Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myelogenous Leukaemia	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. F. Kinney M. D.

(Address) 3020 Edmondson Ave

AaCo. 4-11 2/08

E 77686 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 77686

51

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 306 S. Smallwood St.) (..Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry F. Stoll

(a) Residence: No. 306 S. Smallwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Mary M. Stoll

6. DATE OF BIRTH (month, day, year) Nov. 20 - 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman 62

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME John Stoll

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Elizabeth Bush

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Mary M. Stoll

(Address) 306 S. Smallwood St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date March 16 1932

19. UNDERTAKER George L. Schwab.

(Address) 2101 Frederick Ave.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/13/1932

22. I HEREBY CERTIFY, That I attended deceased from 11/31, 1931, to 3/13, 1932

I last saw h... alive on 3/13, 1932 death is said to have occurred on the date stated above, at 11:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Kidney	Feb. 5th

Other **contributory causes** of importance:

Name of operation (D... Date of

What was confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) ... M. D.

(Address) 1 ow Lombard

M. D. H. 1288-9

77687 HEALTH DEPARTMENT—CITY OF BALTIMORE

257531

CERTIFICATE OF DEATH

X 46 E 77687

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-9 Ward)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 3 dys. How long in U. S. if of foreign birth? ... yrs. ... mos. ... dys.

2. FULL NAME Thomas J. Malone

(a) Residence: No. 731 E Ashley St., ... Ward. Jacksonville Fla.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 28-1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54 55	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Port Captain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 056

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hassan

FATHER

13. NAME Uriah Malone

14. BIRTHPLACE (city or town) (State or country) Hassan

MOTHER

15. MAIDEN NAME Ann Allaryon

16. BIRTHPLACE (city or town) (State or country) Hassan

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Jacksonville Fla Mch 17, 1932

19. UNDERTAKER Fred C Mitchell & Son
(Address) 1911 Eutaw Place

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 1932 to March 14, 1932

I last saw h[illegible] alive on March 14 1932 Death is said to have occurred on the date stated above, at 4.58 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	3-13-32

Other contributory causes of importance:

Carcinoma of Rectum (operated)	8 mos
Diabetes Mellitus	

Name of operation Resection of Rectum Colostomy Date of 2-17

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J M Olds, M. D.

(Address) Johns Hopkins Hospital

Spec.—9-30—A. & Co.—250 Blks

77688 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77688

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE. (No Church Home and Inf. St. 6-9 (WARD)

REGISTERED NO (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs Margaret Thompson

(a) RESIDENCE NO. Church Home and Inf — ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or Town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of 2

6 DATE OF BIRTH (month, day, and year) May 13, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
74	74	10	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) London, England

PARENTS

10 NAME OF FATHER John Attwell

11 BIRTHPLACE OF FATHER (city or town) London (State or country) England

12 MAIDEN NAME OF MOTHER Margaret Roberts

13 BIRTHPLACE OF MOTHER (city or town) London (State or country) England

14 Informant Hospital Friends
(Address)

15 Filed —, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-14-32

17

I HEREBY CERTIFY, That I attended deceased from November 7, 1931, to March 14, 1932

that I last saw h[illegible] alive on March 14, 1932

and that death occurred, on the date stated above, at 7.48 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

36 hours (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ... Chronic myocarditis

(duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) Alb, B. Thoate M. D.

, 19 (Address) Church Home & Inf

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Park — DATE OF BURIAL: Mch. 16 1932

20 UNDERTAKER: Wm Cook — ADDRESS: 127 St Paul

C. HAMILTON JONES, M. D.

Spec.—7-17-26—A Co.—200 Bks.

E 77689

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77689

CERTIFICATE OF DEATH

108

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital St., 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Young

(a) RESIDENCE NO. Monkton Md St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 da. How long in U. S. If of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE: Years: about 74 Months: Days: IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Gardener

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Unknown

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (City or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Mrs. Anna Hall

(Address) Monkton Md

15 Filed 1932 Per R.W.H. Registrar

C. THOMSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3 — 14 1932

17 I HEREBY CERTIFY, That I attended deceased from 3-11, 1932 to 3-14, 1932

that I last saw him alive on 3-14, 1932

and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 11 da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical + Laboratory

(Signed) George McDonald M. D.

3-14 1932 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Lukes

Date of Burial March 17 1932

20 UNDERTAKER P. Markland Low

ADDRESS White Hall Md

very important. See instructions on back of certificates.

AACo. 5-31 2500

E 77690

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77690

CERTIFICATE OF DEATH

49

1. PLACE OF DEATH St Agnes Hospital — Registered No. 7-69

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Nelson & Caton Aves St. ? Ward)

Length of residence in city or town where death occurred 60 yrs mos ds How long in U.S. If of foreign birth 69 yrs mos ds.

2. FULL NAME Mrs Catherine Ruecker

(a) Residence: No. 702 S. Franklintown Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. C. Ruecker

6. DATE OF BIRTH (month, day, year) Feb 27 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	—	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

13. NAME John Reuser

FATHER

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Augusta Ruecker
(Address) 702 S. Franklintown Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Westend Date 3/16/1932

19. UNDERTAKER F. P. Dunpuit
(Address) 1300 Eutaw Place

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17. 1932

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1932, to March 17, 1932

I last saw her alive on March 17 1932 death is said to have occurred on the date stated above, at 3 55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carc of st ovary c/ metastasis to liver	
Generalized metastasis to bd cavity	
Paralytic ileus	

Other contributory causes of importance:

Name of operation Enterostomy Date of 3-11-32

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Robt Blevins M. D.
(Address) St. Agnes Hosp.

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

77691 E 77691

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 19-28 Ward)

Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 14 ds. How long in U.S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Willard Bell

(a) Residence: No. 35 S. Fulton St., Ward. Berryville Va
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	White	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia Bell

6. DATE OF BIRTH (month, day, year) Feb 29th 1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
(29)	0	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pulaski County Virginia

FATHER

13. NAME James H. Bell

14. BIRTHPLACE (city or town) (State or country) Pulaski County Va

MOTHER

15. MAIDEN NAME Mary Johnson

16. BIRTHPLACE (city or town) (State or country) Pulaski County Va

17. INFORMANT Mrs Irene Rose
(Address) 35 S. Fulton St

18. BURIAL, CREMATION, OR REMOVAL
Place Berryville Va Date 3/15/ 19 34

19. UNDERTAKER F. D. Murphy
(Address) 300 Eutaw Place

20. FILED ____ 19____ ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/14/ 1934

22. I HEREBY CERTIFY, That I attended deceased from February 29, 1934 to March 14, 1934.

I last saw h im alive on March 14, 1934 death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkins Disease	3/1/34
Other contributory causes of importance:	
Pericardial Effusion	3/11/34

Name of operation none Date of

What test confirmed diagnosis? Lab. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ____ 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Maurice James Abrams M. D.

(Address) 6 Mantua Jones Abrams Univ. Hosp

Spec.—9-30—A. & Co.—250 Blks

E 77692 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77692

CERTIFICATE OF DEATH.

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 537 Oakland Ave. 27-47 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Sarah Catherine Sommers.

(a) RESIDENCE NO 537 Oakland Ave or WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married.

5a If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Benjamin Hicks Sommers.

6 DATE OF BIRTH (month, day, and year) March 16, 1889

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
~~43~~ 42	11	26 — 25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Own home.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Front Royal Virginia

PARENTS

10 NAME OF FATHER Henry Wells

11 BIRTHPLACE OF FATHER (city or town) (State or country) Front Royal Va.

12 MAIDEN NAME OF MOTHER Hester Walters

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Front Royal Va.

14 Informant Bessie Mahala Bowen
(Address) 5911 Highgate Drive

15 Filed — —, 19 — Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12, 1932

17 I HEREBY CERTIFY, That I attended deceased from March 13, 1932, to —, 19

that I last saw her alive on March 12, 1932

and that death occurred, on the date stated above, at 10:30 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, cerebral

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

1½ hours (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Same.

Did an operation precede death? no. Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Clinical examination

(Signed) A. S. Chalfant M. D.

March 13, 1932 (Address) 6305 Yorkroad.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Good Shepherd Cem

DATE OF BURIAL May 15 1932

20 UNDERTAKER Easton Sons

ADDRESS Edmondson

Spec.—1-30—M. & T.—250 Bks.

E 77693 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77693

CERTIFICATE OF DEATH.

59

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Cylburn Court Left 43-54 St. [illegible] Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Belle Fay

(a) RESIDENCE No. Cylburn Court Left St. Eutaw Place Ward 2

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Joseph Fay

6 DATE OF BIRTH (month, day, and year) July 1 1856

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
75	8	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Jean Hermog

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Eva Rose

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mrs. E. Warner Cylburn Court Left

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/12/32

17

I HEREBY CERTIFY, That I attended deceased from 1/18/32, 19..., to 3/18/32, 19...,

that I last saw her alive on 3/12/32, 19...,

and that death occurred, on the date stated above, at 9 15 a m. m.

The CAUSE OF DEATH* was as follows:

Nephritis, Diabetes

(duration) 3 yrs. mos da.

CONTRIBUTORY (Secondary) Nausea

(duration) yrs. mos. 10 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys & Laboratory

(Signed) C Wilson Arnett, M. D.

, 19 (Address) 817 Park ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem. DATE OF BURIAL March 15 1932

20 UNDERTAKER J. Ahern & Co ADDRESS 2433 Reisterstown Rd

Spec.—1-30—M. & T.—250 Bks.

E 77694

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77694

CERTIFICATE OF DEATH.

13

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 3814 Norfolk Ave ST. 15-65 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fannie Rice

(a) RESIDENCE NO. 3814 Norfolk Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 12 1866

7 AGE — Years: 11 — Months: 3 — Days: 2 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto-Md

PARENTS

10 NAME OF FATHER: Isaac Rice

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Helena J

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Graham Rice

(Address): 3814 Norfolk Ave.

15 Filed 19 Registrar

MAR 14 1932 C. HARRISON JAMES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 14th 1932

17 I HEREBY CERTIFY, That I attended deceased from October 19 31 to March 14 19 32

that I last saw her alive on March 14th 19 32

and that death occurred, on the date stated above, at 2.15 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tedema

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Chr. Nephritis Chr. Endocarditis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1921 Luzon Place

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical diagnosis

(Signed) U S Luther Leavell M. D.

3/14 1932 (Address) 1901 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bal. Hebrew Cemetery

DATE OF BURIAL: March 16 32

20 UNDERTAKER: D Abrams Co

ADDRESS: 2023 Reisterstown Rd

1-20—M. & T.—100 B—50L

E 77695

E 77695

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3924 Park Heights Ave. ST., ... WARD 8

2-FULL NAME Richard J. Hobbs

(a) RESIDENCE NO. 3924 Park Heights Ave. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catharine E. Hobbs

6 DATE OF BIRTH (month, day, and year) Oct. 22, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	4	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Builder 016
(b) General nature of industry, business, or establishment in which employed (or employer) General Contracting
(c) Name of employer Business for self

9 BIRTHPLACE (city or town) (State or country) Ohio.

PARENTS

10 NAME OF FATHER Samuel A. Hobbs.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Weddle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Catherine E. Hobbs.

(Address) 3924 Park Heights Ave.

15 Filed ..... 1932 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/12 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Thrombosis
Myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) [illegible], M. D. Coroner

3/14 1932 (Address) 3623 Roland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem.

DATE OF BURIAL 3/15 1932

20 UNDERTAKER C. Vernon Lemmon

ADDRESS 4611 Park Heights Ave.

A&Co. 5-11 250B

E 77696 **HEALTH DEPARTMENT CITY OF BALTIMORE** E 77696

CERTIFICATE OF DEATH

8'2-0

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2726 Pennsylvania Ave Ward 15-54)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. ___ mos. ___ ds. How long in U.S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Joseph A. Kilpatrick.

(a) Residence: No. 2726 Pennsylvania Ave Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of / / /

6. DATE OF BIRTH (month, day, year) Aug. 7, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. News Stand.

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Thomas Kilpatrick

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Margaret Davis

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs P. J. Ryan

(Address) 2726 Pennsylvania ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date March 16 1932

19. UNDERTAKER Fred A. Hynes & Son

(Address) 1631 Hanover St.

20. FILED _____, 19___ R. T. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 13. 1932

I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1931 to Mar. 13, 1932

I last saw h[illegible]M alive on Mar. 13 1932 death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/13/31
Exhaustion	3/11/32

Other contributory causes of importance:

Name of operation None Date of _____

What test confirmed diagnosis Clinical Were an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury _____, 19___

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) R. H. Campbell M. D.

3/14/32 (Address) 1644 Hanover St

OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T—100 B—50L

E 77697

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77697

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 2901 Ellicott Drive St. 16-27 WARD

REGISTERED NO. 93-003

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John James Redden

(a) RESIDENCE NO. 2901 Ellicott Drive St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rosalie Redden

6 DATE OF BIRTH (month, day, and year): Aug 1-1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	7	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Custodian of
(b) General nature of industry, business, or establishment in which employed (or employer): Richmond Mkt
(c) Name of employer: Armory Worcester & c

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Jas N. Redden

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Elizabeth Mitchell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): [illegible]

14 Informant: Mrs Rosalie Redden

(Address) 2901 Ellicott Drive

15 Filed [illegible] 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 12 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to h[illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 6 mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed [illegible]? Regular

(Signed) [illegible] M. D.

19 (Address) [illegible] Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem

DATE OF BURIAL: Mar 15 1932

20 UNDERTAKER: Wm J Tickner & Son

ADDRESS: W Va

TION is very important See instructions on back of certificates.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

77698

CERTIFICATE OF DEATH

E 77698
Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3108 Walbrook Ave St., 15-67 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Fuller Blundon

(a) Residence: No. 3108 Walbrook ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nina V. Blundon

6. DATE OF BIRTH (month, day, year) May 2 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Roxbury Mass

FATHER

13. NAME Henry Blundon

14. BIRTHPLACE (city or town) (State or country) Ga

MOTHER

15. MAIDEN NAME Margaret F. Holmes

16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT Mr Brennan
(Address) 210 Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Mar 16 1932

19. UNDERTAKER Wm J. Ingwersen
(Address) North at Penna

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 13. 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 13 . 1932 to Mar 13 . 1932

I last saw him alive on Mar 12 . 1932 Death is said to have occurred on the date stated above, at 2 30 P m.

The principal cause of death and related causes of importance, were as follows:

Date of onset

Coronary Thrombosis, Arteriosclerosis Chronic Nephritis Chronic Interstitial Endocarditis Chronic Myocarditis with decompensation

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Helen Coe M. D.

(Address) 2207 Hoffman Blvd

A&Co. 5-31 1508

HEALTH DEPARTMENT CITY OF BALTIMORE

77699

CERTIFICATE OF DEATH

V82 E 77699

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 Myrtle ave St., 17-24 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. da.

2. FULL NAME Sarah Johnson

(a) Residence: No. 1011 Myrtle ave St., Ward.

(If same place as above) 20yrs (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Johnson

6. DATE OF BIRTH (month, day, year) Sept 12 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila Penna

MOTHER

13. NAME Samuel Brown

14. BIRTHPLACE (city or town) (State or country) Phila Penna

FATHER

15. MAIDEN NAME Sarah Jones

16. BIRTHPLACE (city or town) (State or country) Phila Penna

17. INFORMANT Helen Brown

(Address) 1011 Myrtle ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date March 15 1932

19. UNDERTAKER Joseph a Lively

(Address) 409 n mount st

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1932 to March 12, 1932

I last saw him alive on March 12, 1932 death is said to have occurred on the date stated above, at 5:30 P.M. in

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/10

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) , M. D.

(Address)

AaCo. 5-11 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

77700 E 77700

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals St. 27-57 Ward)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles H. Price

(a) Residence: No. Melville Melville, Mt. Washington Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Gen'l

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

FATHER

13. NAME Zeke Price

14. BIRTHPLACE (city or town) (State or country) ? Md.

MOTHER

15. MAIDEN NAME Nancy Miller

16. BIRTHPLACE (city or town) (State or country) ? Md.

17. INFORMANT Records of (Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date 3-15 1932

19. UNDERTAKER Daniel Carter (Address) 916 Baltimore

20. FILED ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1931 to March 11, 1932

I last saw h. im alive on March 11, 1932 death is said to have occurred on the date stated above, at 8:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	6 days ago
Other contributory causes of importance:	
Arteriosclerosis. Senility	"

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

3-15-32 (Signed) John Gildenhorn, M.D.

(Address) Balto. City Hosp.

M. D. H. 1268-9

E 77701 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77701

256641

CERTIFICATE OF DEATH

43

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. 6

CITY OF BALTIMORE: (No. ..... St., 1 - 2 Ward)

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Wycoff

(a) Residence: No. 1021 Linden ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Aaron Taylor

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Bertha Bates

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Cumberland Md Date 3-15 1932

19. UNDERTAKER Daniel Easton
(Address) 916 Pa ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13. 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan - 13. 1932 to March 13. 1932
that I saw her alive on March 13. 1932. Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptothrix infection	Dec '31

Other contributory causes of importance:

Name of operation Opening drainage abscess Date of Jan 24

What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ? If so, specify

(Signed) J. M. Alds M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 7-17-26—A Co.—200 Bks.

E 77702

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77702

CERTIFICATE OF DEATH

131

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 522 Burgundy St. 72-30 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maggie Wells.

(a) RESIDENCE NO. 522 Burgundy St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 1878

7 AGE: 53 Years 54 — Months 3 Days — IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore md

PARENTS

10 NAME OF FATHER: Robert Adams

11 BIRTHPLACE OF FATHER (City or town) (State or country): md

12 MAIDEN NAME OF MOTHER: Amelia Adams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md

14 Informant: Daisy Cooper

(Address) 522 Burgundy St.

15 Filed ____, 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 March 11 32

17 I HEREBY CERTIFY, That I attended deceased from March 10, 1932 to March 11, 1932.

that I last saw h-er alive on March 10, 1932.

and that death occurred, on the date stated above, at 4:30 P m.

The CAUSE OF DEATH* was as follows:

Chr Interstitial Nephritis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted

if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) John B. Headworth M. D.

3/11, 1932 (Address) 642 Washington Blvd

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

Date of Burial: 3-16 1932

20 UNDERTAKER: Samuel Easton

ADDRESS 916 Pa

very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

Rosa Drummond.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77703

CERTIFICATE OF DEATH

108

E 77703

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 725 Bradley ST. 17-26 (WARD)

2-FULL NAME Rosa Drummond

(a) RESIDENCE NO 725 Bradley ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (Write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1891—

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
41	40			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

070

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Lewis M. Green

(Address) Fowler & Green

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 12th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) Inquest thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquest find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) Harold Corner, M. D. Coroner

(Address) May 12

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Douglas Memorial Cemetery

DATE OF BURIAL: 5/15 1932

20 UNDERTAKER: Archibald A. Gaddis

ADDRESS: 1845 E. Eutaw St.

Spec.—1-30—M. & T.—250 Blks.

E 77704

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77704

CERTIFICATE OF DEATH.

131

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1611 McKean Ave. (St.) 15-21 (WARD)

2-FULL NAME Helen S. Traugkrantz

(a) RESIDENCE NO. 1611 McKean Ave St. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of H. Theodor Traugkrantz

6 DATE OF BIRTH (month, day, and year) May 15 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	10	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 037

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Johann Von Herdecken

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Schuster

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Helen S. Traugkrantz
(Address) 1611 McKean Ave.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12 1932

17 I HEREBY CERTIFY, That I attended deceased from March 7, 1932, to March 12, 1932,

that I last saw her alive on March 12, 1932,

and that death occurred, on the date stated above, at 7.45 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic Cardio-vascular Renal Disease

Myocarditis (chronic)

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted
If not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs.

(Signed) Joseph L. Baker, M. D.

19 (Address) 1331 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Mar. 16 1932

20 UNDERTAKER Heath Eyler

ADDRESS 1000 W. North Ave.

AaCo. 5-31 250B

E 77705

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77705

89-002

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 524 N. Chester St., 7-4 Ward)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U.S. If of foreign birth 31 yrs. ... mos. ... ds.

2. FULL NAME Samuel Cheppe

(a) Residence: No. 524 N. Chester St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Cheppe

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 014

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Louis Cheppe

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Cheppe —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Ida Cheppe
(Address) 524 N. Chester St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 3-15- 1932

19. UNDERTAKER D. C. Leary Inc.
(Address) 1321 E. Pratt St.

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/15, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1932, to March 11, 1932

I last saw h[illegible] alive on March 11, 1932, death is said to have occurred on the date stated above, at 12:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epidural abscess	

Other contributory causes of importance:

Chronic mastoiditis	

Name of operation Mastoidectomy Date of 3/13/32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Milton Kresh, M. D.

(Address) ...

Spec.—1-30—M. & T.—250 Blks

E 77706

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-004

E 77706

CERTIFICATE OF DEATH.

REGISTERED NO. 23-34

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1811 S.Charles St. ST., (or WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James J.Shea.

(a) RESIDENCE NO. 1811 S.Charles St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 11 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If ~~married, widowed, or DIVORCED~~ HUSBAND of ~~WIFE of~~ Gertrude Shea.

6 DATE OF BIRTH (month, day, and year) March 16, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	11	26 28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer, Baltimore City

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER James J.Shea.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Bridget McAvoy.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant John Shea.(brother)

(Address) 115 Augusta Ave.

15 Filed ____, 19__ H.C. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12, 1932

17 I HEREBY CERTIFY, That I attended deceased from March 4th, 1932, to March 12th, 1932,

that I last saw him alive on March 12th, 1932,

and that death occurred, on the date stated above, at 11.45 p.m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Oedema of the Lungs, Acute dilatation of the Heart

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Diagnosis.

(Signed) Otto M. Reinhardt MD, M. D.

3/14/32 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Mar. 15 1932

20 UNDERTAKER Margaret L. Flynn

ADDRESS 1422 Light St.

M. D. B. 1268-9

E 77707 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 77707.

CERTIFICATE OF DEATH

178-001

Registered No. 76-34

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3200 E Fairmount St., 76 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adam J. Winfelder

(a) Residence: No. 3200 E Fairmount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louise Winfelder

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
75	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tunnel Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Winfelder

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Helen Kralzer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Geo Winfelder

(Address) 324 Cloney St

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Mar 16, 1932

19. UNDERTAKER Lilley & Zeiler Inc.

(Address) 1403 S. Regester St.

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from ——, 19.., to ——, 19..

I last saw h— alive on ——, 19.. Death is said to have occurred on the date stated above, at —— m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia. Accidental Carbon Monoxide Poisoning	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide~~, or ~~homicide~~. Accid Date of injury 3/14, 1932

Where did injury occur? 3200 E Fairmount
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Carbon Monoxide

Nature of injury Accidental

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Peterding M.D. Coroner

3/15/32 (Address) 1305 N Patterson Pk M. D.

ACCURATENESS IS VERY important. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77708

E 77708

CERTIFICATE OF DEATH

82-00

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 702 S Robinson St (St., 1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary A Jubb

(a) Residence: No. 702 S Robinson St (St., 1 Ward.)
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of the late James T Jubb

6. DATE OF BIRTH (month, day, year) Dec. 14 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Conr ad Zimmer

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Margaret Diegel

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Charles Jubb (son)
(Address) 702 S Robinson St

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cemt Date Mar 17 . 1932

19. UNDERTAKER Lilly & Siler Inc
(Address) 403 E Baltimore St

20. FILED ..... 19 ..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14 . 1932

22. I HEREBY CERTIFY, That I attended deceased from March 10 . 1932 to March 14 . 1932

I last saw her alive on March 13 . 1932 Death is said to have occurred on the date stated above, at 7.45 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	3/10/32
Other contributory causes of importance: Acute edema of lungs.	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Chas Fillar M. D.

3/14/32 (Address) 2739 Eastern Ave.

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 77709

HEALTH DEPARTMENT—CITY OF BALTIMORE

149-002

E 7.7709

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital ST., WARD)

2-FULL NAME Helen Agnes Hawkins

(a) RESIDENCE NO 808 N. Stricker ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Hawkins

6 DATE OF BIRTH (month, day, and year) April 28, 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	10	17 13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Sewing lining in coats Charles Holyman Baltimore Maryland

9 BIRTHPLACE (city or town) (State or country) Charles Gross Essex Co. Virginia

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Bessie Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co. Maryland

14 Informant Bessie Smith

(Address) 808 N. Stricker St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Lobar pneumonia, Right Side

CONTRIBUTORY (Secondary) Secondary Anaemia following child-birth (duration) yrs. 1 mos. 14 ds.

(duration) yrs. mos 4 6 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? Yes? Date of Feb. 17 1932

Was there an autopsy? No Clinical & Physical

What test confirmed diagnosis? Signs

(Signed) Guy N. Cromwell, M. D. Coroner

3/14 1932 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL 3/16 1932

20 UNDERTAKER Mrs J. G. Locks

ADDRESS 1302 Jeffer

TION is very important See instructions on back of certificates.

M. D. B. 1268-9

77710

HEALTH DEPARTMENT—CITY OF BALTIMORE

77710

CERTIFICATE OF DEATH

178-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3200 E Fairmount St., 10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara Herold

1a) Residence: No. 408 N Madeira St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 17 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
54	54		27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Lillian Herold

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margret Nagel

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Eva Herold

(Address) 408 N Madeira St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date March 17 1932

19. UNDERTAKER Martin W & D Supply Co

(Address) 37 S Amity St

20. FILED —, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia, Accidental Carbon Monoxide Poisoning	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide~~, or ~~homicide~~? Yes Date of injury 3/14, 1932

Where did injury occur? 3200 E Fairmount

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Carbon Monoxide Poisoning

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) B Ellenwood M. D.

3/15/37 (Address) 1305 N Patterson Park Ave.

(Coroner)

M. D. H. 1268-9

E 7771 HEALTH DEPARTMENT—CITY OF BALTIMORE 7711

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St. 47-16 (Ward)

Registered No. 51

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Ware

(a) Residence: No. 751 George St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Ware

6. DATE OF BIRTH (month, day, year) 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51 50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Ware

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Jones

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Pl[illegible] Mt. Auburn Date 3/15 1932

19. UNDERTAKER Samuel Stevens

(Address) 518 N. Eutaw St.

20. FILED [illegible] 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1932

22. I HEREBY CERTIFY, That I attended deceased (from) March 1, 1932, to March 12, 1932

I last saw h[illegible] alive on March 12, 1932 Death is said to have occurred on the date stated above, at 2.40 A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of prostate
& metastasis of mediastinum

Date of onset ? ?

Other contributory causes of importance:

Pulmonary infarct

Name of operation none Date of

What test confirmed diagnosis? P.E. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lloyd S. Fries M D

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

77712 E 77712

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 2-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Costley

(a) Residence: No. 519 N. Bond St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Costley

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Joe Costley

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rachel Smith

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary Costley

(Address) 519 N. Bond St

18. BURIAL, CREMATION, OR REMOVAL cremation

Place [illegible] Date Mar 15 19 32

19. UNDERTAKER Edward Bryon

(Address) 1631 Orleans St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 12/32 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h Inquiry 19 Death is said to have occurred on the date stated above, at 8.30 m P.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Sotbeer M. D.

(Address) 508 E Fort Ave Coroner

A&Co. 5-31 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77713

CERTIFICATE OF DEATH

59

E 77713

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Caton & Wilkens Ave St. 16-22 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert E. O'Keefe

(a) Residence: No. 805 N. Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Anne

6. DATE OF BIRTH (month, day, year) Aug 17, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61 62	6	24-5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lt. Fire Dept.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John O Keefe

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Laura Schaf

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT (Wife) Mrs Anne O Keefe
(Address) 805 N Monroe

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date March 16, 1932

19. UNDERTAKER Martin Faber & Sons
(Address) 1827 W North Ave.

20. FILED ..... 19 32 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-12 , 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-13 , 1932 to 3-12 , 1932

I last saw him alive on 3-12 , 1932 death is said to have occurred on the date stated above, at 2 45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension - Malignant X	2/5/32
Fr Cerebral Hemorrhage (Right)	
Generalized Arteriosclerosis	
Other contributory causes of importance:	
Diabetes Mellitus	1927

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Palmer S. Anderson M. D.

(Address) St Agnes Hospital

Spec.—9-30—A. & Co.—250 Blks

77714 HEALTH DEPARTMENT—CITY OF BALTIMORE 77714

CERTIFICATE OF DEATH

131

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2022 Walbrook Ave. ST. 15-21 WARD)

2 FULL NAME Atwood A. Forman

(a) RESIDENCE No. 2022 Walbrook Ave. ST. ... WARD
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
male	white	Married

5a If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Susan Brickon

6 DATE OF BIRTH (month, day, and year) May 9. 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	10	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Book Keeper

(b) General nature of industry, business, or establishment in which employed (or employer) Woolworth Five & Ten Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Prince Georges Co Md.

PARENTS

10 NAME OF FATHER Alfred Forman

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. J.

12 MAIDEN NAME OF MOTHER Britania Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Mrs. Susan Forman 2022 Walbrook Ave.

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12-1932

17 I HEREBY CERTIFY, That I attended deceased from June 15th 1930 to March 12th 1932

that I last saw him alive on March 12th 1932

and that death occurred, on the date stated above, at 9.40 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.

(duration) 2 yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary) Chronic Intestinal Nephritis

(duration) one yrs. 8 mos. ... ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed ~~diagnosis~~? Clinical & Microscopic

(Signed) Wm. J. Sullivan M. D.

3/14 1932 (Address) 1701 N. Eutaw Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL March 16 1932

20 UNDERTAKER Martin Dabey & Sons — ADDRESS 1827 W. North Ave

A&Co. 5-31 250R

E 77715

HEALTH DEPARTMENT—CITY OF BALTIMORE

23v E 77715

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 405 S. Monroe, St., St. 14-28 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Martin

(a) Residence: No. 405 S. Monroe, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Katherine Martin

6. DATE OF BIRTH (month, day, year) Feb. 22, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58		20 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Basil Martin

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Clara McCune

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Clara Johnson
(Address) 405 S. Monroe, St.

18. BURIAL, CREMATION, OR REMOVAL
Place Westview Date 3/16, 1932

19. UNDERTAKER Frederick A. Cook
(Address) Pedo Waterbarbett

20. FILED ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/13/, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2/22/, 1932, to 3/13/, 1932

I last saw h... alive on 3/4, 1932 death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pul. Phthisis	4 yrs
Other contributory causes of importance:	

Name of operation Hi...ectomy Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Bernard Tenny M. D.

(Address) 910 W. L...

AACo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77716

CERTIFICATE OF DEATH

V 145-001 E 77716

1. PLACE OF DEATH Sinai Hosp

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 1-3 ..... Ward)

Length of residence in city or town where death occurred 8 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frances Pennell

(a) Residence: No. 2206 Boyer St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Melvin Pennell

6. DATE OF BIRTH (month, day, year) April 8, 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	11	5 4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Marrietta
(State or country) Ohio

FATHER

13. NAME John McClintock

14. BIRTHPLACE (city or town) Parkersburg
(State or country) W. Va.

MOTHER

15. MAIDEN NAME Clara Schaeffer

16. BIRTHPLACE (city or town) Marrietta
(State or country) Ohio

17. INFORMANT Melvin Pennel
(Address) 2206 Boyer, St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Park Date 3/15, 1932

19. UNDERTAKER Frederick C. Bolgiano
(Address) 1200 E. Lombard St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 7, 1932, to Mar 12, 1932

I last saw her alive on Mar 12 1932 death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Puerperal Septicemia (Streptococcus	3/7/32
Other contributory causes of importance: Late puerperal Hemorrhage	3/7/32
Delivered 3-1-32	

Name of operation Curettage - Packing Intra-uterine Date of 3/7/32

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hutton B Kerr M. D.

(Address) Sinai Hosp

A&Co. 5-31 2508

E 77717 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77717

CERTIFICATE OF DEATH

108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2010 Barclay St. 12-19 (Ward)

Length of residence in city or town where death occurred yrs 7 mos ds. How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Mary E. Connor

(a) Residence: No. 2010 Barclay St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John J. Connor

6. DATE OF BIRTH (month, day, year) 1867

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME E. Allnutt
14. BIRTHPLACE (city or town) (State or country) England
15. MAIDEN NAME Fanni Walbert
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs Helen Roche
(Address) 2010 Barclay St

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date Nov. 16, 1932

19. UNDERTAKER Mary M. Neufeld
(Address) [illegible]

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1932 to March 13, 1932
I last saw her alive on March 13, 1932 death is said to have occurred on the date stated above, at 5.55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-11-32
Other contributory causes of importance: Pneumonia, Lobar, bilateral	3-12-32 2 days
Nephritis, interstitial	Indefinite time about 4 months.

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place.
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify

(Signed) A. A. Curlis, M. D.
(Address) 1117 St Paul

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77718 E 77718

CERTIFICATE OF DEATH

108

Registered No. 43

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6706 Old Harford Rd St., E. 4 Ward)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thaddeus Norris

(a) Residence: No. 6706 Old Harford Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Norris

6. DATE OF BIRTH (month, day, year) Nov. 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Candy mfr.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Wm Norris

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Not Given

16. BIRTHPLACE (city or town) (State or country) Not Given

17. INFORMANT Mary E Norris

(Address) Eastern Ave & Belle Pl

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date Mar 16 1932

19. UNDERTAKER Geo M. Fritz Son

(Address) 811 N Wolfe St

20. FILED 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 10, 1932 to Mar 14, 1932

I last saw h[illegible] alive on Mar 13 1932 death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxaemia + Cardiac failure	
Other contributory causes of importance: Labor Pneumonia	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Chas J Brunner, M. D.

(Address) 476 Fitzgerald Rd

1-30—M & T—100 B—50L.

77719

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

110 E 77719

REGISTERED NO. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., 2-4 WARD)

2-FULL NAME Anthony Olszewski-Or-Andy Olsen,

(a) RESIDENCE NO 1811 Fleet Street ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (~~XXXXXX~~) Florence Olszewski

6 DATE OF BIRTH (month, day, and year) Dec/2nd/1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	31	3	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Labor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Anthony Olszewski

11 BIRTHPLACE OF FATHER (city or town) Poland (State or country)

12 MAIDEN NAME OF MOTHER Maryanna Gózdzierski

13 BIRTHPLACE OF MOTHER (city or town) Poland (State or country)

14 Informant Mrs, Maryanna Olszewski, Mother

(Address) 1811 Fleet Street

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 13th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumothorax Spontaneous

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1811 Fleet

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? History

(Signed) B Riemann, M. D. Coroner

3/14 1932 (Address) 300 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St, Stanislaus Cemetery

DATE OF BURIAL March 16th 1932

20 UNDERTAKER George A. Weber

ADDRESS 1300 E Lanvale St

IF NOT, WHY NOT? See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77720

CERTIFICATE OF DEATH

46 E 77720

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2804 Halycon St. 27-Hut Ward)

Length of residence in city or town where death occurred 62 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Schmidt

(a) Residence: No. 2804 Halycon Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Frederick Schmidt

6. DATE OF BIRTH (month, day, year) Nov. 11th 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frederick Schreiner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Faust

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frederick W. Schmidt

(Address) 2717 Aiken Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Mar. 16 1932

19. UNDERTAKER Frederick Lanasburgh

(Address) 1741 Pulaski Road

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/1 1931 to 3/13 1932

I last saw h alive on 3/13 1932 Death is said to have occurred on the date stated above, at 8:05 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of head of Pancreas.

Date of onset

Other contributory causes of importance:

Hypostatic Pneumonia.

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Taylor Holley M. D.

(Address) 5103 Norfolk Va.

OBSERVATION IS very important. See instructions on back of certificate.

A&Co. 5-31 250B

77721 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-E 77721

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 11-24 Ward)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Butler

(a) Residence: No. 933 Madison Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Butler

6. DATE OF BIRTH (month, day, year) March 24, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. out of work

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) St. Mary's Co.
(State or country) Md.

MOTHER FATHER

13. NAME Bendie Butler

14. BIRTHPLACE (city or town) ?
(State or country) Md.

15. MAIDEN NAME Mary Butler

16. BIRTHPLACE (city or town) ?
(State or country) Md.

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cemetery Date March 16, 1932

19. UNDERTAKER H. S. Katie P. Williams
(Address) 322 N. Fremont St.

20. FILED ....., 19..... RPW Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1931 to March 14, 1932
I last saw him alive on March 14, 1932 death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chr	dec 1930
Hypertension, secondary	"
Arteriosclerosis, general	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury ~~occurred in~~ industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jas. E. Lenard, M. D.

(Address) Balto. City Hosp.

Spec.—8-16-29—L. F. S.—100 Bks.

E 77722

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77722

131

CERTIFICATE OF DEATH

REGISTERED NO. .....

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2526 Fleet ST. 1-3 WARD)

2—FULL NAME Rosalie Biedronski

(a) RESIDENCE NO. 2526 Fleet ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unk

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer ~~Poland~~

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Jan Sedzinski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER unk.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mr. Beres
(Address) 2526 Fleet St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-13-32

17 I HEREBY CERTIFY, That I attended deceased from March 12 19 32 to March 13 19 32

that I last saw her alive on March 12 19 32

and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Coma (hypertensive)
Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Andrew Newswonk, M. D.

19 (Address) 2529 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary

DATE OF BURIAL March 16 1932

20 UNDERTAKER W. Bazewski

ADDRESS 1930 Eastern Ave.

15 1932 C. HARRISON JONES, M.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

77723 77723

CERTIFICATE OF DEATH

161-004

Registered No. 16-71

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Drinnon

(a) Residence: No. 349 Maydell Rd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Single -

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 12 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or 5 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William B. Drinnon

14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER

15. MAIDEN NAME Anna M. Hahn

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Hospital Record.
(Address)

18. BURIAL, CREMATION, OR REMOVAL.
Place Date 19

19. UNDERTAKER
(Address)

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12 1932

22. I HEREBY CERTIFY, That I attended deceased from March 12 1932 to March 12 1932

I last saw h alive on March 12 1932 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia.	5 Min.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Sarah Boyd M. D.

(Address) Mercy Hospital

MAR 15 1932

WILLIAM G. HAMPSON JONES, M. D.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77724 E 77724

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 16 Albemarle St., 3-5 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth 52 yrs. mos. ds.

2. FULL NAME Salvatora Aiello

(a) Residence: No. 16 Albemarle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Aiello

6. DATE OF BIRTH (month, day, year) Oct 26 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
72	71		18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Pasquale Tulenzano

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mary Lucca

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Joseph Aiello
(Address) 16 Albemarle St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 3-16 1932

19. UNDERTAKER Frank V. Petrone
(Address) 2218 E Baltimore

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h— alive on 19 Death is said to have occurred on the date stated above, at 6:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) B. F. Hammond M. D.

3/14/32 (Address) 1305 N Fulton Ave Balto Md

AdCo. 5-31 250B

E 77725 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77725

CERTIFICATE OF DEATH

Registered No. 79-0

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 5-E Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S. if of foreign birth? 25 yrs. mos. ds.

2. FULL NAME Victor Julien

(a) Residence: No. 109 N. Aisquith St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 11, ?

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or ... min.
	46?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ? France

FATHER

13. NAME Jule

14. BIRTHPLACE (city or town) (State or country) ? France

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ? France

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Sorrel Heart Date 3/16, 1932

19. UNDERTAKER John F. Fahey Sons
(Address) 318 Light St

20. FILED ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 9, 32, to March 13, 1932
I last saw him alive on March 13, 1932 death is said to have occurred on the date stated above, at 3:50 m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, Pneumococcus	6 wks.

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Autopsy? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [signature], M. D.
(Address) Balto. City Hosp.

5-1932 C. HARRISON JONES, M. D.

AACo. 5-31 250P

HEALTH DEPARTMENT—CITY OF BALTIMORE

77726

CERTIFICATE OF DEATH

87-00 E 77726

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Johns Memorial Hospital

CITY OF BALTIMORE: (No. 1000 Eaton Avenue St. 4-24 Ward)

Length of residence in city or town where death occurred 4 yrs. 8 mos. 1 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary P North

(a) Residence: No. 107 Redwood St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69 years			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Murdock

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anne Westrich

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Johns Memorial Hosp.
(Address) 1000 Eaton Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters Cem 3/16 1932

19. UNDERTAKER George A Tarbey
(Address) Fulton & Stapleton Sts

20. FILED ... 19... A.F.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1931 to March 14, 1932
I last saw ... alive on March 13, 1932 death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Cerebral Hemorrhage (Ict.)	3-5-32
(2) Generalized Arteriosclerosis	1926
(3) Hypertension - Med. exam	1926
(4) Myoc. Deg. Decomp	

Other contributory causes of importance:
Cerebral Hemorrhage Incidence 1926

Name of operation Physical Date of ...
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H Palmer S Anderson M. D.
(Address) St Agnes Hospital

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 77727 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77727

CERTIFICATE OF DEATH

+54-004

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St. 4-30 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 14 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fredak. Fuller

(a) Residence: No. Carney Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wilfred D. Fuller

6. DATE OF BIRTH (month, day, year) Feby 4th 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER FATHER

13. NAME Henry Eichler

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Kathrine Gultensan

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Wilfred K. Fuller
(Address) Fullerton Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date 3/18 19 32

19. UNDERTAKER Fred Lassahn & Son
(Address) 7401 Belair Rd.

20. FILED ... 19...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1932 to March 14, 1932
I last saw h[illegible] alive on March 14, 1932 death is said to have occurred on the date stated above, at 4 40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor	Dec 1931
Other contributory causes of importance:	
Myocardial Failure	3/14/32

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) Mildred H. Sprecher M. D.
(Address) University Hospital

1-30—M. & T.—100 B—60L

E 77728

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004 ✓

E 77728

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1414 Light St. ST. 23-34 WARD)

2-FULL NAME Ira E. Crawford.

(a) RESIDENCE NO. 1414 Light St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 1 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Crawford.

6 DATE OF BIRTH (month, day, and year) January 17, 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	1	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer. 040
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John O. Crawford.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Elizabeth Harris.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Grafton C. Crawford. (brother)

(Address) 4810 Haddon Ave.

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the Heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry.

(Signed) Otto Weinstein Coroner, M. D.

3/15/32 19 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL 3/16/32 19

20 UNDERTAKER W. S. Poulson ADDRESS 2238 N. Howard

NOTE—This is very important. See instructions on back of certificates.

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

77729 E 77729

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins hospital St., 14-20 Ward)

Registered No.

(If death occu a hospital or in give its NAME of street and num

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. m

2. FULL NAME Sarah Decoursey

(a) Residence: No. 121 Robert St St., Ward.
(Usual place of abode) (If non-resident give city or town and

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	married

5a. If married, widowed, or divorced
HUSBAND of William Decoursey
(or) WIFE of

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	0	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Charles Morgan

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Carrie Morgan

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Annie Jones 121 Robert St

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date 3/15/32 19

19. UNDERTAKER Wm. Lee E. Holland (Address) 1631 Druid Hill Ave

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14

22. I HEREBY CERTIFY, That I attended deceas

, 19 , to

I last saw h alive on , 19 Dea

to have occurred on the date stated above, at inquiry 7.30 p.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy

23. If death was due to external causes (violence) fill in also lowing:

Accident, suicide, or homicide? Date of injury

Where did injury occur?
(Specify city or town, county, an

Specify whether injury occurred in Industry, in home, or

place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of

If so, specify

(Signed) Joseph Carey Coroner

(Address) 508 E Lanvale

N. B.—WRITE PLAINLY, WITH ENFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

MAR 16 1932 C. HAMPSON JONES M.D.

Spec.—9 30—A. & Co.—250 Bks.

E 77730

E 77730 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 53

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto Gen Hosp. ST. 16-66 WARD

2-FULL NAME Samuel H. Carey

(a) RESIDENCE NO. Solomons, Md ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred 4 yrs. 4 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 17 - 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	6	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer. 040
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Wm. T. Carey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Emma Long

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Mrs. Allen 931 E. Eden St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/13/32

17 I HEREBY CERTIFY, That I attended deceased from 2/5, 1932, to 3/13, 1932

that I last saw h in alive on 3/13, 1932

and that death occurred, on the date stated above, at 10.15 p m.

The CAUSE OF DEATH* was as follows:

Chloroma

(duration) unknown ds.

CONTRIBUTORY (Secondary) Anemia Nephritis

(duration) unknown dy.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Harry Eichmann M. D.

19 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL 3/17 1932

20 UNDERTAKER D. Fav McCully — ADDRESS 130 E Fort

MAR 17 1932

Spec.—2-29-28—L. F. S.—500 Blks.

E 77731

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 E 77731

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 132 E. Clement St ST. 24-32 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth Dittmar

(a) RESIDENCE NO. 132 E. Clement St ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. 5 mos. 3 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of John Dittmar

6 DATE OF BIRTH (month, day, and year) Oct. 10 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	57	5	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Stahle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Katharine Sharp

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. John Dittmar

(Address) 132 E. Clement

15 Filed JAN 5 1932, 19 C. C. H. Registrar

HAWSON JONES M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-13-1932

17 I HEREBY CERTIFY, That I attended deceased from Nov 31, 1931, to Mar 13, 1932, that I last saw her alive on Mar 13, 1932 and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Lab

(Signed) Thos. Scott Hawson, M. D.

3/14, 1932 (Address) 139 Light

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 3/16 1932

20 UNDERTAKER L. Frew McCully

ADDRESS 1306 Font

AACo. 5 31 2508

77732

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

77732

1. PLACE OF DEATH Good Shepherd Hospital 82.00

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 3-4 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Green Simms

(a) Residence: No. 215 S. Spring St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	A.A. col	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) — — 1894

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 040
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME unknown
14. BIRTHPLACE (city or town) (State or country) md
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT John Thomas
(Address) 215 N. Spring St

18. BURIAL, CREMATION, OR REMOVAL.
Place Md. Auburn Cemtry Date Mar 17, 1932

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman st.

20. FILED ....., 19 NPH Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/15, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2/19, 1932, to 3/15, 1932
I last saw her alive on 3/15, 1932 death is said to have occurred on the date stated above, at 4:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	2/14/32
Bronchopneumonia Terminal	3/14/32

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carson C. Johnson, M. D.
(Address) 632 Baker

Spec—12-23-21—E.B.R.S.—400 Bks.

E 77733

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 7773[illegible]

CERTIFICATE OF DEATH.

107

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1939 Pennsylvania Ave. St. 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Roland Powell

(a) Residence No. 1939 Pennsylvania Ave. St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced WIFE of (or) HUSBAND of ~~

6-DATE OF BIRTH (month, day and year) Dec. 18, 1931

7-AGE. 1 yrs. 2 mos. 24 ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER. Jas. A. Powell

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Va.

12-MAIDEN NAME OF MOTHER. Bertha Woods

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Va.

14-

(Informant) Bertha Powell

(Address) 1939 Pennsylvania Ave.

15-

Filed ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). March 14 1932

17- I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1932 to March 14, 1932

that I last saw him alive on March 14, 1932

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (primary)

(Duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY ~~
(Secondary)

~~ (Duration) ~~ yrs. ~~ mos. ~~ ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? NO. Date of ~~

Was there an autopsy? "

What test confirmed diagnosis? Physical examination

(Signed) John D. Quinn, M. D.

3-14, 1932 (Address) 1507 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Auburn Cemetery

DATE OF BURIAL. Mar 16, 1932

20-UNDERTAKER. Thomas E. Kelson

ADDRESS 1303 Presstman St

MAR 15 1932

M & H

1-30—M. & T.—100 B—50L

E 77734

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77734

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 104 Warren ST. 16-22 WARD)

2-FULL NAME Bertha Johnson

(a) RESIDENCE NO. 109 Whitecourt ST., ... WARD Phila. Pa

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Russell John

6 DATE OF BIRTH (month, day, and year) Oct 29 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	4	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) 0%
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Mary Co Md

PARENTS

10 NAME OF FATHER Chas Holley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hamilton Bermuda

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Chas Holley

(Address) 202 Dolphin

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 13 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) T. E. Lush, M. D. Coroner

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL 3/16 1932

20 UNDERTAKER Thomas E. Kelsen

ADDRESS 1303 Pearlman St

PLEASE is very important. See instructions on back of certificate.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77735 E 77735

CERTIFICATE OF DEATH

11-001

Registered No. 15-58

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2305 Wichita Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara Hess

(a) Residence: No. 2305 Wichita Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jos. L. Hess

6. DATE OF BIRTH (month, day, year) July 16, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0-1

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Isidore Saphra

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mathilda Plaut

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Jos. L. Hess
(Address) 2305 Wichita Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Heb. Friendship Date Mch. 17, 1932

19. UNDERTAKER Sard Sondheim & Son
(Address) 1902 Eutaw Place

20. FILED ..., 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch. 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from March, 1932, to March 15, 1932.

I last saw her alive on March 15, 1932, death is said to have occurred on the date stated above, at 4:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Myocarditis	
Other contributory causes of importance:	
Influenza	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) [signature] M. D.

(Address) 2232 Eutaw Place

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77736 E 77736

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Sinai Hospital Unk St., 14-96 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Moses Iseman

(a) Residence: No. 1714 Linden ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chemicals

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME "

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Irving Levy (nephew)
(Address) 311 W. 116th St., N.Y.

18. BURIAL, CREMATION, OR REMOVAL
Place Bal. Hebrew Date 3/16/ 1932

19. UNDERTAKER David Sonnheim & Son
(Address) 120 Eastern Ave

20. FILED 19 C.P.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on inquiry 19 Death is said to have occurred on the date stated above, at 1-10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3/11/32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Jos H Haas M. D.
Coroner

(Address) 508 E Monk ave

A&Co. 5-31 250B

77737 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77737

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital 146 — Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St. 11-24 ____ Ward)

Length of residence in city or town where death occurred ____ yrs. 2 mos. ____ ds. How long in U.S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Miss Jennie H Scott

(a) Residence: No. Catonsville City Maryland Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 31, 1880

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
52	11	13 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Edgar Scott
14. BIRTHPLACE (city or town) Maryland (State or country)

MOTHER

15. MAIDEN NAME Mary Tilghman
16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Hosp. record.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Catonsville City Mts Cem Date March 16 1932

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1911 Eutaw Place

20. FILED ____, 19____ ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/15, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1/14/32, 19__, to 3/15/32, 19__
I last saw h[illegible] alive on 3/12/32 19__ death is said to have occurred on the date stated above, at 2:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of colon	

Other contributory causes of importance:

Name of operation Colostomy Date of 1/23

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ____, 19____
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
(Address) [illegible]

AACo. 5-31 250B

E 77738

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77738

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 48 Registered No.

CITY OF BALTIMORE: (No.) St. (or Ward) 76-42

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lena Mills

(a) Residence: No. 6111 Belair Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herman Mills

6. DATE OF BIRTH (month, day, year) Mar 7 1899

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
32	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York New York

MOTHER FATHER

13. NAME Leonard Walton

14. BIRTHPLACE (city or town) (State or country) New York N. Y.

15. MAIDEN NAME Jane Hill N. Y.

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Friend

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Mar 15, 1932

19. UNDERTAKER Edward McCann

(Address) 221 E. Lanvale St.

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-14-32, 19

22. I HEREBY CERTIFY, That I attended deceased from 3-12-32, 19, to 3-14-32, 19

I last saw h-- alive on 3-14-32 19 death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	1-5-32
Secondary Anemia	
Bronchopneumonia	3-12-32

Other contributory causes of importance

Secondary Anemia.
Bronchopneumonia

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Luther E. Line M. D.

(Address) Balto City Hospitals

M. D. R. 1269-b

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77739

CERTIFICATE OF DEATH

Registered No. E 77739

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 2036 N. Fulton Ave. (Ward) 45-24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 5 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Martha J. Passaway

(a) Residence: No. 2036 N. Fulton Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward Passaway

6. DATE OF BIRTH (month, day, year) Mar. 16 - 1860

7. AGE: Years 71 | Months 11 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER
13. NAME John Kipperman
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Mary N. ?
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edward Passaway
(Address) 2036 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Middletown Md. Date Mar. 16, 1932

19. UNDERTAKER Wm. J. Tschudy Son
(Address) North & Penn Sts

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1932 to March 14, 1932

I last saw h alive on March 14, 1932. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Mar 5
Pneumonia Hypostatic	

Other contributory causes of importance:

Arterial Sclerosis	Some years

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chas. Evans, M. D.

(Address) 612 N. 40 St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

77740

CERTIFICATE OF DEATH

13 VE 77740

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 233 N. Pearl St., 4-23 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? 80 yrs. mos. ds.

2. FULL NAME Isiachino Serio

(a) Residence: No. 233 N. Pearl St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Concetta Serio

6. DATE OF BIRTH (month, day, year) March 9-1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME John Serio

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Chas J. Serio

(Address) 3503 Rosedale Rd

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Mar. 16 1937

19. UNDERTAKER Wm J. Tickner & Sons

(Address) Roper & Pennsylvania Aves.

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 13. 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1931 to Mar 13 1937

I last saw him alive on Mar 13 1937 Death is said to have occurred on the date stated above, at 11-30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	1927
Other contributory causes of importance:	
Chr. Interstitial nephritis	1927

Name of operation None Date of

What test confirmed diagnosis Physical Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) James Brannan M. D.

(Address) 1663 W. Lexington St.

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77741

CERTIFICATE OF DEATH

131 E 77741

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1809 Aisquith St., 9-18 Ward)

Length of residence in city or town where death occurred yrs. 72 mos. 3 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Balles

(a) Residence: No. 1809 Aisquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Balles

6. DATE OF BIRTH (month, day, year) Feb 17, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Simon Mittel

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Harriet Balles

(Address) 1809 N Aisquith St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date March 18, 1932

19. UNDERTAKER Chas Ulrich

(Address) 2008 Eutaw St

20. FILED ..... 19..... Registrar

MAR 16 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1932 to Mch 15, 1932

I last saw her alive on Mar 15, 1932 death is said to have occurred on the date stated above, at 2-9 m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	
Chr Nephritis	

Other contributory causes of importance

Name of operation None Date of

What test confirmed diagnosis? Symptoms & signs

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur C Manninger M. D.

(Address) 800 E North Ave

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

E 77742

CERTIFICATE OF DEATH

77742

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (Esplanade Apts ST. 26-41 WARD)

2-FULL NAME Jacob Henry Beaver

(a) RESIDENCE NO. 4203 Woodlea ave ST., WARD

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Friedlein

6 DATE OF BIRTH (month, day, and year) May 14-1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	10 9	0 29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Painter 50
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Wesley Beaver

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont Know

14 Informant Mrs Bertha Beaver

(Address) 4203 Woodlea ave

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/14 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonar Disease

Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D. Coroner

3/14, 1932 (Address) 4232 Roland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL Mar 17 1932

20 UNDERTAKER John Ulrich

ADDRESS 2106 Eutaw

TION is very important. See instructions on back of certificate.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77743 / B 77743

CERTIFICATE OF DEATH

107-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Monument St. 6-10 Ward)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U.S. If of foreign birth? 12 yrs mos. ds.

2. FULL NAME Mollie Ogen

(a) Residence: No. 2114 E. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gustav Ogen

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Jacob Gershenowitz

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Fagen

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Bella Gurafsky

(Address) E. N. Chester

18. BURIAL, CREMATION, OR REMOVAL Place Levering Mem. Date 3-16 1932

19. UNDERTAKER Jack Lewis Inc.

(Address) 1439 E. Baltimore St

20. FILED ..... 19 ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1932 to March 15, 1932

I last saw h.. alive on March 13, 1932 death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 3/11/32

Other contributory causes of importance:

Anemia — 3/10/32

Generalized edema

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. B. Kirk, M. D.

(Address) Sinai Hospital

1-30—M. & T.—100 B—50L

E 77744

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-004 ✓

E 77744

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~Johns Hopkins Hospital~~ ST. 2-4 WARD) Pronounsed Dead at

2-FULL NAME WILLIAM LIND

(a) RESIDENCE NO 304 S. Wolfe St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lena Lind

6 DATE OF BIRTH (month, day, and year) November 10, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	4	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Storkeeper 9 19
(b) General nature of industry, business, or establishment in which employed (or employer) Confectioner
(c) Name of employer self

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Sebastian Lind

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Lena Lind. (Wife)
(Address) 304 S. Wolfe St.

15 Filed ..... 192 ..... Registrar

AR 16 1932 HARRY JONES W. S.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Myocardial Insufficiency

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) John Haines, M. D.
Coroner

3/16/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery

DATE OF BURIAL Mar. 17 32

20 UNDERTAKER Henry Sander & Sons Inc

ADDRESS BALTIMORE ST & BROADWAY.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77745

E 77745

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 919 Rutland Ave St., 13 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susan E. Morris

(a) Residence: No. 919 Rutland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Morris

6. DATE OF BIRTH (month, day, year) Unknown 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mid Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Joseph Foster

14. BIRTHPLACE (city or town) (State or country) ? Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Irene Fort

(Address) 919 Rutland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 3/15/32

19. UNDERTAKER M. J. Elliott

(Address) 1125 Eutaw Pl.

20. FILED 3/15/1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-12-1932

22. I HEREBY CERTIFY, That I attended deceased from 1-15-1932 to 3-12-1932

I last saw her alive on 3-11-1932 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	1-15-32
Other contributory causes of importance: Cerebral Hemorrhage	1-14-32

Name of operation Date of

What test confirmed diagnosis? Medical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. H. Walters M. D.

(Address) 1006 N. Eden St.

Spec.—1-30—M. & T.—250 Bks

E 77746

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108

E 77746

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 848 Vine ST. 18-26 WARD)

2-FULL NAME Helen Carter

(a) RESIDENCE NO. 848 Vine ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. + mos. + ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sidney Hugh Carter

6 DATE OF BIRTH (month, day, and year) 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER John Johnson

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant John Carter (Address) 1100 Barnes Ct.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/14/32

17

I HEREBY CERTIFY, That I attended deceased from 2/12, 1932, to 3/14, 1932, that I last saw h[illegible] alive on 3/13, 1932 and that death occurred, on the date stated above, at 3:00 a. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? —

(Signed) David Svanden M. D.

3/15 1932 (Address) 172 W Lee

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem.

DATE OF BURIAL 3-17 1932

20 UNDERTAKER James A Hayes

ADDRESS 172 W. Hill St

REGISTERED 1932

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77747.

77747

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2361 Wash Blvd St. 25-72 Ward)

2-FULL NAME Edgar H Hynes

(a) RESIDENCE NO. 2361 Washington Blvd St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
M	White	married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie L Hynes

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.

(State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) unknown

14 Informant Annie L. Hynes

(Address) 2361 Washington Blvd

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Mar. 16, 1932

17

I HEREBY CERTIFY, That I attended deceased from Dec 6, 1930, to Mar 16, 1932, that I last saw him alive on Mar 15, 1932, and that death occurred, on the date stated above, at 5:15 A m.

The CAUSE OF DEATH* was as follows:

Chr. Valvular Disease

not known

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) Carl P Roszing, M. D.

, 19 (Address) 1822 W. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon P K, Date of Burial 3/18 1932

20 UNDERTAKER Edw Loudon ADDRESS Wash Blvd

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

77748 E 77748

CERTIFICATE OF DEATH

1085

8-13

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gus Doles

(a) Residence: No. 1115 N. Dallas St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Suffolk, Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Jane Doles

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT George Doles (son)
(Address) 1505 E. Monument St

18. BURIAL, CREMATION, OR REMOVAL
Place Suffolk Va Date 3/16/ , 19

19. UNDERTAKER Edward Bryan!
(Address) 1671 Pleasant St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13/18

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 6.40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?
If so, specify

(Signed) J. H. Bauer Coroner, M. D.

(Address) 508 E Monument

Spec.—9-30—A. & Co.—250 Bks.

E 77749 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77749

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals 107-001 REGISTERED NO.

CITY OF BALTIMORE: (No Baltimore, Md ST. 9-18 (WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Mitchell

(a) RESIDENCE NO 1727 Aiken ST. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2/9/77

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	1	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .060

(b) General nature of industry, business, or establishment in which employed (or employer) Steam Fitter

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Records (Address) Balto City Hosps.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/13/32

17

I HEREBY CERTIFY, That I attended deceased from 1-23-, 1932, to 3-13-, 1932

That I last saw him alive on 3-13, 1932

and that death occurred, on the date stated above, at 1.15 P. m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Alcoholic Psychosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Pathological

(Signed) Harry Goldmuntz M. D.

3/14 19 32 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and 12) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem. DATE OF BURIAL Mar 16th 1932

20 UNDERTAKER Leo G. Cook ADDRESS 1723 N. Patterson Pk.

R 16 1932

AaCo. 5-31 2508

Marie Taylor

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77750 E 77750

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Union Memorial Hospital
CITY OF BALTIMORE: (No. 2508 Greenmount Ave.) (Ward)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Taylor. Louis (Marie)
(a) Residence: No. 2508 Greenmount Ave. Ward Balto.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
F	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Louis Taylor

6. DATE OF BIRTH (month, day, and year) March 31, 1847

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ~~Md~~ Pa

MOTHER FATHER

13. NAME Mr. John Ritson
14. BIRTHPLACE (city or town) (State or country) Md.
15. MAIDEN NAME Miss Catharine Roberts
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place London Pk Date 3/18 . 32

19. UNDERTAKER Leo F. Cook
(Address) 1723 N. Patterson Park Ave

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/18 . 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/15/32 . 19 , to March 18 1932 death is said to have occurred on the date stated above, at 5-30 P. m.

I last saw her alive on 3/15/32

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) R Hance , M. D.
(Address) Union Mem Hosp.

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77751 CERTIFICATE OF DEATH 159 E 77751

1. PLACE OF DEATH Baltimore City Hospitals St. 26-37 Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Pilitch

(a) Residence: No. 417 S. Macon St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 13-1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

MOTHER FATHER

13. NAME Daniel Pilitch
14. BIRTHPLACE (city or town) Shamokin.
(State or country) Pennsylvania
15. MAIDEN NAME Bessie Miller
16. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

17. INFORMANT Nurse
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Dale Town Date March 16th 1932

19. UNDERTAKER Kelly & Zeller Inc.
(Address) 1403 S. Wolfe St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-14-32 19

22. I HEREBY CERTIFY, That I attended deceased from 3-13-32, 19, to 3-14-32, 19
I last saw h[illegible] alive on 3-14-32, 19 death is said to have occurred on the date stated above, at 5:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Baby	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Lucius E. Little M. D.
(Address) Baltimore City Hospitals

Spec—9 30—A. & Co.—250 Blks.

E 77752

B 77752 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 23

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 630 So Payson St. 20-28 WARD)

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Harry E Hargadon

(a) RESIDENCE NO 630 So. Payson ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs 4 mos 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie M. Hargadon

6 DATE OF BIRTH (month, day, and year) Nov 6th 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	4	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer) Emerson Hotel

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Bryan Hargadon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Hattie Johns

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md

14 Informant Mrs Annie M Hargadon
(Address) 630 So. Payson St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 14, 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1932, to Mar 14, 1932, that I last saw him alive on Mar 13, 1932, and that death occurred, on the date stated above, at 11 A. M.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical and X Ray

(Signed) John F Hagenbuch M. D.

3/15 1932 (Address) 721 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: 3/18 1932

20 UNDERTAKER: John J. Cowan & Son

ADDRESS: Baltimore, Md.

M. D. R. 1265-9

E 77753

E 77753

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

v 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2515 W Lombard St., 17-69 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles E. Gist

(a) Residence: No. 2515 W Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE~~ Mary E Gist

6. DATE OF BIRTH (month, day, year) Feby 12th 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55.	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eldridge, Md.

FATHER

13. NAME Conroy Gist

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Ufare

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mrs. Mary E Gist

(Address) 2515 W Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 3/17/ 1932

19. UNDERTAKER John J Conway & Son

(Address) 901 Baltimore St.

20. FILED ... 19...

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/14/ 1932

22. I HEREBY CERTIFY, That I attended deceased from February 1 1931 to March 14 1932

I last saw him alive on March 12 1932 Death is said to have occurred on the date stated above, at 3.50 P. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Complicated with Hypostatic Congestion

Date of onset

Other contributory causes of importance: Pulmonary Edema

Name of operation None Date of

What test confirmed diagnosis? Clinical & Laboratory Exam

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Norman C Nickels M. D.

(Address) 2157 Hilton Ave

OCCUPATION is very important. See instructions on back of certificate.

A4Co 5-31 250R

E 77754 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77754

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3236 Eastern Ave. St., 26-37 108 Ward)

Registered No. 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4/ yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline Schmeiser

(a) Residence: No. 3236 Eastern Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fenale	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Schmeiser

6. DATE OF BIRTH (month, day, year) Jan. 14 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry Brendel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Zimmerman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Frances Schmeiser

(Address) 3236 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date March 16, 1932

19. UNDERTAKER George W Zickler

(Address) 1737 E. Eager St.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch. 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1932 to March 13, 1932

I last saw her alive on March 1932 death is said to have occurred on the date stated above, at 6.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Labor Pneumonia	Mar 1
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H F Kupferschmeider, M. D.

(Address) 2939 Eastern Ave

AaCo. 5-11 250B

77755

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 35 E 77755

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd General Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1512 N. Gilmor St. 44-24 Ward)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence Harris

(a) Residence: No. 1510 Rutter St St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 073
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Towson, Md.

FATHER

13. NAME Isaac Harris
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elmira Brown
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Elmira Daniels
(Address) 1510 Rutter St

18. BURIAL, CREMATION OR REMOVAL Edmondson Ave. Date 3/16, 1932

19. UNDERTAKER Samuel J. Handley
(Address) 598 N. Eddy St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 13—1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 7, 1932 to Mar 13, 1932

I last saw him alive on 3/13—, 1932 death is said to have occurred on the date stated above, at 1:55 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Uremic Coma	3/8/32

Other contributory causes of importance:
urethral Stricture
Prostatic Hypertrophy

Name of operation Urethral dilatation Date of 3/7/32
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. R. Boyd Jr M. D.
(Address) 1512 Gilmor

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77756

CERTIFICATE OF DEATH

131 E 77756

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2018 Druid Hill Ave) (Street) (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lalie Palmer

(a) Residence: No. 2018 Druid Hill Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Samuel Palmer

6. DATE OF BIRTH (month, day, year): June 6 1871

7. AGE: Years 60 | Months 9 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Garrett Dorsey

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME:

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Estelle Telephman
(Address) 2018 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL: Mt Calvary Cem 3/17/32

19. UNDERTAKER: Samuel Hemsley
(Address) 1398 Mt Street

20. FILED ..... 19 32 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932 to March 14, 1932, last saw h alive on March 14, 1932. Death is said to have occurred on the date stated above, at 3.30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	Unknown
	Jan 1st
Other contributory causes of importance: Hypertension and Cerebral Hemmorhage	Mar 14th 1 day

Name of operation: None Date of:

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. E. Young M. D.

(Address) 1429 E Monument St

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77757

CERTIFICATE OF DEATH

107-081

E 77757

1. PLACE OF DEATH Franklin Square Hospital

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Fayette E Calhoun St. 14-20 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Arsenes Johnson

(a) Residence: No. 1912 Division St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Mrs Lessons
(Address) 1917 Division St

18. BURIAL, CREMATION, OR REMOVAL.
Place Mt Auburn Cem Date 3-18, 1932

19. UNDERTAKER Daniel Carbon
(Address) 916 Pa Ave

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-16, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-12-, 1932, to 3-16, 1932

I last saw h alive on 3-16, 1932 death is said to have occurred on the date stated above, at 6-55 A.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 3-6-32

Other contributory causes of importance:

Cardiac Decompensation
Myocarditis probably
Arteriosclerotic.

Name of operation None Date of

What test confirmed diagnosis? → Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19 —

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify No.

(Signed) Morris Fischbein, M. D.

(Address) Franklin Square Hospital.

1-30—M. & T.—100 B—50L

E 77758

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77758

CERTIFICATE OF DEATH

82-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 Cambria St. ST. 25-11 WARD)

2-FULL NAME Odie Hill.(C)

(a) RESIDENCE NO. 100 Cambria St. ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 10 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

THIS is very important. See instructions on back of certificates. PURPOSE OF OCCUPA-

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Maggie Hill.(C)

6 DATE OF BIRTH (month, day, and year) April 22, 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	10	19 20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer. 0-40
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER George Hill.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Alverta Brooks.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Maggie Hill.(C) wife.
(Address) 100 Cambria St.

15 Filed ....., 192 .... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12° 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Heinrandt, M. D. Coroner

8/19/32, 19 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cem.

DATE OF BURIAL: 3-16 19 32

20 UNDERTAKER: David E. Foster

ADDRESS 916 N. Gay

M. D. B. 1268-9

77759 HEALTH DEPARTMENT—CITY OF BALTIMORE 77759

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2317 Orem ave St. 13-59 Ward)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Abraham Levy

(a) Residence: No. 2317 Orem ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Yetta

6. DATE OF BIRTH (month, day, year): 1848

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	84	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER

13. NAME: Mayer Levy

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Poland.

17. INFORMANT: Bessie Levy

(Address) 2317 Orem ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Hebrew Southern ave Date: 3/16, 1932

19. UNDERTAKER: Sol Levinson & Bro

(Address) 1127 E Balto. st

20. FILED ..., 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1932 to March 15, 1932

I last saw h/him alive on March 15, 1932 Death is said to have occurred on the date stated above, at 7:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilatation	3/14

Other contributory causes of importance:

Chron Nephritis	yrs

Name of operation — Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) ... M. D.

(Address) 704 Fremont

M. D. B. 1268-9

77760

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77760

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2827 Riggs Ave St., 16-64 Ward 6

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME August Etzweiler

(a) Residence: No. 2827 Riggs Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Fanni Etzweiler

6. DATE OF BIRTH (month, day, year): Jun 20 1857

7. AGE — Years: 81 | Months: 1 | Days: 23 24. | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Strauss Bros Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Switzerland.

FATHER

13. NAME: Johann Etzweiler

14. BIRTHPLACE (city or town) (State or country): Switzerland

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): Switzerland

17. INFORMANT: Mrs Ruetator

(Address) 2827 Riggs Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Cem Date: 2/16/32

19. UNDERTAKER: Geo H Kempton & Co

(Address)

20. FILED 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 13. 1932

22. I HEREBY CERTIFY, That I attended deceased from March 5. 1932 to March 13 1932

I last saw him alive on March 13. 1932 Death is said to have occurred on the date stated above, at 9 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	1 Wk
Old age	

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis: Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Matthew L Fruhlinger M. D.

(Address)

AaCo. 5-31 250B

77761

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 77761

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 St Johns Road St. ..... Ward) 13-59

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Mathilda Warburton

(a) Residence: No. 2132 Baltimore Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
[redacted]D of
(or) WIFE of William T. Warburton

6. DATE OF BIRTH (month, day, year) Sept 2 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lancaster Co. Pa.

FATHER

13. NAME Richard McFarland

14. BIRTHPLACE (city or town) (State or country) Cecil Co Maryland

MOTHER

15. MAIDEN NAME Elizabeth Taggart

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT Mrs Florence McFarland
(Address) 2132 Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL
Place Elkton Cemetery Date Mar 17 1932

19. UNDERTAKER H. W. Peppin
(Address) Elkton Md.

20. FILED ..... 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 27 1932, to March 16 1932

I last saw her alive on March 7 1932 death is said to have occurred on the date stated above, at 7:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
A Cerebral Hemorrhage	Feb 27 '32
Other contributory causes of importance: Acute Pulmonary Edema	[illegible]

Name of operation ✓ Date of

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.

(Address) [illegible]

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77762

CERTIFICATE OF DEATH

131 E 77762

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hosp 90-78 St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edna Adams

(a) Residence: No. 51 S. Wolfe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robt. F. Adams

6. DATE OF BIRTH (month, day, year) May 23-1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Thomas A. Jones

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Rosan Travess

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Carter (Address) 1946 Homestead

18. BURIAL, CREMATION, OR REMOVAL Place Londgate Pk Date 3/18 1932

19. UNDERTAKER J. Fenwick Mc Enally (Address) 130 E. Fort.

20. FILED ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15. 1932

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1932 to March 15, 1932

I last saw her alive on March 15, 1932 death is said to have occurred on the date stated above, at 6 38 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage, with Paralysis.	March 7/32

Other contributory causes of importance:

Chronic Nephritis	??
Hypertension	??
Bronchial Pneumonia	3 days

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. M. Cumpsundine M. D.

(Address) Hospital

OCCUPATION IS VERY important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77763

CERTIFICATE OF DEATH

121

E 77763

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 15-62 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 1 mos. 14 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Master Donald. Frederick

(a) Residence: No. 3603 Copley Road. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-1-1928

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ood.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George W. Frederick

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret M. Fee

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT George W. Frederick
(Address) 3603 Copely Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cath. Date 3/17 19 32

19. UNDERTAKER I. Frew Mc Cully
(Address) 130 E Fort.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/15, 19 32

22. I HEREBY CERTIFY, That I attended deceased from 2-2, 1932, to 3-15, 1932

I last saw him alive on 3-15, 1932 death in said to have occurred on the date stated above, at 9 45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis, general	10 days
Other contributory causes of importance:	
appendix, ruptured	11 days
Whooping Cough	Previous

Name of operation Appendectomy Date of 3-7-32

What test confirmed diagnosis? Clinical Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Andres E. Calas, M. D.

(Address) Bon Secours Hospital

AACo. 5-31 2500

77764 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 77764

CERTIFICATE OF DEATH

42-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 425 N. Duncan St., 7-25 Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U.S. If of foreign birth 35 yrs. ... mos. ... ds.

2. FULL NAME Marie Rytina

(a) Residence: No. 425 N Duncan St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Victor Rytina

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Quilter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own home
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Austria

MOTHER / FATHER

13. NAME: Josefa Kavka
14. BIRTHPLACE (city or town) (State or country): Austria
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: Wenzel Rytina
(Address) 425 N. Duncan

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Mar 17, 1932

19. UNDERTAKER Frank Brockton
(Address) 1416 Eutaw Pl

20. FILED ..., 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-1-32, 19..., to 3-14, 1932

I last saw her alive on 3-13, 1932 death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Acute Nephritis	14 days
Acute Cardiac Dilatation	1 day

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
(Address) 600 N. Wolfe St.

AaCo. 5-11 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

93-003

E 77765

CERTIFICATE OF DEATH

E 77765 Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 21-14 St. (Ward)

Length of residence in city or town where death occurred 23 yrs. mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Samuel Weber (Samuel A. Weber)

(a) Residence: No. 1257 Carroll St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Ida Weber

6. DATE OF BIRTH (month, day, year) July 4, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
(approximate)	70	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown, ? holsterin Co Zenith & Levenson Up-

10. Date deceased last worked at this occupation (month and year) Feb. 1930

11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (city or town) (State or country) Eastern Shore Somerset Co., Md.

MOTHER FATHER

13. NAME Henry Weber

14. BIRTHPLACE (city or town) (State or country) ? Md.

15. MAIDEN NAME Emily Duncan

16. BIRTHPLACE (city or town) (State or country) ? Md.

17. INFORMANT (Address) Records of Balto. City Hos.

18. BURIAL, CREMATION, OR REMOVAL. Place Woodlawn Cem. Date March 18, 1932

19. UNDERTAKER Joseph Cook (Address) 1005 W. Baltimore St.

20. FILED ..., 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1932, to March 14, 1932

I last saw h im alive on March 14 1932 death is said to have occurred on the date stated above, at 11:50 A. P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene, Senile, left foot	Feb 1932

Other contributory causes of importance:

Enfeeblement, Senile ? Unknown.
Myocarditis, Chr

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Wife no, specify

(Signed) Jos. Schneider Jr. M. D.

(Address) Balto. City Hos.

AaCo. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 77766

CERTIFICATE OF DEATH

X 159 E 77766

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Innes

(a) Residence: No. Linthicum Hts St., Ward. Md —
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/17/32

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			22 19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md —

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Ethel Innes

16. BIRTHPLACE (city or town) (State or country) Md —

17. INFORMANT Friends
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Date ..... 19..

19. UNDERTAKER .....
(Address)

20. FILED ..... 19.. Md Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 9 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1932 to Mar 9 1932

I last saw him alive on Mar 9 1932 death is said to have occurred on the date stated above, at 10:32 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. C. Goodwin, M. D.

(Address) Johns Hopkins Hosp

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77767. 12 E 77767.

CERTIFICATE OF DEATH

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ... St., ... Ward)

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Smith

(a) Residence: No. 2211 Hunter St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME James Dixon

14. BIRTHPLACE (city or town) (State or country) Md—

MOTHER

15. MAIDEN NAME Isabelle Roesh

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Reads—
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19...

19. UNDERTAKER ...
(Address) ...

20. FILED ... 19... ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 11 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 24 1932 to Mar. 11 1932

I last saw him alive on Mar. 11 1932 Death is said to have occurred on the date stated above, at 5:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene lung + pneumonia.	2/23/32
Other contributory causes of importance:	
Splenectomy & appendectomy	2/24/32

Name of operation Splenectomy & appendectomy Date of 2/24/32

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. M. Reads M. D.

(Address) Johns Hopkins Hospital

1-30—M. & T.—100 B—50L

E 77768

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 77768

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 205 Madison St. (Ward) 11-24

2-FULL NAME Elbert Finney

(a) RESIDENCE No. 205 Madison St., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 19-1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Pelletier, P. R.

PARENTS

10 NAME OF FATHER John Finney

11 BIRTHPLACE OF FATHER (City or town) (State or country) Richmond Va

12 MAIDEN NAME OF MOTHER Lucy A. Dowdy

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Richmond Va

14 Informant John Finney

(Address) 205 Madison St

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Nov 14 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above. (Inquest, autopsy or inquiry.)

The CAUSE OF DEATH* was as follows

Lobar Pneumonia

(duration) ..... yrs. ..... mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) ..... M. D. Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

ADDRESS

20 UNDERTAKER

Commissioner Health

UNIVERSITY OF MARYLAND MAR 1 1932

WILSON JONES, M. D.

AACo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 77769

CERTIFICATE OF DEATH

131 E 77769

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 N. Belnord ave. St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha Wm. Harner

(a) Residence: No. 9 N. Belnord ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of John L. Harner

6. DATE OF BIRTH (month, day, year) April 8, 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME August Goetzinger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Miller

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. John L. Harner
(Address) 9 N. Belnord ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Mar 17 1932

19. UNDERTAKER John J. Moran
(Address) 3000 E. Balto St.

20. FILED 19 C. HAMPTON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1932, to Mar 13, 1932

I last saw h alive on Mar 13, 1932 death is said to have occurred on the date stated above, at 4.58 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Poisoning	Mar 1/32
Other contributory causes of importance:	
Chronic Nephritis	Sept 1/31

Name of operation Tuna Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) E. W. Meyer Jr. M. D.

(Address) 1500 E. 3 Ave.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77770

CERTIFICATE OF DEATH

Registered No. 77770

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1737 Covington St. 24 Ward) If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma S. Berry

(a) Residence: No. 1737 Covington St., 24 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced (or) WIFE of Wm. A. Berry

6. DATE OF BIRTH (month, day, year) — 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

FATHER

13. NAME Chas. Coulbourn
14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

MOTHER

15. MAIDEN NAME Lydia Haines
16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

17. INFORMANT Wm. A. Berry
(Address) 1737 Covington St.

18. BURIAL, CREMATION, OR REMOVAL Loudon Park May 17 1932

19. UNDERTAKER Jay & Frank Dean
(Address) 131 E. Eager St.

20. FILED ____ 19 ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 2" 1932 to May 14 — 1932
last saw h alive on May 14 — 1932 death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis with dilatation of heart	12/32

Other contributory causes of importance:

Senile Gastritis	3/13/32

Name of operation None Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ____ 19____
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Kirkbride, M. D.
(Address) 1340 E. Eager St.

A&Co. 5-11 250B

77771 HEALTH DEPARTMENT—CITY OF BALTIMORE B77771

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2109 Clinton St. 15-61 Ward)

Registered No. 93-05

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma J. Coolahan

(a) Residence: No. 2109 Clinton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W.	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Michael J. Coolahan

6. DATE OF BIRTH (month, day, year) — — 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Michael Coolahan

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Catherine Sullivan

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Margaret Cook
(Address) 2109 Clinton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Hill Date 3/17, 1932

19. UNDERTAKER Chas. J. Lemmon & Sons
(Address) 315 Park Ave.

20. FILED 3/17, 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1929 to March 14, 1932

I last saw h[illegible] alive on March 14 1932 death is said to have occurred on the date stated above, at 1.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral arterio sclerosis	1929
Other contributory causes of importance: Myocarditis	Nov. 1931

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Howard Kummer M. D.

(Address) 3002 Garrison Blvd

1-20—M 200 B—50L

E 77772

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77772

CERTIFICATE OF DEATH

93

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 113-117 East St. ST., 5-8 (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Price.

(a) RESIDENCE NO. 113-117 East St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Do not know.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	----	----	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Do not know.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Police Report. C.D.

(Address)

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardiat Insufficiency.
Acute dilatation of the Heart.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Thos. Reinhardt, M. D. Coroner

3/15/32 19 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL: MAR 16 1932 19

20 UNDERTAKER: [illegible] Commissioner Health

ADDRESS

TION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77773

CERTIFICATE OF DEATH

131 E 77773

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 18 S. Durham ST. 2-4 WARD)

2-FULL NAME Adam J. Weider

(a) RESIDENCE NO. 18 S. Durham ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND) of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 1 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	7	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Baker
(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER Joseph Weider

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Dignatia Semler

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Mary Weider
(Address) 18 S Durham St

15
Filed ..... 193 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. P. Herzog M.D., M. D.
Coroner

3/16, 1932 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL 3/18/32

20 UNDERTAKER Martin W. E. Dippel Inc — ADDRESS 37 Lamb

THIS is very important. See instructions on back of certificates.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

77774

CERTIFICATE OF DEATH

107-E 77774

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 312 N. Hilton St. 20-70 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George H. Hartman

(a) Residence: No. 312 N. Hilton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Hartman

6. DATE OF BIRTH (month, day, year) June 11, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME George Hartman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Jas. Hartman
(Address) 312 N. Hilton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Mar. 17, 1932

19. UNDERTAKER G.A.C. Morgan L. Flynn
(Address) 2121 N. Hilton St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 14, 1932 to Mar 15, 1932

I last saw h in alive on Mar 15, 1932 death is said to have occurred on the date stated above, at 7 0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Mar 14, 32
Myocardial Degeneration	
Chronic Arterial Hypertension	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. G. Lally, M. D.

(Address) 3517 Edmondson

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

77775

CERTIFICATE OF DEATH

11-001 E 77775

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 41 E. West St. 23-33 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Rossman

(a) Residence: No. 41 E. West St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Kate Rossman

6. DATE OF BIRTH (month, day, year) March 24. 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George Rossman

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Emma Walton

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Robert Elliott
(Address) 41 E. West St

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date March 17 1932

19. UNDERTAKER Maynard S. Flynn
(Address) 1711 Eight St.

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14. 1932

22. I HEREBY CERTIFY, That I attended deceased from Mch 1/32, 19..., to Mch 17/32, 19...

I last saw him alive on Mch 14/32, 19... death is said to have occurred on the date stated above, at 4 50 P m.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia — Date of onset Mch 1/32

Other contributory causes of importance: La Grippe — Feb 27/32

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jno. F. Mc Williams, M. D.

(Address) 1711 Eight St

AACo. 5-31 250B

77776 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77776

CERTIFICATE OF DEATH

Registered No. 114

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 2-31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elwood Dixon

(a) Residence: No. 1131 Brinson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-19-05

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Md

MOTHER FATHER

13. NAME Walter Dixon

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Carrie McCurdy

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Carrie Dixon

(Address) 914 Bo[illegible]

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 3-16 19 32

19. UNDERTAKER James A Hayes

(Address) 914½ W Fayette St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-17 19 32

22. I HEREBY CERTIFY, That I attended deceased from 3-4- 19 32 to 3-17 19 32

I last saw h[illegible] alive on 3-17 19 32 death is said to have occurred on the date stated above, at 6:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess of Rt Lung	2-15-32
Other contributory causes of importance:	
Acute Heart Failure	1 Da.
Anginal	

Name of operation None Date of

What test confirmed diagnosis? Clinical Autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in house, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, Specify

(Signed) Lucius E Clinch M. D.

(Address) Balto City Hospitals

Spec. 1-10-21—MAT—1500 Bks.

E 77777 (Girvin) E. 77777

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 23

REGISTERED NO. 16-22

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1008 N. Payson St. (Ward)

2-FULL NAME John Littel Girvin

(a) RESIDENCE NO. 1008 N. Payson St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Minnie L. Gunder

6 DATE OF BIRTH (month, day, and year): Sept 24, - 81

7 AGE: Years 50 | Months 5 | Days 17 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter

(b) General nature of industry, business, or establishment in which employed (or employer): Crop

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto md

PARENTS

10 NAME OF FATHER: Rob. Girvin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore md

12 MAIDEN NAME OF MOTHER: Ellen Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto md

14 Informant (Address): Mrs. Minnie Girvin 1008 N. Payson St

15 Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-15- 1932

17

I HEREBY CERTIFY, That I attended deceased from March 7, 1932, to March 15, 1932,

that I last saw h[illegible] alive on March 15, 1932,

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Ch. Pulmonary Th.

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Physical

(Signed) J. H. Hamstein, M. D.

3/16, 1932 (Address) 733 Aisquith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral

DATE OF BURIAL: 3/18/ 1932

20 UNDERTAKER: H. C. Hennegan

ADDRESS 1136 Poplar Grove St

G. HAMPSON JONES, M. D.

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 77778

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 ✓ E 77778

CERTIFICATE OF DEATH

1—PLACE OF DEATH 934 Leadenhall St

REGISTERED NO. 23-37

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore ST. 2 WARD)

2—FULL NAME William E. Thompson

(a) RESIDENCE NO. 934 Leadenhall ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6 DATE OF BIRTH (month, day, and year) 1867.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER? Thompson.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Lenmore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Henrietta Brooks

(Address) 934 Leadenhall St.

15 Filed ....., 19.... A. F. H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 17-32

17 I HEREBY CERTIFY, That I attended deceased from Feb 17, 1932 to March 17, 1932.

that I last saw h[illegible] alive on March 14, 1932

and that death occurred, on the date stated above, at 11.40 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac Lesion

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Edema Leg

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Symptoms

(Signed) W. H. Horn, M. D.

March 14, 1932 (Address) 712 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bethel Crematory Lot [illegible] Grave [illegible] DATE OF BURIAL 3/16 1932

20 UNDERTAKER D. L. Brown Son ADDRESS 1021 Montgomery St

MAR 16 1932 G. HAMPSON JONES, M. D.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77779

CERTIFICATE OF DEATH

108 E 77779

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St. 8-17 Ward)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Waples

(a) Residence: No. 1909 N. Castle St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Waples

6. DATE OF BIRTH (month, day, year) Dec 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 015
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Records.
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL.
Place Fullerton Md. Date Mar 18. 1932

19. UNDERTAKER Harry Allmaier & Son
(Address) 4204 Edgewood Ave

2. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15th 1932

22. I HEREBY CERTIFY, That I attended deceased from March 12 1932 to March 15 1932

I last saw him alive on March 15 1932 Death is said to have occurred on the date stated above, at 5 00 M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia.	
Blood stream infection	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? X Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Caroline C. Bedell M. D.

(Address) Johns Hopkins Hospital

A&Co. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77780 E 77780

CERTIFICATE OF DEATH

47

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 N. Carey St. 7-11 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jorge Edward Snyder

(a) Residence: No. 506 N. Carey St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mildred Snyder

6. DATE OF BIRTH (month, day, year) May 8, 1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Truman Snyder

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Anna Mehring

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mildred Snyder

(Address) 506 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date Mar. 17, 1932

19. UNDERTAKER .....

(Address) .....

20. FILED ..... 19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 14, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1931 to March 14, 1932

I last saw h[illegible] alive on March 13, 1932 death is said to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mediastinal tumor (Sarcoma)	Dec. 1931
(Other contributory causes of importance) Acute dilatation of heart.	

Name of operation ..... Date of .....

What test confirmed diagnosis? Exp Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm J Helmcke M. D.

(Address) 701 N. Howard Ave

Spec.—6-16-29—L. F. S.—100 Bks. (Louise)

E 77781

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 E 77781

REGISTERED NO. 75-32

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2129 Annapolis Rd (ST.) 7 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lone Soaper

(a) RESIDENCE NO. 2129 Annapolis Rd ST., 26th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced (or) WIFE of Late Edgar Soaper.

6 DATE OF BIRTH (month, day, and year) Apr 25, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	10	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Edw. W. Soaper

(Address) 2129 Annapolis Ave

15 Filed ____, 19____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 15/32

17 I HEREBY CERTIFY, That I attended deceased from Mar 11, 1932 to Mar 15, 1932

that I last saw her alive on Mar 15, 1932

and that death occurred, on the date stated above, at 2 55 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Decompensation of Heart (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? No Date of ~

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) H Lawrence Wheeler, M. D.

3/15, 1932 (Address) 2910 Harlem Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL 3/17/1932

20 UNDERTAKER Wm Cook 1217 St Paul St

ADDRESS

Spec.—1-10-21—M&T—1500 Blks.

E 77782

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77782

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 4017. Baleman Ave 108

CITY OF BALTIMORE: NO. 11 ST. 15 WARD 65

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel "Gus" Bull

(a) RESIDENCE NO. 4017 Baleman ST., WARD 15 8:40 PM

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced. (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Cordelia Berry Bull

6 DATE OF BIRTH (month, day, and year) Aug. 7, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	7	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shoe + boot Mfgr

(b) General nature of industry, business, or establishment in which employed (or employer): self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Newark N.J.

PARENTS

10 NAME OF FATHER David Bull

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Diana Lilly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mildred Bull Bullard

(Address) 3911 Roslyn Ave

Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14 1932

17 I HEREBY CERTIFY, That I attended deceased from March 11, 1932 to March 14, 1932

that I last saw him alive on March 14 8:40 P m.

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs mos 4 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of

Was there an autopsy? No Completed

What test confirmed diagnosis? Clin. & Lobar

(Signed) Wm. S. Cook M. D.

19 (Address) 3123 W. Fortieth

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Lorraine Cemetery

DATE OF BURIAL 3/17/1932

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

THIS is very important. See instructions on back of certificates.

AdCo. 5-31 250B

E 77783

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77783

CERTIFICATE OF DEATH

+59

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 4-30 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Keller

(a) Residence: No. 119 E. Lanvale Ave St., ... Ward. Towson, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emily Keller

6. DATE OF BIRTH (month, day, year): Oct 12, 1871

7. AGE: Years 60 | Months 5 | Days 4 | If LESS than 1 day, hrs. or min

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Agt
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Ins Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Hamburg Va

FATHER

13. NAME: Jeremy Keller
14. BIRTHPLACE (city or town) (State or country): Keller Va

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Charles H. Keller
(Address): Towson Md

18. BURIAL, CREMATION, OR REMOVAL: Woodlawn Date 3/18, 1932

19. UNDERTAKER: H. M. Cook
(Address): 1214 E. Fayette St

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/16, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/11, 1932, to 3/16, 1932

I last saw h[illegible] alive on 3/16 1932 death is said to have occurred on the date stated above, at 7.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Mitral regurgitation Cardiac	4 yrs
Secondary Nephritis	
2) Diabetes Mellitus	1917 ?
Other contributory causes of importance:	
1) Angina Pectoris	About 2 wks.

Name of operation ... Date of ...

What test confirmed diagnosis? Sym's, Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. M. Hamilton, M. D.

(Address) Univ. Hosp.

OCCUPATION IS VERY important. See instructions on back of certificate.

M. D. B. 1268-8

HEALTH DEPARTMENT—CITY OF BALTIMORE E 77784

E 77784

CERTIFICATE OF DEATH

Registered No. 95

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 513 Harwood Ave St. 27-46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dennis Eild McCleary

(a) Residence: No. 513 Harwood ave St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	✓

5a. If married, widowed, or divorced
HUSBAND of ✓
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 22nd 1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	5	16 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) Towson
(State or country) Baltimore County

FATHER

13. NAME Harry K McCleary

14. BIRTHPLACE (city or town) Baltimore Md
(State or country)

MOTHER

15. MAIDEN NAME Cora Elva Hanna

16. BIRTHPLACE (city or town) Parkton
(State or country) Balto Co Md

17. INFORMANT Harry K McCleary
(Address) 513 Harwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Prospect Hill Date Mar. 18. 1932

19. UNDERTAKER Jobes Bros Funl Dir
(Address) Towson Md

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 16 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 10. 1932 to Mar 16 1932
I last saw him alive on Mar 14. 1932 Death is said to have occurred on the date stated above, at 3-45 P m.

The principal cause of death and related causes of importance were as follows:

Congenital Heart Disease — Date of onset

Other contributory causes of importance: Pertussis & Influenza — Jan 5

Name of operation ..... Date of .....

What test confirmed diagnosis? Dyes Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. H. Feaga M. D.

(Address) 205 Chase St

1-30—M. & T.—100 B—50L

E 77785

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 ✓ E 77785

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 323 W Preston St. 11-24 WARD)

2-FULL NAME Sarah Thomas

(a) RESIDENCE NO. 323 W. Preston ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Washington Thomas

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): S. C.

PARENTS

10 NAME OF FATHER: Frank Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country): S. C.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): S. C.

14 Informant: Washington Thomas

(Address) 323 W Preston

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 16 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) ..... M. D. Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Douglas Memorial Cemetery

DATE OF BURIAL: 3-17 1932

20 UNDERTAKER: Archibald Co. Gaskins

ADDRESS: 1845 Druid Hill Ave

FOLD IF VERY IMPORTANT. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 77786

77786

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

106-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 239 N. Arlington ave ST. 18-26 (WARD)

2-FULL NAME John A. Francis

(a) RESIDENCE NO. 239 N. Arlington ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 25 - 1896

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	35	~~4~~	~~28~~ 12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer Odd

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer Various Firms

9 BIRTHPLACE (city or town) (State or country) Kingston N. C.

PARENTS

10 NAME OF FATHER ~~Unknown~~ Samuel Francis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kingston N. C.

12 MAIDEN NAME OF MOTHER Jane Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Kingston N. C.

14 Informant (Address) Mary Francis 239 N. Arlington ave

15 Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 14 Mar. 32

17 I HEREBY CERTIFY, That I attended deceased from 12 Mar. 1932, to 14 Mar. 1932, that I last saw h~~im~~ alive on 14 Mar. 1932, and that death occurred, on the date stated above, at 1.30 p. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

General Sepsis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac asthenia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore Md.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed) Henry Fred Byrd M. D.

19 32 (Address) 1501 E. Eager St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL March 17, 1932

ADDRESS 322 N Schroeder St

20 UNDERTAKER Mrs Katie R. Williams

APR 7 1932

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77787 — CERTIFICATE OF DEATH — 59 E 77787

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Sinai Hosp 10-14 (St., Ward)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Bessie Wasserman

(a) Residence: No. 800 E. Madison St (Usual place of abode) St., ... Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Morris Wasserman

6. DATE OF BIRTH (month, day, year) .....

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Morris Wasserman (Address) 800 E. Madison St

18. BURIAL, CREMATION, OR REMOVAL Place Mount Carmel Date 3-17 1932

19. UNDERTAKER Wm. Penn Inc. (Address) 439 E. Fayette St

20. FILED ..... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-16 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-14 1932 to 3-16 1932

I last saw h. alive on 3-16 1932 death is said to have occurred on the date stated above, at 10:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3/12/32
Type 10	
Other contributory causes of importance:	
Diabetes Mellitus	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Milton B Kirsh M. D.

(Address) Sinai Hosp.

Spec.—1-30—M. & T.—250 Bks

77788 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77788

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1126 Stockton ST. 16-23 WARD

2-FULL NAME Annie Conway

(a) RESIDENCE NO. 1126 Stockton St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 18 72

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Isaac Conaway

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Julia Giffins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Elnora Howard

(Address) 1126 Stockton St.

15 Filed ——, 19 —— Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-15-32

17 I HEREBY CERTIFY, That I attended deceased from 2-18-, 1932, to 3-15-, 1932, that I last saw her alive on 3-13-, 1932, and that death occurred, on the date stated above, at 830 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Sigmoid Flexure

unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) unknown

unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of ——

Was there an autopsy? No

What test confirmed diagnosis? physical examination

(Signed) Frank T Saunders, M. D.

3-15-1932 (Address) 1029 N. Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Mar 17 1932

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Freeman St

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77739

CERTIFICATE OF DEATH

E 77739

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2018 E. Lombard St. 2-4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Schuster

(a) Residence: No. 2018 E. Lombard St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb. 9 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Ludwig Schuster
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Gruber
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Ludwig Schuster (Father)
(Address) 2018 E. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Mar. 17, 1932.

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. Wolfe St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1932 to March 16, 1932
I last saw h[illegible] alive on March 16, 1932. death is said to have occurred on the date stated above, at 1:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Complete Horse Left Palate	Congenital

Other contributory causes of importance:

Respiratory Embarrassment from birth.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify. .....

(Signed) Wm. E. Fowler M. D.

(Address) 1001 E. Fayette St.

M. D. B. 1268-9

E 77790

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 77790

CERTIFICATE OF DEATH

2-4 13 ✓

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 2-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary J. Kohlbus

(a) Residence: No. 1725 Bank St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of late Charles Kohlbus

6. DATE OF BIRTH (month, day, year) mar 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Lilly Kohlbus (daughter)

(Address) 1725 Bank St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date Mar. 18, 1932

19. UNDERTAKER Lilly T. Zeiler Inc.

(Address) 403 S. Wolfe St.

20. FILED Mar 19 1932 Registrar

C. H. HUMPHREYS M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15/32

22. I HEREBY CERTIFY, That I attended deceased from 19 . to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 12.25 p.m.

The principal cause of death and related causes of importance were as follows:

Pulm Edema - Emphysema — Date of onset ?

Other contributory causes of importance:

Chr. Nephritis — ?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Waller M. D. Coroner

(Address) 108 E. North Ave

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

77791 VE 77791

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1508 Battery Ave. St. 24-34 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Jemima D.J.Peters

(a) Residence: No. 1508 Battery Ave. St., Ward Baltimore, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Horace T.Peters

6. DATE OF BIRTH (month, day, year) Nov.18 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

FATHER

13. NAME Walter J.King

14. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

MOTHER

15. MAIDEN NAME Caroline Windsor

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs.Douglas D.Rice
(Address) 1508 Battery Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Barnesville, Md. Date Mar.18 1932

19. UNDERTAKER John F. Denny
(Address) 715 Light St

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 15 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 9th 1932 to Mar 15 1932

I last saw her alive on Mar 15 1932 Death is said to have occurred on the date stated above, at 2 P. M.

The principal cause of death and related causes of importance were as follows:

Apoplexy — Date of onset 3/9/32

Other contributory causes of importance: Arterio-sclerosis — 1930
Hypertension.

Name of operation — Date of

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify

(Signed) E. Kaufmann M. D.

(Address) 1 E. Randall St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77792

CERTIFICATE OF DEATH

52 E 77792

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 109 Warren Ave. St. 24-33 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Williams

(a) Residence: No. 109 Warren Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lula A. Williams

6. DATE OF BIRTH (month, day, year): May 25 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stationary Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Warren Co. Va.

FATHER

13. NAME: Daniel Williams

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Laura Costello

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Lula A. Williams
(Address): 109 Warren Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Mavia Church Cem PLANE #4 Frederick Co. MD VIA AUTO Date: Mar 19. 1932

19. UNDERTAKER: John F. Denny
(Address): 715 Light St

20. FILED: Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 16 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 15. 1931 to March 16. 1932

I last saw him alive on March 15. 1932 Death is said to have occurred on the date stated above, at 2 A. M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of neck — Date of onset

Other contributory causes of importance:

Metastasis to lung & terminal pneumonia

Name of operation — Date of

What test confirmed diagnosis? Clinical — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Warren L. Wickes M. D.

(Address) 827 Park Ave.

E 77793 E 77793

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH Good Shepherd Hospital — Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1512 N. Gilmor St. 5-4 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Travers

(a) Residence: No. 1427 Bounty Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	A. A. Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper**, etc. Laborer
9. Industry or business in which work was done, as **silk mill, saw mill, bank**, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT, Sadie Kirby
(Address) 1403 E. Madison

18. BURIAL, CREMATION, OR REMOVAL.
Place Johnson County Date 3/17 . 1932

19. UNDERTAKER Walter P. Young
(Address) 139 W. Hamburg St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11 . 1932

22. I HEREBY CERTIFY, That I attended deceased from 1/13 . 1932 to 3/11 . 1932
I last saw him alive on 3/11 1932 death is said to have occurred on the date stated above, at 11:56 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myo Carditis	12/13/32
Chr. Valvulitis	
Arterio-sclerosis	
Hypertention	
Hemiplegia	2 wk

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carson C. Johnson . M. D.
(Address) 632 Baker

M. D. B. 1268-9

E 77794

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77794

CERTIFICATE OF DEATH

Registered No. 34

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 5-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Brooks

(a) Residence: No. 1315 Eutaw St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) Feb 27 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27 26		17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Charles Brooks

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Carr ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury cemetery Date March 1932

19. UNDERTAKER Edward Bryan
(Address) 1631 Orleans St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1 1932

22. I HEREBY CERTIFY, That I attended deceased from June 21 1932 to March 1 1932

I last saw him alive on March 1 1932. Death is said to have occurred on the date stated above, at 7:42 a m.

The principal cause of death and related causes of importance were as follows:

Empyema - right — Date of onset 1/4/32
Multiple abscesses - chest, knee, heel & sacrum

Other contributory causes of importance:
Bronchial fistula
Secondary anemia

Name of operation Thoracotomy (tube) Date of 1/27/32

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased
If so, specify .....

(Signed) L. M. Alds M. D.

(Address) Johns Hopkins Hospital

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION in very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 77795

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

192-001 E 77795

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1504 Jackson ST. 24-36 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Louis L. Miller

(a) RESIDENCE NO. 1504 Jackson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 2 mos. 18 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

(If married, widowed, or divorced) HUSBAND of (or) WIFE of: Emma B. Miller

6 DATE OF BIRTH (month, day, and year): 12-26-1877

7 AGE — Years: 54 — Months: 2 — Days: 18 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Engineer 073

(b) General nature of industry, business, or establishment in which employed (or employer): B. & O. R.R.

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Earl Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs M. Miller

(Address): 1504 Jackson.

Filed APR 17 1933 C. ROSCOE JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 14-32

17

I HEREBY CERTIFY, That I attended deceased from 1927, 19 , to Mar. 14, 1932.

that I last saw h in alive on Mar. 13. 1932

and that death occurred, on the date stated above, at 11 AM

The CAUSE OF DEATH* was as follows:

1a Chronic Endocarditis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) P. Filip B. Towles, M. D.

3.16, 1932 (Address) 1432 William St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: 3/18 1932

20 UNDERTAKER: J. Fenw McCully

ADDRESS: 130 E. Fort

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

77796

CERTIFICATE OF DEATH

108 E 77796

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 76-27 Ward)

Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Harry Wilson

(a) Residence: No. 314 S. Fagley Lt St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mattie L Wilson

6. DATE OF BIRTH (month, day, year) 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
70	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 40

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Samuel Wilson

14. BIRTHPLACE (city or town) (State or country) Long Green Md

MOTHER

15. MAIDEN NAME Sallie Smith

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Samuel Wilson (Address) R.F.D. Granite Md

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cemetery Date May 17th 1932

19. UNDERTAKER Wm Cook (Address) 217 E Paul St

20. FILED ____ 19____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14 1932

22. I HEREBY CERTIFY, That I attended deceased from ____, 19____, to ____, 19____

I last saw h alive on ____, 19____ Death is said to have occurred on the date stated above, at 8:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of Injury ____

Nature of Injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) B J Herzog M D M. D. Coroner

(Address) 1305 N Patterson Park

AACo. 5-31 250B

77797

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77797

CERTIFICATE OF DEATH

✓ 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1625 N. Fulton Ave St. 15-21 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henrietta W. Linker

(a) Residence: No. 1625 N. Fulton Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ HUSBAND of (or) WIFE of Frederick E. Linker

6. DATE OF BIRTH (month, day, year) Feb 14th 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) New Market (State or country) Md.

FATHER

13. NAME Geo Walking

14. BIRTHPLACE (city or town) ..... (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Killian

16. BIRTHPLACE (city or town) ..... (State or country) Germany

17. INFORMANT Grace Shaffer

(Address) 1625 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Mar 17th 1932

19. UNDERTAKER Mt Cook

(Address) 217 E Paul St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 14th, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 12, 19..., to ..., 19...

I last saw h... alive on ..., 19... death is said to have occurred on the date stated above, at 7th P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... M. D.

(Address) .....

M. D. B. 1268-9

77798 E 77798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

27-44

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3114 Reuckert Ave St. Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Celeste M. Barr

(a) Residence: No. 3114 Reuckert Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Daniel Barr

6. DATE OF BIRTH (month, day, year): June 3/1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Jefferson Langville

14. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

MOTHER

15. MAIDEN NAME: Elizabeth Rogers

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Daisy Hess (Daughter)
(Address): 3114 Reuckert Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Olivet Date: 3/17/32

19. UNDERTAKER
(Address): 1211 Eutaw

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 14/32

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on inquiry 19 Death is said to have occurred on the date stated above, at 6.05 P.M.

The principal cause of death and related causes of importance were as follows:

Uremic Coma — Duration of each ? 3/14/32
Chr. Nephritis

Other contributory causes of importance:

Fractured Pelvis — 9/25/30

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident? Date of injury 9/25/30

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury slipped & fell on porch

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jos. H. Bacon M. D.
Coroner

(Address) 506 E Lexington

AaCo. 5-31 250B

Dr Lavy 1844 W. North Ave Lafayette 0343

E 77799 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77799

CERTIFICATE OF DEATH

Registered No. 1108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 301 W. Madison St. 11-24 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wallace Reid Coonrad

(a) Residence: No. 301 W. Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 26th 1917

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
15	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Scholar
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Schools
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Buffalo N.Y.

MOTHER FATHER

13. NAME Geo. E. Conrad
14. BIRTHPLACE (city or town) (State or country) Eagle Mills New York
15. MAIDEN NAME Mary L. Trimble
16. BIRTHPLACE (city or town) (State or country) Berlin N.Y.

17. INFORMANT Oscar F. Conrad
(Address) 301 W. Madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Watertown N.Y. Date Mar 17th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19.... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 16th 1932

22. I HEREBY CERTIFY, That I attended deceased from March 12 1932 to March 16 1932
I last saw him alive on Mar 16 1932 death is said to have occurred on the date stated above, at 708 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3-11-32
Other contributory causes of importance:	

Name of operation No Date of
What test confirmed diagnosis Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis J. Lavy M. D.
(Address) 1844 W. North Ave.

APR 7 1932 HOMER JONES M. D.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

77830

CERTIFICATE OF DEATH

11 E 77800

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St., 11th 15 Ward)

Length of residence in city or town where death occurred 64 yrs. 10 mos. 2 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Warren Griffiss

(a) Residence: No. Latrobe Apartments St., Ward. Chas Road
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced RUSBAND of (or) WIFE of Mrs Elizabeth Griffiss

6. DATE OF BIRTH (month, day, year) May 14, 1867

7. AGE	Years	Months	Days	If LESS than 1 day.... hrs. or ...min.
	64	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mfgr. - Baltimore Brick Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore.

FATHER

13. NAME Thomas J. Griffiss

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Emma Le Van (Hartzell)

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date 3/18 1932

19. UNDERTAKER Henry A. Mears & Son
(Address) 802 N. Gilbert St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 15 1932 to March 16 1932

I last saw h~~im~~ alive on March 16, 1932 Death is said to have occurred on the date stated above, at 3.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	5 Days
Other contributory causes of importance:	
Lobar Pneumonia (Left)	2 Days

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Simon Baruch M. D.

(Address) Mercy Hospital

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

803

77803

CERTIFICATE OF DEATH

1932 E 77801

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital. 27-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1200 - Eutaw Avenue St., Ward) 2

Length of residence in city or town where death occurred 79 yrs. — mos. — ds. How long in U.S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Mary Bulgin Palmer.

(a) Residence: No. 2699 Eutaw Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Clay Palmer

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79 years	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME W. F. Buck

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Emily F. Bulgin

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Johns Hopkins Hospt.
(Address) 1200 Eutaw Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date 3/18 1932

19. UNDERTAKER Henry W. Mears & Son
(Address) 502 N. Eutaw St

20. FILED ..... 19.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/16 1932

22. I HEREBY CERTIFY, That I attended deceased from 1/8, 1931, to 3/16, 1932

I last saw h.e.l. alive on 3/16 1932 death is said to have occurred on the date stated above, at 3:00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myoc. Deg. Decomp.	1931
Hypostatic Pneumonia - Bilateral	3/13 32

Other contributory causes of importance:

Gen. Arteriosclerosis	1931

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Verne Hoffman, M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

77802

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77802

CERTIFICATE OF DEATH

27-4 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5504 St. Albans Way St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 2 mos. 2 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Elizabeth Stuart Brown

(a) Residence: No. 5504 St. Albans Way St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Basil Woodward Brown

6. DATE OF BIRTH (month, day, year) Jan. 13, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Wm. S. Stuart

14. BIRTHPLACE (city or town) (State or country) ------ New York

MOTHER

15. MAIDEN NAME Not obtainable

16. BIRTHPLACE (city or town) (State or country) --------- Germany

17. INFORMANT Mrs. M. Helen Dunn

(Address) 5504 St. Albans Way

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 3/18, 1932

19. UNDERTAKER Henry W. Myers and Son

(Address) 202 N. Calvert St.

20. FILED ....., 19.. .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb-29th, 1932 to March-16-, 1932

I last saw her alive on March-14, 1932 Death is said to have occurred on the date stated above, at 3 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis and Arterial Sclerosis	
Other contributory causes of importance:	
Pulmonary Edema	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Stan Forsyth M. D.

(Address) 700 Cathedral St

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77803

CERTIFICATE OF DEATH.

✓93-803 E 77803

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) No 415 E. Lafayette Ave (b) 12-14 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eleanor Sultzer

(a) RESIDENCE. NO 415 E. Lafayette Ave WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 14, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	8	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Public School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer) 068

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER William H. H. Sultzer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md. U.S.A.

12 MAIDEN NAME OF MOTHER Sallah Causmelle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md. U.S.A.

14 Informant Miss Mary Sultzer
(Address) 415 E. Lafayette Ave

15 Filed . 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb. 29th 1932 to March 15 1932
that I last saw her alive on March 15 1932
and that death occurred, on the date stated above, at 10.45 p.m.
The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) 0 yrs. 0 mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Gustavus C. Dohme M. D.

3/16 1932 (Address) 3014 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount Cem.	3/18 1932
20 UNDERTAKER	ADDRESS
Henry U. Mears & Son	505 N. Calvert

THIS is very important. See instructions on back of certificates.

M. D. R. 1268-9

E 77804 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77804

CERTIFICATE OF DEATH

108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. 11-15 Ward)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S. If of foreign birth 70 yrs. — mos. — ds.

2. FULL NAME Miss Catherine Callahan

(a) Residence: No. 827 St Paul St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 18, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Peter Callahan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ? —

17. INFORMANT Miss Anne Fahey
(Address) 1019 N. Calvert St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 3/18 19 32

19. UNDERTAKER Henry H. Mears and Son
(Address) 802 N. Calvert St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1932 to March 15, 1932
I last saw h[illegible] alive on March 15, 1932 Death is said to have occurred on the date stated above, at 9:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	7 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) E. H. Burns M. D.
(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—MAT—500 Blks.

E 77805

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77805

131 V

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1632 Abbottston ST., 9-46 WARD)

2-FULL NAME Adolph Wilhelm Schaufele

(a) RESIDENCE NO. 1632 Abbottston ST. WARD

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs — mos — ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Mary A. Schaufele

6 DATE OF BIRTH (month, day, and year): April 1859

7 AGE — Years: 72 — Months: 11 — Days: 12 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Piano Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Adolph K. Schaufele

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Lukenbach

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Mary A. Schaufele 1632 Abbottston St

15 Filed . . 19 . . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 16, 1932

17 I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1930, to March 16, 1932

that I last saw h[illegible] alive on March 15, 1932

and that death occurred, on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:

Hypertensive Cardio Vascular Renal Disease

(duration) 1 yrs. 3 mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Chas A. Edmunds, M. D.

, 19 (Address) 2746 Alameda Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Emmanuel Cemetery — DATE OF BURIAL: Mar 18 '32

UNDERTAKER: Chas P. Faust & Son — ADDRESS: 1180 W. Royal Ave

TION is very important See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77806

E 77806

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 26-37 Ward)

Registered No. 186

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Hartwell Fox

(a) Residence: No. 3604 Mt Pleasant Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Gertrude V Fox

6. DATE OF BIRTH (month, day, year) Sept 30 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER FATHER

13. NAME Louis J Fox

14. BIRTHPLACE (city or town) (State or country) Richmond Va

15. MAIDEN NAME Lillie Carson

16. BIRTHPLACE (city or town) (State or country) Richmond Va

17. INFORMANT Gertrude V Fox

(Address) 3604 Mt Pleasant Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Cem Date Mch. 19. 1932

19. UNDERTAKER George W. Dickler

(Address) 1737 E. Eager St

20. FILED 3/19 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16 1932

22. I HEREBY CERTIFY, That I attended deceased from ____ 19__ to ____ 19__

I last saw h__ alive on ____ 19__ Death is said to have occurred on the date stated above, at 8:25 ~~P~~ A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, due to	
Fractured Skull	
Accidental	

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide~~, or ~~homicide~~? Date of injury 3/10 1932

Where did injury occur? 3604 Mt Pleasant Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down steps

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) C. Hampson Jones M. D.
Coroner

3/16 1932 (Address) 1205 N. Fulton Ave

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

77807

CERTIFICATE OF DEATH

× 93-004 E 77807

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 20 E. Mt Vernon Place. ST. 11-15 WARD)

2-FULL NAME Nellie Noble.

(a) RESIDENCE NO. Federalsburg Md. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White.	Married

5a If married, widowed, or divorced (or) Wife of J. Herman Noble.

6 DATE OF BIRTH (month, day, and year) September 6, 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	52	6	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania.

PARENTS

10 NAME OF FATHER George Hurr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Eleanor Lay.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania.

14 Informant Eleanor Noble. (daughter)

(Address) 20 E. Mt. Vernon Place.

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the Heart.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Federalsburg Md.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto Hoffmanneck Coroner, M. D.

3/17/32 19 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Federalsburg Md

DATE OF BURIAL 3/17 1932

20 UNDERTAKER J. M. Cook

ADDRESS Federalsburg Md

TION is very important See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

25 77808 L 77808 X 51 E 77808

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Mc Cormick

(a) Residence: No. Berryville. Virginia St. Ward. Virginia
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lucy McCormick

6. DATE OF BIRTH (month, day, year) Mar 11- 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tenn

MOTHER FATHER

13. NAME Chas Mc Cormick

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Laura Ayres

16. BIRTHPLACE (city or town) (State or country) Miss

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Berryville Va March 18 1932

19. UNDERTAKER John C. Mitchell & Son
(Address) 19 E. Eutaw Place

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1932, to March 16, 1932. I last saw him alive on March 16, 1932. Death is said to have occurred on the date stated above, at 6.45 p m.

The principal cause of death and related causes of importance were as follows:

(a) Carcinoma (uncertain) of urinary bladder. — Date of onset 1931

Other contributory causes of importance:
Ruptured urinary bladder
Visceral haemorrhage.

Name of operation none Date of ...

What test confirmed diagnosis? X Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Hugh T. Geary M. D.

(Address) Johns Hopkins Hospital.

OCCUPATION is very important. See instructions on back of certificate.

Spec—9 30—A. & Co—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77809

CERTIFICATE OF DEATH.

9 E 77809

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 1318 W. North Ave. St. 43-54 WARD)

2 FULL NAME Richard B. Russell

(a) RESIDENCE No. 1318 W North Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred life yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
mal	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 10, 1926

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
6	2	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER William Russell

11 BIRTHPLACE OF FATHER (city or town) Washington D. C.
(State or country)

12 MAIDEN NAME OF MOTHER Rose L Groper

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md.
(State or country)

14 Informant William Russell
(Address) 1318 W North Ave.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-16-32

17

I HEREBY CERTIFY. That I attended deceased from 6-20-31, 19 ..., to 3-15-32, 19 ...

that I last saw him alive on 3-15-32, 19 ...

and that death occurred, on the date stated above, at 2 P M m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Whooping Cough

(duration) yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Ex

(Signed) Wm A Fetterolf M. D.

(Address) 3400 Walbrook Ave 3-16 32

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	March 18 1932

20 UNDERTAKER Martin Daley & Sons ADDRESS 1827 W North Ave

Note—It is very important. See instructions on back of certificates.

AACo. 5-31 250B

77810 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 77810

93-003

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph 10-14 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Elizabeth Hoffman

(a) Residence: No. 1237 Hartford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Theodore Hoffman

6. DATE OF BIRTH (month, day, year) 9/13/1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	7	3	X

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bath Me

MOTHER

13. NAME Rose A Bantz

14. BIRTHPLACE (city or town) (State or country) Portland Me

FATHER

15. MAIDEN NAME Margaret A Rose

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm C Hoffman

(Address) 1232 Hartford Ave

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 3/21/32 19

19. UNDERTAKER Geo J Roth Inc.

(Address) 419 E Fayette St Balto

20. FILED ..., 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/16 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1932 to March 16, 1932

I last saw her alive on March 16 1932 death is said to have occurred on the date stated above, at 10:30 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Old Rheumatic Cardio-vascular disease with decompensation	18 yrs History
(Other contributory causes of importance:) Uterine fibroids	
Secondary hemorrhage	
Anaemia	2 mos

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Not to specify

(Signed) W. McGuinness M. D.

(Address) St Joseph Hosp.

OCCUPATION IS VERY Important. See instructions on back of certificate.

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 77811 | 181 | E 77811

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 20-69 WARD)

REGISTERED NO. E 77811

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Violet Bisset

(a) RESIDENCE No. 203 S. Bentalou ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): April 20/1931

7 AGE: Years — | Months 10 | Days 25 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto, Md

PARENTS

10 NAME OF FATHER: Charles L. Bisset

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Marie Margraf

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Charles L. Bisset

(Address) 203 S. Bentalon St.

15 Filed 3/17, 1932 — H. LAWRENCE JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/16 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns of body
Accidental death

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 203 S. Bentalon St

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Gelbert, M. D. Coroner

3/16 1932 (Address) 739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet Cemetery — DATE OF BURIAL: 3/18 1932

20 UNDERTAKER: George L. Schmidt — ADDRESS: 2101 Eutaw Ave.

TION is very important See instructions on back of certificates.

1-30—M. & T.—100 B—50L

77812

HEALTH DEPARTMENT—CITY OF BALTIMORE

142 E 001 77812

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital (WARD) 11

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara M. Roberts

(a) RESIDENCE NO. 2836 E. Baltimore ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Raymond R. Roberts

6 DATE OF BIRTH (month, day, and year) Dec. 30 1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	2	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Isaac Conklin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Augusta Pengel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Raymond R. Roberts

(Address) Sparrows Point, Maryland

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:

Generalized Peritonitis —
Cause Unknown

(duration) yrs. mos 7 ds ?

CONTRIBUTORY (Secondary) Abscess Left Broad Ligament

(duration) yrs. mos. 7 ds. ?

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? Yes Date of Feb. 6-32

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical + Physical findings

(Signed) Guy N. Cromwell, M.D. Coroner

3/17 1932 (Address) 203 Patapsco Ave, Brooklyn

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Centers

DATE OF BURIAL Mar 18, 1932

20 UNDERTAKER John A. Moran

ADDRESS 3000 E. Balto St.

TION is very important See instructions on back of certificates.

MAR 17 1932 HARRY S. JONES, M.D.

AACo. 5-11 250B

E 77813

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77813

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd General Hospital 48

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1512 N. Gilmor St. 44 - 9th Ward)

Length of residence in city or town where death occurred 66 yrs mos ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Collins 44

(a) Residence: No. 1409 Brunt St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of husband dead

6. DATE OF BIRTH (month, day, year) 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Josephine Harris
(Address) 1409 Brunt

18. BURIAL, CREMATION, OR REMOVAL
Place Date 19

19. UNDERTAKER
(Address)

20. FILED 19 Apr 11 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/13 — 1932

22. I HEREBY CERTIFY, That I attended deceased from April 23 — 1931 to Mar 13 — 1932

I last saw her alive on 3/13 — 1932 death is said to have occurred on the date stated above, at 6:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uterine Carcinoma with Metastase	1930

Other contributory causes of importance:

Arteriosclerosis Nephritis

Name of operation no Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19 —

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) R. Boykin, M. D.

(Address) 1512 Gilmor

OCCUPATION is very important. See instructions on back of certificate.

UNIVERSITY OF MARYLAND MAR 16 1932 HARRISON LIBRARY

M. D. R. 1268-9

77814 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V-01 210 E 77814

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Josephs Hospital St., 27-43 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mns. ds.

2. FULL NAME George E. Pleau

(a) Residence: No. 3018 Mary Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Colony

6. DATE OF BIRTH (month, day, year) December 28, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 06

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York N.Y.

FATHER

13. NAME George Pleau

14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Mrs. Geo. E. Pleau

(Address) 3018 Mary Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Cemetery Date 3/18/32

19. UNDERTAKER J. Fanning & Son

(Address) 1338 E. Fayette Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on autopsy & inquiry 19 Death is said to have occurred on the date stated above, at 10:10 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Contusion of brain sub dural Hemorrhage	3/4/32

Other contributory causes of importance:

Fracture of right [illegible] tibia

Name of operation None Date of

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 3/4/32

Where did injury occur? Harford Rd & Lanvale Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by automobile

Nature of injury Head injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Penny Coroner M. D.

(Address) 200 E. Madison St

A&Co. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77815

CERTIFICATE OF DEATH

E 77815

107-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 10-14 Ward)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ida Brown

(a) Residence: No. Preston & Valley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 4th 1863

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	69	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME Isac Brown

14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER

15. MAIDEN NAME Ann Wesley

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT Little Sisters of the Poor
(Address) Preston & Valley

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Mar 18 1932

19. UNDERTAKER Wyda Wiedefeld
(Address) 914 Fremont Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17th 1932

22. I HEREBY CERTIFY, That I attended deceased from March 10 1932 to March 17 1932

I last saw her alive on March 16 1932 Death is said to have occurred on the date stated above, at 8. A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Bronchial Pneumonia	
Other contributory causes of importance:	
Arthritis	

Name of operation Autopsy Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Leonard McCarthy, M. D.

(Address) 111 Hanover

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E2 77816 — 145 E 77816

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 19-27 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. 6 mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dorothy Green

(a) Residence: No. 412 N. Loudoun St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black.	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of David Green

6. DATE OF BIRTH (month, day, year) Aug 19 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Loudon Thomas

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Lillie Humphreys

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Pleasant Date Mch 19 1932

19. UNDERTAKER Thos. R. Chase & Son
(Address) 638 N. Gilmor

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 16 1932 to March 15 1932

I last saw h[illegible] alive on Mar. 15 1932 Death is said to have occurred on the date stated above, at 8:20 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia and Lobar pneumonia	2/26

Other contributory causes of importance:

Name of operation Hysteromyomectomy Date of Feb 16

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh Warner M. D.
(Address) Johns Hopkins Hosp

OCCUPATION is very important. See instructions on back of certificate.

E 77817

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77817

CERTIFICATE OF DEATH.

108

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. St Josephs Hospital St., 9-18 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret A.Raff.

(Residence in Baltimore: No. 1507 Enser St. St.; yrs..... mos..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Married

6-DATE OF BIRTH. March 29th- 1881
(Month) (Day) (Year)

7-AGE. 50 yrs. 11 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country) Baltimore. Md.

PARENTS

10-NAME OF FATHER. John F.Talbott

11-BIRTHPLACE OF FATHER. (State or Country) Baltimore. Md.

12-MAIDEN NAME OF MOTHER. Melisda Ashe

13-BIRTHPLACE OF MOTHER. (State or Country) Baltimore. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Raff

(Address) 1567 Enser St.

15-

Filed ..... 19.. Registrar.

17 1932

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 16/32 4. A.M.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

no Autopsy

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... (Coroner) M. D.

3/17/32 19.. (Address) 808 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents). At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Loudon Pk Cem

DATE OF BURIAL. 3-19-32 19..

20-UNDERTAKER. J. Ahrens Co.

ADDRESS 2432 Pelstersto wn Rd.

If very important. See instructions on back of certificate.

A&Co. 5-31 250B

77818 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001 E 77818

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1139 Gorsuch Ave 9th Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary F. Ginter

(a) Residence: No. 1139 Gorsuch Ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 7th 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min
76	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Francis Ginter
14. BIRTHPLACE (city or town) (State or country) McSherrystown Pa

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Alice Ginter
(Address) 1139 Gorsuch Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cemetery Date Mar 18th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED _____, 19____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 16th, 192

22. I HEREBY CERTIFY, That I attended deceased from March 7th, 1932 to March 16th, 1932
I last saw him alive on March 15th, 1932 death is said to have occurred on the date stated above, at 4.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Lobar Pneumonia	3/13/32
Other contributory causes of importance:	
Dr Griffin	3/6/32

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury _____, 19____
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fred Gangemi M. D.
(Address) 4612 Roland Ave

A&Co. 5-31 250B

E 77819 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 1 V

CERTIFICATE OF DEATH 161 E 77819

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 Wyeth St 21-29 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 5 ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Helen Louise Hausman

(a) Residence: No. 522 Wyeth St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 12, 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Fred. Hausman
14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Edith Wood
16. BIRTHPLACE (city or town) (State or country) Baltimd

17. INFORMANT (Address) George Hausman, 522 Wyeth St.

18. BURIAL, CREMATION, OR REMOVAL. Place Western Cemetery Date 3/19/1932

19. UNDERTAKER (Address) Mrs Cook 1217 E Paul St

20. FILED ___ 19___ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/12 1932 to 3/17 1932

I last saw him alive on 3/16 1932 death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage because of Neglect	

Other contributory causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy?

25. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ___ If so, specify

(Signed) Emil F Krug Jr M. D.

(Address) 1001 E Lanvale St.

OCCUPATION is very important. See instructions on back of certificate.

A4Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77820 ✓ E 77820

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Woman's Hospital St. 14-20 Ward)

Length of residence in city or town where death occurred ✓ yrs. ✓ mos. 23 days How long in U.S. If of foreign birth? ✓ yrs ✓ mos ✓ ds.

2. FULL NAME Katherine Magin

(a) Residence: No. Eldersburg, Carroll Co., Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Jan. 11-1876

7. AGE Years	Months	Days	If LESS than 1 day, ✓ hrs or ✓ min.
56	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Aunt's Home
10. Date deceased last worked at this occupation (month and year) Jan 1932
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Jacob Magin
14. BIRTHPLACE (city or town) (State or country) Bavaria Germany

MOTHER

15. MAIDEN NAME Federicka Nibling
16. BIRTHPLACE (city or town) (State or country) Wurtemberg Germany

17. INFORMANT Mrs. Burton Wilson
(Address) Ingleside Md

18. BURIAL, CREMATION, OR REMOVAL Wm. M. Cemetery Date 3/19/1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1932 to March 17, 1932
I last saw her alive on March 17, 1932 death is said to have occurred on the date stated above, at 5 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of ovaries	3 yrs.
Pyelitis, bilateral	2 wks.
Other contributory causes of importance:	
Secondary anemia	unknown

Name of operation none Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 19✓
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify .....

(Signed) Rudolph J. Schaefer, M. D.
(Address) Woman's Hospital.

WARNING: IT IS A MISDEMEANOR TO MAKE ANY FALSE STATEMENT IN ANY PART OF THIS CERTIFICATE. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

1-30—M. & T.—100 B—50L

E 77821

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77821

CERTIFICATE OF DEATH

82-09

REGISTERED NO. 37

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 645 S Leigh ST. 76 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stella Grotiski

(a) RESIDENCE NO 645 S Leigh ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Grotiski

6 DATE OF BIRTH (month, day, and year): June 16. 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	45	9		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: At Home

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Joseph Grotiski

(Address): 645 S Leigh St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 16 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to S/M death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary): Arterial Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. Peterson M.D. M. D. Coroner

3/16, 1932 (Address) 1315 E Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery

DATE OF BURIAL: 3/19/1932

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 E Paul St

AaCo. 5-31 250B

E 77822

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-90 E 77822

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3106 Chesley Ave St. 15-66 Ward.)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Albert Miller

(a) Residence: No. 3106 Chesley Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Mary Miller

6. DATE OF BIRTH (month, day, year) Aug 12th 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT S. T. Miller

(Address) 3106 Chesley Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Mar 18th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 16th 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1932, to Mch 15, 1932

I last saw him alive on Mch 15, 1932 death is said to have occurred on the date stated above, at 4:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis.	
Other contributory causes of importance:	
Cerebral Hemorrhage	

Name of operation No Date of .....

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hugh Forsythe, M. D.

(Address) 424 E Pratt Ave

OCCUPATIONS is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 77823

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77823

CERTIFICATE OF DEATH

127-007

1. PLACE OF DEATH

Registered No. 27-53

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 113 Woodlawn Rd (St.) (Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth H. Johnston

(a) Residence: No. 113 Woodlawn St., Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. ~~SEX~~ Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or ~~divorced~~ (or) WIFE of Rev Hugh Johnston

6. DATE OF BIRTH (month, day, year) Oct 2nd 1847

7. AGE: Years 84 | Months 5 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montreal

FATHER

13. NAME Richard Holland

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Eliza Hillock

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Edw E Johnston

(Address) 113 Woodlawn Rd

18. BURIAL, CREMATION, OR REMOVAL

Druid Ridge Cemetery Date 3/18/ 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED , 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 17th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1932 to March 17, 1932

I last saw h alive on March 4 1932 death is said to have occurred on the date stated above, at 2 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Art. sclerosis	

Other contributory causes of importance

Intestinal obstruction
Sigmoid Adhesions
Abscess

Name of operation Sigmoid Adhesions Date of Feb 22

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) H B Carmichael, M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 77824

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77824

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 535 Brice St. 20-37 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George W. Atkinson, Sr.

(a) Residence: No. 535 Brice St., ... Ward.
(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jessie Atkinson

6. DATE OF BIRTH (month, day, year) Oct 21 1847

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
84	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher (1)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME George Atkinson

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Elizabeth Meredith

16. BIRTHPLACE (city or town) (State or country) St Marys Co

17. INFORMANT George Atkinson, Jr.
(Address) 537 N. Brice

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 3/21 1937

19. UNDERTAKER Frederick A. Volger
(Address) 1200 W. Lombard St.

20. FILED ..... 19.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 17. 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 5 1937 to Mar 17. 1937

I last saw him alive on Mar 16. 1937 death is said to have occurred on the date stated above, at 10:20 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrage	4 days
Chr. Myocarditis	1925
Other contributory causes of importance:	
Chr. Parenchymatous nephritis	1925

Name of operation Physical Exam. Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) James Brown M. D.

(Address) 1663 Wilcox Ave.

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. 1268-0

B 77825

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

L 77825

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 16-27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael J. Fox

(a) Residence: No. 1923 Harlem Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rena Fox

6. DATE OF BIRTH (month, day, year) Oct 19/1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foot, Specialist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Fuchs

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary ------

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Harry Fox

(Address) 1923 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 3/18 19 32

19. UNDERTAKER Frederick A Cole

(Address) 1206 W Lanvale St

20. FILED ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 15/32 , 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h alive on ..... 19 .... Death is said to have occurred on the date stated above, at 6 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	?
Other contributory causes of importance: Chr Arterio Sclerotic Nephritis	?
Prostatic Hypertrophy	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) J H H Bunn M. D. Coroner

(Address) 508 E Monument

If sex not stated, write "unknown." If not born in U. S., state country. Exact statement of occupation is very important. See instructions on back of certificate.

AACo. 5-11 2508

Mollie Sheppard

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77826 X 131 E 77826

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Union Memorial Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred yrs. 1 mos. 14 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. ~~Mollie~~ J. Sheppard

(a) Residence: No. 60 N.E. 59th St. St., ... Ward. Miami, Fla.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Mr. Henry J. Sheppard

6. DATE OF BIRTH (month, day, year) Sept. 13, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Solomon Ramsay
14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Mary
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Husband
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Miami Fla. Date Mar 17, 1932

19. UNDERTAKER Harry N. Fritzlen
(Address) 4101 Edmondson Ave

20. FILED ..... 19 ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1932, 19..., to March 16, 1932
I last saw her alive on March 16, 1932 death is said to have occurred on the date stated above, at 11:35 p.m.

The principal cause of death and related causes of importance were as follows:

Nephritis — Date of onset .....

Other contributory causes of importance:
Pneumonia
Psychosis Post operative

Name of operation Reconstruction (hip, vaginal) Date of 2-2-32

What test confirmed diagnosis? X (2) Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert W Johnson Jr. M. D.
(Address) 4 E. Madison St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 77827 — 93-003 — E 77827

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 N. Collington ave St., 10 Ward)

Registered No. E 77827

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rebecca Barzune

(a) Residence: No. 710 N. Collington ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Moses

6. DATE OF BIRTH (month, day, year) 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Philip Gasonzick

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Fannie —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT N Barzune

(Address) 210 N Collington ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rest Date 3/18 1932

19. UNDERTAKER Hol Levinson & Bro

(Address) 1117 E Baltimore St

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1932 to March 17th 1932

I last saw her alive on March 17 1932 Death is said to have occurred on the date stated above, at 4:10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	?
Other contributory causes of importance: Acute cardiac dilatation	3-15-32

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. Skaden M. D.

(Address) 2306 Eastern Place

M. D. B. 1268-9 — HEALTH DEPARTMENT—CITY OF BALTIMORE — CERTIFICATE OF DEATH — See instructions on back of certificate. — OCCUPATION is very important.

A&Co. 5-31 250B

77828 HEALTH DEPARTMENT—CITY OF BALTIMORE

13 E 77828

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1805 Dukeland St., 15-66 Ward.)

Length of residence in city or town where death occurred 80 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma Kornmann

(a) Residence: No. 1805 Dukeland St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Kornmann

6. DATE OF BIRTH (month, day, year) Nov. 21 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Jacob Schweitzer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mrs. Mary Christopher
(Address) 2618 E. Hoffman St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date March 21 1932

19. UNDERTAKER George W. Zirkle
(Address) 1737 E. Eager St.

20. FILED ..... 19 ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1932 to March 17, 1932
I last saw her alive on March 17, 1932 death is said to have occurred on the date stated above, at 7.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	24 hours
cardio-vascular-Renal	5 yrs.
Other contributory causes of importance:	
Em physema-Bronchitis	5 yrs.

Name of operation — Date of .....
What test confirmed diagnosis? Clinical - Blood Smear Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis H. Krumm, M. D.
(Address) 722 N. Kenwood Ave

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77829

E 77829

CERTIFICATE OF DEATH

131

REGISTERED NO. 3814

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Aged Men + Women's Home ST. [illegible] WARD)

2—FULL NAME Mrs. Hattie Sprague

(a) RESIDENCE NO. 822-N. Carrollton Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles F. Sprague

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
68		7	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Washington, D. C.

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Mrs. Hattie Robinson

(Address) 1014-Edmondson

15 Filed 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 16, 1932.

17 I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1932, to March 16, 1932; that I last saw her alive on March 16, 1932, and that death occurred, on the date stated above, at 11:30 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Endocarditis Nephritis Hypertension (duration) yrs. 18 mos. ds.

18 Where was disease contracted if not at place of death? Washington D.C.

Did an operation precede death? No. Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) M. E. Kinley Reesby, M. D.

, 19 (Address) 702-N. Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington D.C.

DATE OF BURIAL 3-18 1932

20 UNDERTAKER John H. Tradrin

ADDRESS 1027 Edmondson Ave

A4Co. 5-31 250B

HEALTH DEPARTMENT CITY OF BALTIMORE

E 77830 E 77830

CERTIFICATE OF DEATH

1. PLACE OF DEATH Ind Gen Hosp. 131

Registered No. ....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .... St. .... Ward) 22-30

Length of residence in city or town where death occurred .... yrs. .... mos .... ds. How long in U.S. If of foreign birth? .... yrs. .... mos .... ds.

2. FULL NAME Edward Fogan

(a) Residence: No. 55 W Conway St., Ward. ....
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Thomas Fogan

6. DATE OF BIRTH (month, day, year) March (?) 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Jamaica W.I.

FATHER

13. NAME Julius Fogan
14. BIRTHPLACE (city or town) (State or country) Jamaica W.I.

MOTHER

15. MAIDEN NAME Alice Thompson
16. BIRTHPLACE (city or town) (State or country) Jamaica W.I.

17. INFORMANT Not filled Heard
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place .... Date .... 19....

19. UNDERTAKER ....
(Address)

20. FILED .... 19.... .... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-16, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-30-, 1932 to 3-16-1932
I last saw him alive on 3-16, 1932 death is said to have occurred on the date stated above, at 2.40 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	5 mo.

Other contributory causes of importance:

Uremia	5 days

Name of operation none Date of ....
What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury .... 19....
Where did injury occur? .... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) Edward J. Chenault M. D.
(Address) Ind General Hospital

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

77831

CERTIFICATE OF DEATH

23 E 77831

1. PLACE OF DEATH Baltimore City Hospitals (Tbc.) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 17-13 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Ellison

(a) Residence: No. 908 McDonough st. St., Ward

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER FATHER

13. NAME Robert Ellison

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Dehlia Ardelia

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Cem. Date 3/18 1932

19. UNDERTAKER Watts & Sons

(Address) 1392 W. Lanvale St.

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15 1932

22. I HEREBY CERTIFY, That I attended deceased from February 21, 1932 to March 15, 1932

I last saw him alive on March 15, 1932 death is said to have occurred on the date stated above, at 3.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	7 mos.
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Lawrence A. Zena, M. D.

(Address) Baltimore City Hospitals

OCCUPATIONS to be very important. See instructions on back of certificate.

AACo. 5-31 250B

Jeanne Buxton

E 77832 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 77832

CERTIFICATE OF DEATH

107-001 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE; (No. 1 St. Joseph Hosp St. 9-46 Ward)

Length of residence in city of town where death occurred 2 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Jeanne Buxton

(a) Residence: No. 1107 E 20th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 17 1920

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Mercer E Buxton

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Eudora F Franty

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mercer E Buxton
(Address) 1107 E 20 St

18. BURIAL, CREMATION, OR REMOVAL
Place Loftler Date Mar 18, 1932

19. UNDERTAKER Jeremiah Lyter
(Address) 1833 W North Ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16 1932

22. I HEREBY CERTIFY, That I attended deceased from March 5th 1932 to March 16 1932
I last saw h e alive on March 5 1932 Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	March 1/32
Other contributory causes of importance: Acute Sinusitis	2 wks.
Bronchial Pneumonia	1 wk.

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No or specify

(Signed) Emmanuel Lauchheimer M.D.
(Address) St Joseph Hosp

INSTRUCTIONS is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 77833 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77833

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 312 Central Ave St. 5-8 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Lomax

(a) Residence: No. 312 Central Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C.	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emil Lomax

6. DATE OF BIRTH (month, day, year) Feb. 20 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49		27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER
13. NAME Clarence Mowry
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER
15. MAIDEN NAME Priscilla Winstone
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Geraldine Hill
(Address) 312 Central Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date Mar 20, 1932

19. UNDERTAKER Geo. R. Ellis & Son
(Address) 1525 Eastern Ave.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1931 to March 17, 1932
I last saw h.. alive on March 17, 1932 Death is said to have occurred on the date stated above, at 3 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Left facial, Paralysis)	March 13, 1932
Chronic Nephritis, and Mitral Insufficiency and enlarged Liver	Sept 9, 1931

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. Young M. D.
(Address) 1424 Eutaw Pl

M. D. R. 1268-9

E 77834

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-E 77834

1. PLACE OF DEATH — Pronounced dead at

CITY OF BALTIMORE: (No.) Hopkins Hospital St. 27-43 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME — Joseph W. Novak

(a) Residence: No. 3109 Chesley Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced: HUSBAND of / (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 8/1918

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Junior High

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Baltimore, Md.

FATHER

13. NAME — John J. Novak

14. BIRTHPLACE (city or town) (State or country) — Baltimore, Md.

MOTHER

15. MAIDEN NAME — Anna Vesely

16. BIRTHPLACE (city or town) (State or country) — Baltimore, Md.

17. INFORMANT (Address) — Charles J. Novak, (Uncle) 823 N. Patterson Pk. Ave

18. BURIAL, CREMATION, OR REMOVAL — Place Oak Hill Date 3/15 19 33

19. UNDERTAKER (Address) — Philip Henry 2016 Pennsylvania Ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 15/32 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on inquiry 19 Death is said to have occurred on the date stated above, at 1.10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency ?	

Other contributory causes of importance:

Died suddenly while engaging in athletic exercise at Clifton Junior High School

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner M. D.

(Address)

AaCo. 5-31 2508

E 77835

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77835

CERTIFICATE OF DEATH

93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 908 E. Chase St. 16-14 Ward)

Length of residence in city or town where death occurred 80 yrs. — mos. — ds. How long in U.S. If of foreign birth? 80 yrs. — mos. — ds.

2. FULL NAME Elizabeth Puller

(a) Residence: No. 908 E. Chase St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced — Wife of Mr John A Puller
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 29 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Fraunholz
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Rice
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr John A Puller
(Address) 908 E. Chase

18. BURIAL, CREMATION, OR REMOVAL
Place Most Holy Redeemer Date March 24 1932

19. UNDERTAKER Tenney Hueck Sons, Inc.
(Address) 1301 E. Eager St.

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1932 to March 16 1932

I last saw her alive on March 2 1932 death is said to have occurred on the date stated above, at 9.05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	
Arteriosclerosis	
Other contributory causes of importance:	
Acute Dilatation of Heart	

Name of operation Physical Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leonard McCusker M. D.

(Address) 111 E. Hamilton

OCCUPATION IS VERY important. See instructions on back of certificate.

AACo. 5-11 250B

E 77836

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77836

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mercy Hospital St. 10-14 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louise C. Herring

(a) Residence: No. 912 Enson St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of John J. Herring

6. DATE OF BIRTH (month, day, year) April 11 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Charles J. Lombardi
14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Catherine Amreiter
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mr John J. Herring
(Address) 912 Enson St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date March 22 1932

19. UNDERTAKER Henry Hoed & Sons Inc
(Address) 1301 E Eager St

20. FILED ... 19... Registrar.

MAR 18 1932 Hutton John E.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-17 , 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-16-- , 1932 to 3-17 , 1932

I last saw her alive on March 17 1932 death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-11-32
Type?	
Other contributory causes of importance:	
marked obesity	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Wm. H. Bruck M. D.

(Address) Emp. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-b

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77837

CERTIFICATE OF DEATH

93-001 E 77837

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 N. Broadway St. 6-17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. if of foreign birth 60 yrs. ... mos. ... ds.

2. FULL NAME John Elliott

(a) Residence: No. 1615 N. Broadway St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Elliott

6. DATE OF BIRTH (month, day, year) Mar. 16, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cotton Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 5 yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Robert Elliott

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Jane McCullough

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Jerome Marshall

(Address) 2491 N 52nd St Phila.

18. BURIAL, CREMATION, OR REMOVAL.

Place Greenmount Date Mar. 17, 32

19. UNDERTAKER J. M. Fichter Sons

(Address) North & Pennsylvania.

20. FILED ..... 19.... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 15 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 7 1929 to Mar 15 1932

I last saw him alive on Mar 14 1932 Death is said to have occurred on the date stated above, at 12.10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Acute & Hypostatic Congestion of Lungs	

Other contributory causes of importance: ~~Chronic Nephritis~~ Cerebral Hemorrhage

Name of operation None Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..... 19.....

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Helen V. Richard M. D.

(Address) 1219 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

A&Co. 9-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

77838 121 E 77838

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St. 27-49 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Julia Arnold Monet

(a) Residence: No. 4402 Ortwich Rd St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Paul Monet

6. DATE OF BIRTH (month, day, year) 1-12-1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) France

FATHER

13. NAME Ferdenand Monet
14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Marie Gad
16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date Mar. 19 1932

19. UNDERTAKER Wm. Tickner & Sons
(Address) North & Pennsylvania Aves

20. FILED ....., 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 17. 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-9 ——, 1932 to 3-17, 1932
I last saw h[illegible] alive on 3-17, 1932 death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcal Gangrenous appendicitis with localized peritonitis	3-1 ?

Other contributory causes of importance:

Bowel Obstruction 2 days
Drainage of peritonitis 7 days

Name of operation Appendectomy Date of 3-13-32

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Joseph L. Chenoweth, M. D.
(Address) Md. General Hospital

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

Cromwell — Dr Schreiber — C 0746

E 77839

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C 148 E 77839

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. E Baltimore St. Hosp. St. 305 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S. If of foreign birth 29 yrs. mos. ds.

2. FULL NAME Esther Kanow

(a) Residence: No. 816 E Lombard St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Morris Kanow

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac Rozens

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rebecca Rocka

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Kanow
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Levi Wash. Lodge Date 3-18- 1932

19. UNDERTAKER Asa Lewis, Inc
(Address) 1439 E. Baltimore St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw her alive on Mar 18 1932 death is said to have occurred on the date stated above, at 8.51 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis of vein in broad ligament.	

Other contributory causes of importance

delivered 3/24 this. infant 8 hrs. previously.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. Alexander Novey M. D.

(Address) 2424 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate. Last statement of

Spec.—9-30—A. & Co.—250 Bks

E 77840

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77840

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 516 Harwood Av St 27-28 Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Annie Elizabeth Ruth Kirkleman

(a) RESIDENCE NO. 516 Harwood Av St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 10 mos 0 ds. How long in U. S., if of foreign birth? 72 yrs 10 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Zebedee Kirkleman

6 DATE OF BIRTH (month, day, and year) May 16 1859

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
72	10	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Salto. Md.

PARENTS

10 NAME OF FATHER: Benj H. Garrett

11 BIRTHPLACE OF FATHER (city or town) (State or country): Salto Co. Md

12 MAIDEN NAME OF MOTHER: Lavania Corbett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Salto Co. Md.

14 Informant: Mrs. Rob. Stockaday (Friend)
(Address) 516 Harwood Av.

15 Filed , 19 Reg Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/16 1932

17

I HEREBY CERTIFY, That I attended deceased from 3/1/31, 19 , to 3/16, 19 32

that I last saw her alive on Mch 16, 19 32

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
High pressure
Arteriosclerosis.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo O. Stocking, M. D.

(Address) 5835 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Mch 19 1932

20 UNDERTAKER: Stewart & Co. — ADDRESS: 108 W Mt Rd

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks

E 77841

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-001

E 77841

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 2834-N-Calvert ST 12-50 WARD)

2 FULL NAME Emil Kuhle

(a) RESIDENCE NO 2834-N. Calvert - ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. 0 mos 0 ds. How long in U. S., if of foreign birth? 48 yrs. 0 mos 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Marie Kuhle

6 DATE OF BIRTH (month, day, and year): Jan 5 1864

7 AGE — Years: 68 — Months: 1 — Days: 28 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired 66

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Wm. Kuhle

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Marie

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Marie Kuhle (wife)
(Address): 2834-N Calvert St

15 Filed ....., 19 .... Registrar .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mch 17th 32

17 I HEREBY CERTIFY, That I attended deceased from Mch 12, 1932, to Mch 17th, 1932

that I last saw him alive on Mch 17th, 1932

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia
& Pleurisy

(duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary) Influenza Coccal

(duration) — yrs. — mos. 2 ds.

18 Where was disease contracted if not at place of death? ✓

Did no operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) Stephanie Buck M. D.

3/17, 1932 (Address) 5. Club Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: Mch 19 32

20 UNDERTAKER: Stewart Monroe — ADDRESS: Balto

ATTENTION is very important. See instructions on back of certificates.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77842

CERTIFICATE OF DEATH

98 E 77842

1. PLACE OF DEATH

CITY OF BALTIMORE (No.) South Baltimore Gen. Hospital (St.) (Ward)

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME J. Wilbur Jones

(a) Residence: No. 135 W. Mt. Royal Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. First aid Man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Am. Sugar Ref.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Geo. L. Jones
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. John Hofstetter
(Address) 813 N. Charles St

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date 3/19/32

19. UNDERTAKER Geo. L. Berry Jr.
(Address) 1512 Pollitt St

20. FILED ..... 19.. .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1932, to March 17, 1932
I last saw h... alive on March 17, 1932 death is said to have occurred on the date stated above, at 1.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	1 day
Obliterative arteriosclerosis with gangrene - Right Leg	6 months
Other contributory causes of importance:	
Right mid-thigh amputation	

Name of operation ... Date of 2-25-32

What test confirmed diagnosis? Clinical Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19..
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. J. Sullivan M. D.
(Address) So. Baltimore Gen Hosp

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77843

CERTIFICATE OF DEATH.

93-023 ✓

E 77843

1-PLACE OF DEATH 1004 POPLAR GROVE ST

CITY OF BALTIMORE: (No. 1004 St. 16-67 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME MARGARET R. SIMPSON

(a) RESIDENCE NO. 1004 POPLAR GROVE ST ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
FEMALE	WHITE	WIDOW

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 17, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	10	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work AT HOME

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

039

9 BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

PARENTS

10 NAME OF FATHER JOHN T. HUNTER

11 BIRTHPLACE OF FATHER (city or town) (State or country) BALTIMORE MD.

12 MAIDEN NAME OF MOTHER CLARK

13 BIRTHPLACE OF MOTHER (city or town) (State or country) BALTIMORE MD.

14 Informant MRS. ZELLA MOBERLY

(Address) 1004 POPLAR GRAVE ST.

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) MAR 18 19 32

17 I HEREBY CERTIFY, That I attended deceased from OCT 17 . 19 31 . to MAR 18 . 19 32 .

that I last saw her alive on MARCH 15 . 19 32 .

and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Hypertension, myocarditis,

From Oct 17, 1931

(duration) yrs. 5 mos. 1 da.

CONTRIBUTORY (Secondary) arteriosclerosis

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? physical

(Signed) Stalter Dibbs M. D.

Mar 19, 1932 (Address) 2220 Garrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery DATE OF BURIAL Mar 21 32

20 UNDERTAKER Earl R. Trader Son ADDRESS 11 W Mt Royal Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MAR 19 1932 C. HARRY JONES, M.D.

E 77344

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 18 E 77844

Registered No. 15223

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Lyndenham Hospital St. (Ward)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 15 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Williams

(a) Residence: No. 1362 No. Fremont Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mall	Black	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 23, 1924

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
7	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clancy V.C.

FATHER

13. NAME Harrison Williams

14. BIRTHPLACE (city or town) (State or country) V.C.

MOTHER

15. MAIDEN NAME Ella Tillman

16. BIRTHPLACE (city or town) (State or country) V.C.

17. INFORMANT Charlotte Thomas

(Address) 362 No Fremont Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS HOSPITAL Date MAR 16 1932 19

19. UNDERTAKER

(Address)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1932, to Mar 16, 1932

I last saw h[illegible] alive on Mar 16, 1932 death is said to have occurred on the date stated above, at 10[illegible] p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis (non epidemic)	2/18/32

Other contributory causes of importance:

none

Name of operation none Date of

What test confirmed diagnosis? Spinal Puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Peter Meranoke, M. D.

(Address) Lyndenham Hospital

INSTRUCTION is very important. See instructions on back of certificate.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77845

CERTIFICATE OF DEATH

v 108

E 77345

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) St. 18-26 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Shorter

(a) Residence: No. 774 Sarahann St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Issac

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Lizzie ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 19

19. UNDERTAKER
(Address)

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-15-32 , 19

22. I HEREBY CERTIFY, That I attended deceased from 2-29-32 , 19 , to 3-15-32 , 19

I last saw him alive on 3-15-32 , 19 , Death is said to have occurred on the date stated above, at 7:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	3 days
	acute
	[illegible]

Other contributory causes of importance:

None	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

3-17-32 (Signed) [illegible] M. D.
(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

UNIVERSITY OF MARYLAND MAR 18 1932

A&Co. 5-31 2108

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77846 B/V E 77846

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1705 Clarkson St. 23-37 (Ward)

Length of residence in city or town where death occurred ... yrs ... mos ... da. How long in U.S. If of foreign birth? ... yrs ... mos ... da.

2. FULL NAME Mary C. Booker

(a) Residence: No. 1705 Clarkson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Leonard Booker

6. DATE OF BIRTH (month, day, year) Feb. 1. 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md

MOTHER FATHER

13. NAME Martin Rebline

14. BIRTHPLACE (city or town) (State or country) germany

15. MAIDEN NAME Martha Hartline

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John M. Booker
(Address) 1705 Clarkson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Mar. 17. 1932

19. UNDERTAKER Margaret E. Flynn
(Address) 1411 Light St.

20. FILED ... 19 ... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16. 1932

22. I HEREBY CERTIFY, That I attended deceased from June 3rd, 1932 to March 16th, 1932
I last saw h-e- alive on March 16th, 1932 death is said to have occurred on the date stated above, at 8-30 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis

Date of onset: About 6 months prior to death

Other contributory causes of importance:

Arteriosclerosis

March 10th 1932

Name of operation None Date of

What test confirmed diagnosis? P. M. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Otto Leibel M. D.

3/18/32 (Address) 1024-26 Hanover St.

Spec.—9-30—A. & Co.—250 Bks.

E 77847 HEALTH DEPARTMENT—CITY OF BALTIMORE 108 E 77847

CERTIFICATE OF DEATH

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH
CITY OF BALTIMORE (No. 107 Augusta ave ST. 20-71 WARD)

2 FULL NAME Anna Dehnmann

(a) RESIDENCE NO. 107 Augusta ave ST. WARD
(If usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 81 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of The late Carl Dehnmann

6 DATE OF BIRTH (month, day, and year) Dec 9 1848

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	3	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS
10 NAME OF FATHER Don't Know
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER Don't Know
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Anna Wenger
(Address) 107 Augusta ave

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 17 1932

17
I HEREBY CERTIFY, That I attended deceased from Mar 5, 1932, to Mar 17, 1932
that I last saw h[illegible] alive on Mar 17, 1932
and that death occurred, on the date stated above, at 2.30 P. m.
The CAUSE OF DEATH* was as follows:

Cardiac decompensation
(duration) indefinite yrs. mos. ds.
CONTRIBUTORY (Secondary) Lobar pneumonia
(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? same
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Cl & Phy
(Signed) J T Kyser M. D.
, 19 (Address) 3321 Frenk Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL 3/19/1932

20 UNDERTAKER Jos. Weber & Son — ADDRESS 2508 Edmondson ave

TION is very important. See instructions on back of certificate.

M. D. B. 1268-9

77848

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-66 77848

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 5-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Winters

(a) Residence: No. 100 N. Front St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of

6. DATE OF BIRTH (month, day, year) ? ? 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry

14. BIRTHPLACE (city or town) (State or country) ? Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) ? Germany

17. INFORMANT Records of

(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Date 19

19. UNDERTAKER [illegible]

(Address)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 32

22. I HEREBY CERTIFY, That I attended deceased from 1-7-26 19 to 3-15-32 19

I last saw him alive on 3-15-32 19 Death is said to have occurred on the date stated above, at 8:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Bronchopneumonia	4 days
	3-11-32

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

3-15-32 (Signed) Chas. Wright, M. D.

(Address) Balto. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNIVERSITY OF MARYLAND MAR 16 1932

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77849

CERTIFICATE OF DEATH

1153

Registered No. E 77849

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 4-76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis Griffin

(a) Residence: No. 328 Pine St. St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dorothy

6. DATE OF BIRTH (month, day, year) Jan. 13, 1910

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or ... min.
	22	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) Rocky Mount
(State or country) N.C.

FATHER

13. NAME Zeb

14. BIRTHPLACE (city or town) Rocky Mount
(State or country) N.C.

MOTHER

15. MAIDEN NAME Lillie Hedtich

16. BIRTHPLACE (city or town) Rocky Mount
(State or country) N.C.

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ..., 19...

19. UNDERTAKER ...
(Address) ...

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1932, to March 13, 1932

I last saw him alive on March 13, 1932 death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pemphigus Vulgaris	Dec 30, 31
Other contributory causes of importance:	
Cerebral Hemorrhage	Jan 32

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

UNIVERSITY OF MARYLAND JAN 1 1933

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77850

CERTIFICATE OF DEATH

50 E 77850

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 2303 Forest Park St. 28-163 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Eleanor Lilley

(a) RESIDENCE NO. 2303 Forest Park St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Eli Lilley

6 DATE OF BIRTH (month, day, and year): Oct. 26 1859

7 AGE: Years 72 Months 4 Days 20 21

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

037

9 BIRTHPLACE (city or town)

(State or country): Md.

PARENTS

10 NAME OF FATHER Wm. Hynson

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Md.

12 MAIDEN NAME OF MOTHER Matilda Carson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

14 Informant: Mrs. George T. Neal

(Address): 2303 Forest Park Ave.

15 Filed 1932 C. Hanson James M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: March 17, 1932.

17 I HEREBY CERTIFY, That I attended deceased from March 17 19 32 to March 17 19 32

that I last saw her alive on March 17 19 32

and that death occurred, on the date stated above, at 12 00 midnight

The CAUSE OF DEATH* was as follows:

Carcinoma of left breast with generalized abdominal carcinomatosis

(duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) J. Wesley Edel Jr. M. D.

19 (Address) 4509 Forest Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Park Cemetery

Date of Burial: Mar. 19 1932

20 UNDERTAKER: John A. Henry

ADDRESS: 715 Light St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

A&Co. 5-31 250R

E 77851 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 13\ E 77851

CERTIFICATE OF DEATH

I. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 433 E Lanvale St. 7-14 Ward)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U.S. If of foreign birth? 50 yrs. mos. ds.

2. FULL NAME Jane Cunningham

(a) Residence: No. 433 E. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of Andrew Cunningham

6. DATE OF BIRTH (month, day, year) 1858

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
✓	74	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Miss
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER FATHER

13. NAME William Coffay
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Mary Carroll
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Talbert
(Address) 433 E Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date March 19 1932

19. UNDERTAKER Mary M Wedderburn
(Address) 501 E 32nd St

20. FILED ..... 19.....
R. S. H. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1931, 19..., to March 15, 1932
I last saw her alive on March 15 1932 death is said to have occurred on the date stated above, at 6 P m.
The **principal cause of death** and related causes of importance were as follows:

Bronchial Pneumonia — Date of onset 4 days

Other contributory causes of importance:
Brights disease
Arterial Sclerosis

Name of operation none Date of
What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19...
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Ed. J. Timmerman M.D.
(Address) 1858 Hereford Rd

N. B.—WRITE information stated OCCUPATION is very important. See instructions on back of certificate.

MAR 19 1932 C. HUMPSON JONES, M. D.

AACo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77852 + 108 E 77852

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-30 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lodd Everett Roby

(a) Residence: No. Beltsville, Md. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ...

6. DATE OF BIRTH (month, day, year) July 4 1914

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
✓	17	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Beltsville, Md.

FATHER

13. NAME Marcellus Roby
14. BIRTHPLACE (city or town) (State or country) Beltsville, Md

MOTHER

15. MAIDEN NAME Mary May Parker
16. BIRTHPLACE (city or town) (State or country) Beltsville, Md

17. INFORMANT Guy M. Robey
(Address) ...

18. BURIAL, CREMATION, OR REMOVAL Place Beltsville Md Date 3/20 1932

19. UNDERTAKER Lloyd Kaiser Laurel Md
(Address) ...

20. FILED ..... 19... Registrar. R.T.H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1932 to March 18 1932

I last saw him alive on Mar 18 1932 death is said to have occurred on the date stated above, at 1 00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Lobar Pneumonia, right	Mar. 8, 32
2) Pericarditis	Mar. 14, 32

Other contributory causes of importance: ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical + Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify. ...

(Signed) J. H. Stonebraker, M. D.
(Address) University Hosp.

OCCUPATION is very important. See instructions on back of certificate.

C. HAMPSON JONES, M.D.

AACo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77853 | CERTIFICATE OF DEATH | † 115 | E 77853

1. PLACE OF DEATH St Agnes Hospital
CITY OF BALTIMORE: (No. Caton & Wilkens Ave. St. 20-12 (Ward)
Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Bauer
(a) Residence: No. Sulphur Spring Rd (usual place of abode) St. ... Ward. ... (If non-resident give city or town and State) Woodsboro Md

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Md 22 1921

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	10	11	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER
13. NAME Paul Bauer
14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER
15. MAIDEN NAME Myrtle A Lutz
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Paul Bauer
(Address) Pensawine Md

18. BURIAL, CREMATION, OR REMOVAL
Place Catholic Cem Date 3/19/32

19. UNDERTAKER George A Stonesifer
(Address) Sulphur Spring Md

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-17, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-16-32, 19..., to 3-17-32, 19...
I last saw h[illegible] alive on 3-17-32, 19... death is said to have occurred on the date stated above, at 5:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute pharyngitis	7 days
Suppurative Peritonitis	4 days

Other contributory causes of importance:

Name of operation ..... Date of 3-17-32
What test confirmed diagnosis? Pneumococcus Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) George Gonatos, M. D.
(Address) St Agnes Hospital

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 77854

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 77854

REGISTERED NO. 164 801

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital WARD) 11-29

2-FULL NAME John Dalton

(a) RESIDENCE NO. 116 S. Carlton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 11, 1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	10	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Scotland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant U. S. Vet. Bureau Records

(Address) Fort McHenry, Balto. Md

15 Filed ... 192 ... Registrar A. P. H.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to true death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by Illuminating Gas while Insane

(duration) immediately yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) Guy N. Thornwell M. D. Coroner

1932 Address 3203 Patapsco Ave., Bkly

3/18/32

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cemetery — DATE OF BURIAL: 3/19/1932

UNDERTAKER: Harry H. Antzka — ADDRESS: 4101 Edmondson Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MAR 18 1932 C. HAMPSON JONES, M. D.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77855

CERTIFICATE OF DEATH

137 E 77855

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 311 Overhill Road St. 12-24 Ward)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Williams Matthews

(a) Residence: No. 311 Overhill Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of M. Theresa Guth

6. DATE OF BIRTH (month, day, year) Feb. 28, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	74	-	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Candy Manufacturer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Hugh W. Matthews

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Elizabeth Morely

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Henry W. Matthews
(Address) 311 Overhill Road

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem'ty Mar. 19, 32

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 1931. to March 12 1932.

I last saw h... alive on March 11, 1932. Death is said to have occurred on the date stated above, at 2.10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac - Bundle branch block	3 years
D.M. Hypertrophy prostate	1 yrs.
C. carcinoma,	
Ulcer - Stricture & colotomy	10 days

Other contributory causes of importance:
Cardiac failure - Tympanites - Paralysis of bladder - intestine

Name of operation Colostomy Date of 6-31

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edwards [illegible] M. D.

(Address) 4018 Liberty Heights Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 77856

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77856

CERTIFICATE OF DEATH

108

1—PLACE OF DEATH

REGISTERED NO. 25-76

CITY OF BALTIMORE: (No. 3219 Tate ST. (Fairfield) WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thornton Mc Lilly

(a) RESIDENCE NO. 3219 Tate ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

Dec 6,

6 DATE OF BIRTH (month, day, and year): Dec 6, 1911

7 AGE: Years 20 | Months 3 | Days 11 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): S. C.

PARENTS

10 NAME OF FATHER: Dick Lilly

11 BIRTHPLACE OF FATHER (city or town) (State or country): S C

12 MAIDEN NAME OF MOTHER: Annie Colwell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): S. C.

14 Informant: Mrs Annie Lilly

(Address) 3219 Tate St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 17, 1932

17 I HEREBY CERTIFY, That I attended deceased from March 15, 1932, to March 17, 1932

that I last saw h/m alive on March 17, 1932

and that death occurred, on the date stated above, at 10 49 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical Course

(Signed) Geo. Mc Donald, M. D.

, 19 (Address) 900 W Franklin St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: May 20 1932

20 UNDERTAKER: Peter W. Williams — ADDRESS: 1615 McCulloh St

Important. See instructions on back of certificate.

AACo. 5-31 2M B

E 77857 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 77857

Registered No. 93-004

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 N. Potomac St. 7-11 Ward)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah J. McFadden

(a) Residence: No. 603 N. Potomac St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ (or) WIFE of Harry McFadden

6. DATE OF BIRTH (month, day, year) Mar 23rd 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Robert T. Watson

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary J. S.

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Fanny M. Blume
(Address) 603 N. Potomac St

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cemetery Date Mar 19th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 16th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mch 12, 1932, to Mch 16, 1932

I last saw h[illegible] alive on Mch 15, 1932 death is said to have occurred on the date stated above, at 4:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I Cerebral Hemorrhage	Mch 15
Other contributory causes of importance: Arteriosclerosis. Myocardial insufficiency. Senility	5

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify

(Signed) Abner T. Lemmon, M. D.

3/19/32 (Address) 718 N. Patterson Park Ave

OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 2508

E 77858 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77858

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1511 Linden Ave) (Ward) 25

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen I. Hollifield

(a) Residence: No. 1511 Linden Ave Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Wm. J. Hollifield

6. DATE OF BIRTH (month, day, year) Aug 19th 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Marysville Pa

FATHER

13. NAME John Trough
14. BIRTHPLACE (city or town) (State or country) Marysville Pa

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Marysville Pa

17. INFORMANT Wm J. Hollifield
(Address) 1511 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL
Northwood Cemetery Date Mar 19th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 E Paul St

20. FILED ____, 19 ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 16th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 12, 1932 to March 16, 1932

I last saw her alive on Mar 16, 1932 death is said to have occurred on the date stated above, at 6:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Disease	?
Arteriosclerosis	?
Pulmonary Oedema	Mar 14

Name of operation —— Date of ____

What test confirmed diagnosis? —— Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ____, 19__
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Theodore McCleary, M. D.
(Address) 1607 Linden Ave

OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T—100 B—50L

E 77859

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77859

CERTIFICATE OF DEATH

163

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1418 Laurens ST. 15-22 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo Chagalskes

(a) RESIDENCE NO 1331 N. Fulton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca.

6 DATE OF BIRTH (month, day, and year) April 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	51	11		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Hat blocker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

086

9 BIRTHPLACE (city or town) (State or country) Greece

PARENTS

10 NAME OF FATHER Nick Chagalskes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Greece

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Greece

14 Informant Rebecca Chagalskes

(Address) 1331 N. Fulton Ave

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:

Suicide Drank Rat Poison.

(duration) yrs mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1418 Laurens

Did an operation precede death? No Date

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) Leo Mahnken, M. D. Coroner

19 Address) 1416 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL 3/9/1932

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77860 E 77860

CERTIFICATE OF DEATH

Registered No. 11-0

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1315 N. Patterson Park Ave Ward)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur L. Brown

(a) Residence: No. 1315 N. Patterson Park Ave Ward.
(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Alice Brown

6. DATE OF BIRTH (month, day, year) Sept 24th 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Contractor 0'16

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm L. Brown

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Louisa Barton

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs C. Hancock

(Address) 1315 N. Patterson Pk Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 19th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 E. Pratt St

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/16/1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 10, 1932, to Mar 16, 1932

I last saw h... alive on ..... 19... death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Broncho Pneumonia	Mar 12
Other contributory causes of importance: Influenza	Mar 10

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. L. Haines M. D.

(Address) 1301 N. Patterson Pk Ave

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

Spec.—1-30—M. & T.—250 Blks

E 77861 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77861

CERTIFICATE OF DEATH. 131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1719 Darley Ave St. ..... Ward) 8-45

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Anna Sarah Brown

(a) RESIDENCE NO. 1719 Darley Ave St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs ..... mos ..... ds. How long in U. S., if of foreign birth? 1 yrs. 2 mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or ~~divorced~~ ~~HUSBAND of~~ or) WIFE of: Widowed

6 DATE OF BIRTH (month, day, and year): Aug 31 1855

7 AGE: Years 76 yr. Months 6 Days 15 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Harrisburg Pa

PARENTS

10 NAME OF FATHER: John Arnold

11 BIRTHPLACE OF FATHER (city or town) (State or country): Harrisburg Pa

12 MAIDEN NAME OF MOTHER: Miss Eliz Heck

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Harrisburg Pa

14 Informant (Address): Mr Thos Brown 1719 Darley Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 16/32

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1932, to Mar 14, 1932, that I last saw her alive on Mar 14, 1932, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis
Myocardial Insufficiency
Chronic Interstitial Nephritis

(duration) ? yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical & Women

(Signed) W W Kelly, M. D.

3/18/1932 (Address) 100 Hartwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cemetery — DATE OF BURIAL: 3/19/1932

20 UNDERTAKER: Wm Cook — ADDRESS: 117 St Paul St

THIS is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 77862 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 77862

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St. 5-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Riordon

(a) Residence: No. 252 N. Exeter St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen Riordon

6. DATE OF BIRTH (month, day, year) Nov 4, 1814

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57 yrs.	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md (State or country)

FATHER

13. NAME Timothy Riordon

14. BIRTHPLACE (city or town) Balto., Md. (State or country)

MOTHER

15. MAIDEN NAME Emma Schweitzer

16. BIRTHPLACE (city or town) Balto. Md (State or country)

17. INFORMANT Hospital Records

(Address) 312 Cassady St

18. BURIAL, CREMATION, OR REMOVAL

Place U S Naturalization Co Date 3/21 1932

19. UNDERTAKER

(Address) 1217 E Lombard St

20. FILED 1932 Registrar. ARH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1932 19 to March 18, 1932 19

I last saw him alive on March 18, 1932 19 Death is said to have occurred on the date stated above, at 6 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Cardiac Disease - Mitral & Aortic Insufficiency	4 yrs?
Other contributory causes of importance: Hydrothorax	4 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. L. Chambers M. D.

(Address) Mercy Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

(Influenza)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77863 E 77863

CERTIFICATE OF DEATH

92-001

Registered No. 30-69

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 484 Brunswick St. Ward)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Walter T. Mack

(a) Residence: No. 484 Brunswick St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 25th 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book Keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Live Stock Dealer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Slippery Rock Pa

FATHER

13. NAME Gilbert P. Mack
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Harriet Ramsley
16. BIRTHPLACE (city or town) (State or country) Slippery Rock Pa

17. INFORMANT Harriet Ramsley
(Address) 484 Brunswick St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Cemetery Date Mar 19th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 16th 1932

22. I HEREBY CERTIFY, That I attended deceased from March 12 1932 to Mar 16th 1932

I last saw him alive on March 16 1932 death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza b. Pneumonia	
Endocarditis Chronic	
Arteriosclerosis & Senile	Mar 12/32

Other contributory causes of importance:

Pulmonary Edema

Name of operation None Date of

What test confirmed diagnosis? Clinical Were an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased No If so, specify

(Signed) Robert C. Yates M. D.

(Address) 2157 Wilkens ave

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77864

CERTIFICATE OF DEATH

108 E 77864

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hospital [illegible] St. 9-16 (Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Mary Jeasky

(a) Residence: No. 1505 Eutaw St Balt Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, ~~widowed, or divorced~~ ~~Married~~ (or) WIFE of John L. Jaskey

6. DATE OF BIRTH (month, day, year) Nov 14 - 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	51	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Barron

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Jaskey
(Address) 2150 Sinclair Lane

18. BURIAL, CREMATION, OR REMOVAL Parkwood Cemetery Date 3/19/1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17 1932

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1932 to March 17, 1932

I last saw her alive on March 17, 1932 death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	3 wks

Other contributory causes of importance:

Chronic Nephritis	?
Toxic Myocardial failure	1 wk.

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) G. M. Baumgardner M. D.

(Address) St Joseph Hosp.

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 77865

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77865

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 18-24 (Ward) 12

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? 6 yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Schmidt (Catherine Mary Schmidt)

(a) Residence: No. 727 Dolphin St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) December 31, 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6	2	16 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School-Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Ernest Albert Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emma F. Hahlmann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Mem. Date March 21 1932

19. UNDERTAKER Chas. H. Cook
(Address) 1005 E. Baltimore St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-17-1932

22. I HEREBY CERTIFY, That I attended deceased from 3-12, 1932, to 3-17, 1932

I last saw her alive on 3-17 1932 death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Appendicitis	3-12-32
Spreading Peritonitis	
Other contributory causes of importance:	
Pneumonia, right Myocarditis	3-16-32
Embarrassment & failure	

Name of operation Exploratory Laparotomy Date of 3-12-32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert K. Ehrenfeld, M. D.

(Address) Md. General Hospital

OCCUPATION is very important. See instructions on back of certificate.

A4Co. 5-31 250B

E 77866 HEALTH DEPARTMENT—CITY OF BALTIMORE

82-E 77866

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 636 N. Fulton Avenue St., 16-27 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth J. Benchooff

(a) Residence: No. 636 N. Fulton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William F. Benchooff

6. DATE OF BIRTH (month, day, year) November 10, 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	83	4 3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME John Arther

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Eliza Jane Weir

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. R. E. Bolden
(Address) 636 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date March 19, 1932

19. UNDERTAKER Chas. H. Cook
(Address) 1005 W. Baltimore St.

20. FILED ....., 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1932, to March 16, 1932

I last saw her alive on March 16, 1932 death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Arteriosclerosis	
Other contributory causes of importance: Cerebral Hemorrhage	3/14/32

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ....., M. D.

(Address) 1324 W. Lombard St.

OCCUPATION is very important. See Instructions on back of certificate. Exact statement of

M. D. B. 1265-9

E 77867

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77867

CERTIFICATE OF DEATH

82-061

1. PLACE OF DEATH — Found in ////
CITY OF BALTIMORE: (No. Herring Run near Hamilton Ave St., 2746 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME — John Watson Archer

(a) Residence: No. 740 McCabe Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 1/1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	84	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co., Md.

FATHER

13. NAME Dr. John G. Archer

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah E. Watson

16. BIRTHPLACE (city or town) (State or country) Missippi

17. INFORMANT Stevenson Archer
(Address) Belair Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Presbyterian Cemy Date March 1932

19. UNDERTAKER Dean Foster
(Address) Belair Md

20. FILED , 19 RPW Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar18/32 , 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on inquiry , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Probably Apoplexy — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. H. Watson M. D.
Coroner
(Address) 508 E North Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T.—100 B—50L

E 77868

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

-001 ✓ E 77868

REGISTERED NO. 86

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital (St.) 28-66 (WARD)

2-FULL NAME Mary M. Wickers

(a) RESIDENCE NO 621 Aldershot Road ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. — mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Wickers

6 DATE OF BIRTH (month, day, and year) March 12, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	—	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Joseph Reahl

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Annie C. Eurich

13 BIRTHPLACE OF MOTHER (city or town) —
(State or country) Germany

14 Informant Harry Wickers
(Address) 621 Aldershot Road

15 Filed ..... 192 ..... Registrar .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 16, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fell down Stairway - Accidental

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary) Cerebral Embolism — Sudden
Fracture of R Femur (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Physical Findings

(Signed) Guy N. Cromwell M. D.
Coroner

3/18, 1932 Address 223 Patapsco Ave., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 3/19/32

20 UNDER DAKER H. S. Hufnagel

ADDRESS 130 Eutaw Place

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77869 95-00 E 77869

CERTIFICATE OF DEATH

Registered No. 27-30

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 528 W Barre St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ANDRUS MILEVCKAS

(a) Residence: No. 528 W Barre St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anne Milevckas

6. DATE OF BIRTH (month, day, year) No. 1873

7. AGE 59 Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithvania

FATHER

13. NAME Baltrus Milevckas

14. BIRTHPLACE (city or town) (State or country) Lithvania

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Lithvania

17. INFORMANT Puis Milevckas
(Address) 528 W Barre Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date March 21 1932

19. UNDERTAKER John Grebliauckas
(Address) 423 S Paca Street

20. FILED ....., 19..... Registrar.

OCCUPATION is very important. See instructions on back of certificate. Last statement of

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17. 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1932, to March 13, 1932
I last saw him alive on March 13, 1932 death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardio-vascular disease.	10/1/31
Cerebral Hemorrhage	
Other contributory causes of importance: Terminal Bronchopneumonia	3/10/32

Name of operation none Date of —
What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19.....
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Joseph T Bonanno, M. D.
(Address) 669 Washington Blvd

A-Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

77870

CERTIFICATE OF DEATH

82-004 L 77870

1. PLACE OF DEATH Baltimore City Hospitals 23-31 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick Ross

(a) Residence: No. 223 Hamburg St. St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ethel

6. DATE OF BIRTH (month, day, year) March 25, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William
14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Alice Spriggs
16. BIRTHPLACE (city or town) (State or country) Carroll Co. ~~Md.~~

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cem. Co. 3/19/32

19. UNDERTAKER Isaac L Brown Low
(Address) 1018 W Monument St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1931, to March 14, 1932
I last saw him alive on March 14, 1932 death is said to have occurred on the date stated above, at 5 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis of Cerebral Artery Hemiplegia Left	Sept 1931
Other contributory causes of importance:	
Bronchopneumonia, terminal	3 Days

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) J. C. Hammond Jr. M. D.
(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of C

AACo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77871

E 77871

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Maryland General Hosp. 5-58 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 5 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr albert H Wienske

(a) Residence: No. 3716 Park Heights Ave Baltimore Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah K Wienske

6. DATE OF BIRTH (month, day, year) May 11, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York City New York.

FATHER

13. NAME Albert Georg Wienske

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Helen ?

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Hosp records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date May 21 1932

19. UNDERTAKER Harry W. Ebbert
(Address) 1944 W North Ave

20. FILED ..... 1932 H. P. H. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/11/32, 19 ... to 3/17/32, 19 ...
I last saw him alive on 3/17/32, 19 ... death is said to have occurred on the date stated above, at 2 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic hypertrophy (Benign)	10 yrs
Other contributory causes of importance:	
Lobar pneumonia	3 days

Name of operation none Date of ...
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19 ...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased No If so, specify ...

(Signed) Robert F. Chappell, M. D.
(Address) Md General Hospital

OCCUPATION is very important. See instructions on back of certificate. Place statement of

RECEIVED MAY 19 1932 C. BLANCHARD JONES, M.D.

AaCo. 5-H 2508

E 77872 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓

120 E 77872

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 24-34 ..... Ward)

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mortimer Crim

(a) Residence: No. 1507 Jackson St. St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 1845 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	87?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) ? W. Va.

MOTHER

13. NAME ?

FATHER

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records of
(Address) Balto. City Hos.

18. BURIAL, CREMATION, OR REMOVAL
Place Locust Point Date 3/19, 32

19. UNDERTAKER John J. Fahey Son
(Address) 1112 Light St.

20. FILED ..... 19 .....
Registrar. .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1931 to March 15, 1932

I last saw him alive on March 15, 1932 death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	Jan. 1931
Cerebro-vascular	1 yr.
Other contributory causes of importance	
Decubitus, Dorsum - prof.	6 mth.

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jas. Clinnes Jr. M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate. Each statement of

Spec.—2-29-28—L. F. S.—500 Bks.

E 77873

HEALTH DEPARTMENT—CITY OF BALTIMORE

71-001

E 77873

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospt. (ST.) 16-23 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Una Chase

(a) RESIDENCE NO. 732 N Carrollton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 13 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): infant

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of: infant

6 DATE OF BIRTH (month, day, and year): Feb 1, 1931

7 AGE: Years 1 0; Months 13; Days 11 16; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: infant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balt'd Md

PARENTS

10 NAME OF FATHER: Albert Chase

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balt. Md.

12 MAIDEN NAME OF MOTHER: Helen Hardy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balt. Md.

14 Informant: Helen Chase

(Address) 732 N Carrollton

15 Filed ... 19... Registrar

1-3-1932 G. HAUPSER JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-17-32

17 I HEREBY CERTIFY, That I attended deceased from 11-6-1931 to 3-17-1932

that I last saw her alive on 3-17-1932

and that death occurred, on the date stated above, at 5-35 A m.

The CAUSE OF DEATH* was as follows: Acute Cellulitis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) Geo. McDonald M. D.

3-17-1932 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	March 19, 1932
20 UNDERTAKER	ADDRESS
Mrs. Katie R. Williams	3221 Schroeder St

Important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 5-8477 E 77874 E 77874

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St. 7-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gladys E. Hines

(a) Residence: No. Shipley Hts - St., Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of L. Hines / Ernest Stubbs

6. DATE OF BIRTH (month, day, year) 1/29/04

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	1	1716	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md -

FATHER

13. NAME Harris Pritchett

14. BIRTHPLACE (city or town) (State or country) Md -

MOTHER

15. MAIDEN NAME Mabel Graves

16. BIRTHPLACE (city or town) (State or country) Md -

17. INFORMANT Records -
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Butts Tem Date Mar 19. 1932

19. UNDERTAKER Mrs. G. Miller & Son
(Address) 2324 Jefferson St.

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 14. 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar - 2 . 1932. to Mar - 14 . 1932
I last saw her alive on Mar. 14, 1932 Death is said to have occurred on the date stated above, at 1 55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance: Pneumonia, tuberculosis.	

Name of operation Hysterectomy Date of 3/8/32

What test confirmed diagnosis? C. P. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C Blanchard U. Antle M. D.

(Address) The Johns Hopkins Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. Please state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

o. 5-31 250B

7875 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

57 E 77875

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 4306 Arizona Ave St. 26-42 Ward)

ngth of residence in city or town where death occurred 79 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? Life mos. ... ds.

2. FULL NAME Ida B. Brandell

(a) Residence: No. 4306 Arizona Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced (or) WIFE of

6. DATE OF BIRTH (month, day, year): Sept 11 1851

7. AGE — Years: 80 | Months: 6 | Days: 7 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Co. Md

FATHER

13. NAME: Joshua K. Fuller

14. BIRTHPLACE (city or town) (State or country): Balto Co Md

MOTHER

15. MAIDEN NAME: Blanche Hall

16. BIRTHPLACE (city or town) (State or country): Balto Co. Md

17. INFORMANT: Mrs Eleanor Rutt

(Address) 1423 Homestead St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date March 22 1932

19. UNDERTAKER: Henry Steele & Son Inc.

(Address) 1301 E. Eager St.

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from June. 1924 to March 18. 1932

I last saw her alive on March 17. 1932 death is said to have occurred on the date stated above, at 930 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Chronic Arthritis	25 yrs
Arteriosclerosis	
(Other contributory causes of importance)	
Acute Cardiac Dilatation	2 days

No

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Albert S. Gray M. D.

(Address) 742 S. Broadway

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

77876

HEALTH DEPARTMENT—CITY OF BALTIMORE

VE 77876

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 21-24 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Sheldon

(a) Residence: No. 836 Washington Blvd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 20, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46 ?	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ? Md.

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) ? Md.

MOTHER

15. MAIDEN NAME Isa Wise

16. BIRTHPLACE (city or town) (State or country) ? Md.

17. INFORMANT (Address) Records of Balto. City Hos.

18. BURIAL, CREMATION, OR REMOVAL. Place London Park Cem. Date 3/21, 1932

19. UNDERTAKER (Address) 1217 E. Baltimore St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1932 to March 17, 1932

I last saw him alive on March 17, 1932 Death is said to have occurred on the date stated above, 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocard. Insuf. (a)	6 wks.

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leo Kenneth M.D.

(Address) City

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 9 1932

AACo. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77877

CERTIFICATE OF DEATH

97-001 E 77877

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 10-14 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jasper Collins

(a) Residence: No. Preston & Valley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 23rd 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME William Collins

14. BIRTHPLACE (city or town) ...
(State or country)

MOTHER

15. MAIDEN NAME Sarah Voght

16. BIRTHPLACE (city or town) ...
(State or country)

17. INFORMANT Little Sisters of the Poor
(Address) Preston & Valley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date March 19 1932

19. UNDERTAKER E. LeRoy Stiffler Inc.
(Address) 125 E. North Ave.

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16th, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 11th, 1932, to March 16th, 1932

I last saw h[e] alive on March 16th, 1932 death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Endocarditis	

Other contributory causes of importance:

Senility

Name of operation None Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Edward J. McCahan, M. D.

(Address) 111 E. Hamilton St.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

MAR 19 1932 HARRY JONES, M.D.

M. D. B. 1266-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

25 3 77878 — 9v — 77878

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 44-20 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wendell Wise

(a) Residence: No. 2020 Madison Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 10 1931

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Tony Wise

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Mary Hayes

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mayers Funeral Date 3/19 1932

19. UNDERTAKER Richard E. Gaddis
(Address) 848 Mc Culloh St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1932 to March 18, 1932

I last saw him alive on March 18, 1932 Death is said to have occurred on the date stated above, at 5:15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	3/3

Other contributory causes of importance:

whooping cough	3/1
otitis media	3/3

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, where? .....

(Signed) J. H. Bickford Jr. M. D.

(Address) Johns Hopkins Hospital

APR 19 1932

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77879

E 77879

CERTIFICATE OF DEATH

REGISTERED NO. 93

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 766 Vine ST. 16-Ha (WARD)

2-FULL NAME Hattie L. Carter

(a) RESIDENCE NO 766 Vine ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colord	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lawrence Carter

6 DATE OF BIRTH (month, day, and year) May 15-1892

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	39	10	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Elliott Hodges

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Lavina Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Bertha Williams

(Address) 1095 W. Fayette St

15 Filed ..., 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-16 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Insufficiency (duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edgar Feller, M. D. Coroner

3/17 1932 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL 3/19 1932

20 UNDERTAKER Samuel L. Stanley ADDRESS 1015 Bank

IMPORTANT—Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77880

CERTIFICATE OF DEATH.

82 E 77880

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 813 Edmondson Av ST. WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Della Bruscoe

(a) RESIDENCE NO. 813 Edmondson Av ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): M

5a If married, widowed, or divorced (or) WIFE of: George D. Bruscoe

6 DATE OF BIRTH (month, day, and year): 12/24/1882

7 AGE: Years 49 | Months 2 | Days 22 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Phila, Pa

PARENTS

10 NAME OF FATHER: Charles Hayes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mamie Slater

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Geo. D. Bruscoe
(Address): 813 Edmondson Av

15 Filed, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/16 1932

17 I HEREBY CERTIFY, That I attended deceased from Mar 5, 1932, to Mar 16, 1932, that I last saw her alive on Mar 15, 1932, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary): Hypertension etc

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. Slaughter M. D.

3/17, 1932 (Address) 825 N. Fremont Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE- Mt. Calvary Cem. DATE OF BURIAL 3/20, 32

20 UNDERTAKER Samuel Hemsley ADDRESS 578 N Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 4-31 1908

E 77881

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-12 77831

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1208 Asquith St. 10-14 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Elizabeth Murphy

(a) Residence: No. 1208 Asquith St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 6 1867

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	65	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Patrick Murphy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth Murphy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Rose Murphy
(Address) 1208 Asquith St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral March 1932

19. UNDERTAKER M. J. E. Duffy Inc
(Address) 37 S. Eutaw St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18 1932

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1932, to March 18, 1932

I last saw h[illegible] alive on March 16, 1932 death is said to have occurred on the date stated above, at 9:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage with left side hemiplegia	May 1928
Myocardial insufficiency	1931
Pulmonary edema	March 32

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Clin — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19....
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) O. F. Rees, M. D.
(Address) 24 S. Bway

E 77881 — HEALTH DEPARTMENT—CITY OF BALTIMORE — CERTIFICATE OF DEATH

Exact statement of OCCUPATION is very important. See instructions on back of certificate. Name of disease or cause of death must be given in plain terms, so that it may be properly classified.

AACo. 5-31 250B

E 77882 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 131 E 77882

CERTIFICATE OF DEATH

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. German Aged Home St. 14-27 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. 2 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Hageman

(a) Residence: No. German Aged Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 13, 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Prussia
(State or country) Germany

FATHER

13. NAME August Schultz

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Dorethea Radke

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT German Aged Home Records
(Address) Baltimore & Payson Sts.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date March 21, 19 32

19. UNDERTAKER Joseph Cook
(Address) 1003 W. Baltimore St.

20. FILED ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 14, 1932 to Mar 18, 1932

I last saw her alive on Mar 17, 1932 death is said to have occurred on the date stated above, at 3 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Hemorrhage	Mar 13/32

Other contributory causes of importance:

Chronic Nephritis	?

Name of operation no Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 19....

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓

(Signed) Edward Fleming, M. D.

(Address) 2000 Hollins St.

M. D. H. 1268-9

E 5-44

HEALTH DEPARTMENT—CITY OF BALTIMORE

25 E 77883

E 77883

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 19 - 37 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lena Roman

(a) Residence: No. 1527 E Fayette St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laundry work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 041

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Caleb Roman

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Emma Hooper

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cem. Date March 20 1932

19. UNDERTAKER John W Henderson

(Address) 1502 E Monument st

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1932 to March 17, 1932

I last saw her alive on March 17, 1932 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcerative Colitis (Tuberculous)	2 yrs.
Rectal Stricture (Tbc)	1 yr.

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. H. Nicholson M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 8 77 / E 77884 — E 77884 — 108 E 77884

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. 4 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Hilda Ident

(a) Residence: No. Hanover Md — St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/26/31

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	7 6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md —

FATHER

13. NAME Leonard Ident

14. BIRTHPLACE (city or town) (State or country) Md —

MOTHER

15. MAIDEN NAME Clara Johnson

16. BIRTHPLACE (city or town) (State or country) Md —

17. INFORMANT Friends JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Glenburn March 22

19. UNDERTAKER J. L. Belgrano & Son

(Address) 108 Mosby

20. FILED ..... 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 19 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar - 15 . 1932 to Mar - 19 . 1932

I last saw her alive on Mar - 19 . 1932 Death is said to have occurred on the date stated above, at 7 50 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus meningitis	3/14
Lobar pneumonia	9
Septicemia	6

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Cul Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Beckard M. D.

(Address) Johns Hopkins Hosp.

NOTE.—CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77885

E 77885

CERTIFICATE OF DEATH

43-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 Normandy Ave St. 20-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Wesley Hood

(a) Residence: No. 514 Normandy Ave St. ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Anna E Hood

6. DATE OF BIRTH (month, day, year) Dec 14 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County Md

FATHER

13. NAME John Hood

14. BIRTHPLACE (city or town) (State or country) Baltimore Co Md

MOTHER

15. MAIDEN NAME Rhoda McCallendar

16. BIRTHPLACE (city or town) (State or country) Baltimore Co Md

17. INFORMANT Anna E Hood

(Address) 514 Normandy Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 19 1932

19. UNDERTAKER George D Smith

(Address) 1522 W Baltimore St

20. FILED ... 19 ... Registrar.

R 19 1932 C Hudson Jones M D

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 16 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1931, to Mar 16, 1932

I last saw ~~him~~ alive on Mar 16, 1932 death is said to have occurred on the date stated above, at 10 30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral embolism	3/16/32
Other contributory causes of importance: Auricular fibrillation Hypertension	3 yrs

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. R. Lucin, M. D.

(Address) 3921 Edmondson Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77886

E 77886

CERTIFICATE OF DEATH

REGISTERED NO. 82

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital ST., 98-10 WARD

2-FULL NAME Bertha Willis

(a) RESIDENCE NO. 807 W. Fayette ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence Willis

6 DATE OF BIRTH (month, day, and year) June 10th 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	42	9	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) San Antonio Texas

PARENTS

10 NAME OF FATHER R. B. Steed

11 BIRTHPLACE OF FATHER (city or town) (State or country) London England

12 MAIDEN NAME OF MOTHER Phoebe L. ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Texas

14 Informant Clarence Willis

(Address) 807 W. Fayette St

15 Filed ....., 192 .... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 16th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage ..... Suddenly ..... (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Possible high blood pressure (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Guy N. Cromwell M. D. Coroner

3/17 1932 (Address) 303 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem

DATE OF BURIAL Mar 19th 1932

ADDRESS

20 UNDERTAKER Leo G. Cook

ADDRESS 1725 Pall St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. AGE should be stated EXACTLY. PHYSICIANS should write

1-30—M. & T.—100 B—50L

E 77887

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77887

CERTIFICATE OF DEATH

REGISTERED NO. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Providence Hosp. ST. 46-23 WARD)

2-FULL NAME Marion Nilson

(a) RESIDENCE NO. 820 Woodyear ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) Home
(c) Name of employer Md

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unk

12 MAIDEN NAME OF MOTHER Unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unk

14 Informant Sis Agnes Nilson

(Address) 943 Lexington Ave

15 Filed ..... 192 ..... Registrar

C. HAMPSON JONES, M. D.

R. 9 1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) Inquest thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to (his death by means of Pulmonary Tuberculosis on the day stated above.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. Hampson Jones, M. D. (Coroner)

Mar 17 1932 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 3-19 1932

20 UNDERTAKER Dennis Easton

ADDRESS Balto

M. D. R. 1268-9

E 77888

HEALTH DEPARTMENT—CITY OF BALTIMORE

258404

CERTIFICATE OF DEATH

E 77888

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sophie Mohr

(a) Residence: No. Stemmers Run (Usual place of abode) St., Phil a Rd & Ridge Rd Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo Mohr

6. DATE OF BIRTH (month, day, year) July 8th 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Morris Wainwright

14. BIRTHPLACE (city or town) (State or country) Eng

MOTHER

15. MAIDEN NAME Ida Newborn

16. BIRTHPLACE (city or town) (State or country) Aver

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date Mar 22 1932

19. UNDERTAKER Frederick Lussahn & Son (Address) 7401 Belair Rd.

20. FILED ... 19... Registrar. AWB

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1932 to March 18, 1932

I last saw her alive on March 18, 1932 Death is said to have occurred on the date stated above, at 8 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary embolus on P.O. day XIV	3-18-32
Post-embolistic attacks since	1927

Other contributory causes of importance:

Name of operation Mod Gillian Suspension Date of 3-4-32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify...

(Signed) J. B. Thuck M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

77889

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9 VE 77889

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 862 Pierce ST.) (Ward 16-26)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Nellie Estelle Grey

(a) RESIDENCE NO. 862 Pierce ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	C	S.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 22 1931

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	8	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Russell Grey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Nettie Zeigler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Russell Grey

(Address) 862 Pierce

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-17-32

17

I HEREBY CERTIFY, That I attended deceased from 3-16, 1932, to 3-17, 1932

that I last saw her alive on 3-17, 1932

and that death occurred, on the date stated above at 12:30 P m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(duration) yrs. 1 mos. 17 ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Gnecco M. D.

3/19/1932 (Address) 1126 Druid Hill

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery, McAleer, Md

DATE OF BURIAL Mar. 20, 1932

20 UNDERTAKER Mrs Katie R. Williams

ADDRESS 322 Schroeder St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-11 250B

E 77890

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77890

CERTIFICATE OF DEATH

161-00

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1569 Pulmor St., 15-22 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Louise Dorsey

(a) Residence: No. 1369 Pulmor St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 17, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James Jackson
14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Agnes Dorsey
16. BIRTHPLACE (city or town) (State or country) Charles County Md

17. INFORMANT Agnes Dorsey
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19...

19. UNDERTAKER Alexander Heath
(Address)

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18 1932

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1932 to March 18, 1932

I last saw her alive on March 17, 1932 death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cong. Atelectasis	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Louis P. Douglass M. D.

(Address) 1502 Hoss

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNIVERSITY OF MARYLAND MAR 19 1932

MAR 19 1932

A4Co. 5-31 2508

E 77891

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77891

CERTIFICATE OF DEATH

107-061

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1504-Vaderia Street St. 8-16 Ward)

Length of residence in city or town where death occurred life mos ds. How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Geraldina Izzo

(a) Residence: No. 1504-Vaderia Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - - - - - -

6. DATE OF BIRTH (month, day, year) October 2, 1929

7. AGE Years	Months	Days	If LESS than 1 day hrs.
2	5	15 13	XXXXXXXX

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Vincenzo Izzo

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rosa Urnisi

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Vincenzo Izzo
(Address) 1504-Vaderia Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 12/19/32

19. UNDERTAKER George T Ruth Sons
(Address) 1785-Hartford Ave.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1932, to March 15, 1932

I last saw her alive on March 15, 1932 death is said to have occurred on the date stated above, at 10.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	March 2.
Other contributory causes of importance: Bilateral Purulent Otitis Media	March 8

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Albert Scagnetti M. D.
(Address) 1724 W Fayette St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—3-29-28—L. F. S.—500 Bks.

E 77892

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-001

E 77892

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1451 Woodall ST. 24-35 WARD

2—FULL NAME Lillian I. Weeks

(a) RESIDENCE No. (Usual place of abode) 1451 Woodall ST., WARD

Length of residence in city or town where death occurred 29 yrs. 7 mos. 14 ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Addison E. Weeks

6 DATE OF BIRTH (month, day, and year): Aug 5 - 1902

7 AGE — Years: 29 — Months: 7 — Days: 14 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Wm. R. Harryman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Fannie M. Neal

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

11 Informant: Mr. Weeks.

(Address): 1451 Woodall.

15 Filed . 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-19-32

17 I HEREBY CERTIFY, That I attended deceased from Mar 10, 1932, to Mar 19, 1932, that I last saw her alive on Mar 15 1932 and that death occurred, on the date stated above, at 6:30 A.M.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

(duration) four months

CONTRIBUTORY (Secondary): Gastritis & Pyorrhea alveolaris

(duration) about 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Her home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Otis M. D.

. 19 (Address) 1210 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cem

DATE OF BURIAL: 3/21 1932

20 UNDERTAKER: L. Few McCully

ADDRESS: 130 E. Fay

Important. See instructions on back of certificate.

AdCo. 1-31 250M

E 77893 HEALTH DEPARTMENT—CITY OF BALTIMORE

59 E 77893

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hosp St. 12-46 Ward)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U.S. If of foreign birth? yrs mos. ds.

2. FULL NAME Hattie Heindel (Heindl

(a) Residence: No. 3520 Greenmount Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Theodore Heindl

6. DATE OF BIRTH (month, day, year): Mar 16-1855

7. AGE — Years: 77 | Months: — | Days: 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Holland

FATHER

13. NAME: Wm Leeuw
14. BIRTHPLACE (city or town) (State or country): Holland

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs Elizabeth Kemp
(Address) 3520 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Loudon Park Cem Date Mar. 21, 1932

19. UNDERTAKER: Chas. J. Grace & Son
(Address) 113 W. Mt. Royal ave

20. FILED ..... 19.....
R. P. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-18-32 19

22. I HEREBY CERTIFY, That I attended deceased from Mar. 16, 1932 to Mar. 18, 1932

I last saw h[illegible] alive on Mar 18 1932 death is said to have occurred on the date stated above, at 9 P.m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus — Date of onset

Other contributory causes of importance:

Toxemia

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, [illegible]

(Signed) W. S. Thursby M. D.
(Address) 24 W. Mt. Royal

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77894

CERTIFICATE OF DEATH

E 77894

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1140 Sargeant St. 21-24 Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. 3 mos. 23 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Folks

(a) Residence: No. 1140 Sargeant St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Wm E. Folks

6. DATE OF BIRTH (month, day, year) Nov 23d 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Samuel Armstrong

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr Albert S. Folks

(Address) 1140 Sargeant St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 3/21, 1933

19. UNDERTAKER John F. Cowgill & Son

(Address) 901 Hollins St.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/17/33.

22. I HEREBY CERTIFY, That I attended deceased from Mch 1/32, 19 , to Mch 17/32, 19

I last saw him alive on Mch 1/32 19 . Death is said to have occurred on the date stated above, at 3.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	

Other contributory causes of importance: Chronic Nephritis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John B Holtzman M. D.

(Address) 1203 Eutaw

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-11 250B

E 77895

HEALTH DEPARTMENT—CITY OF BALTIMORE

01

115 E 77895

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hosp

CITY OF BALTIMORE: (No. 33rd & Calvert St. 13-57 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Yowell

(a) Residence: No. 1512 Cox St. St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 26, 1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27	5	20 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor. 0/6

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER

13. NAME Daniel Yowell

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Nancy Clementor

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Nancy Yowell
(Address) 1512 Cox St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mordand Park Date Mar. 21 1932

19. UNDERTAKER Curley & Co. Inc.
(Address) 700 E. North ave

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 17 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 3 1932, to Mar. 17 1932

I last saw him alive on Mar. 17 1932 death is said to have occurred on the date stated above, at 9:40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	2/28/32
Other contributory causes of Importance:	
Uremia	3/6/32

Name of operation ..... Date of .....

What test confirmed diagnosis? A Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) R Francis, M. D.

(Address) Union Memorial Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77896 E 77896

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 16-W Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Connellee

(a) Residence: No. Preston & Valley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thomas McKiernan

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mary Wigginton

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Little Sisters of the Poor
(Address) Preston & Valley St

18. BURIAL, CREMATION, OR REMOVAL
Harpers Ferry W Va Date Mar 22 1932

19. UNDERTAKER Chas. F. Tuft & Son
(Address) Brunswick Md

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18th 1932

22. I HEREBY CERTIFY, That I attended deceased from March 12 1932 to March 18 1932

I last saw her alive on March 14 1932 death is said to have occurred on the date stated above, at 10 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	7 D
Other contributory causes of importance:	
Senility	15 Y

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L. McCarthy, M. D.

(Address) 114 East Preston

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-20—M & T -100 B—50L

E 77897

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+50 E 877897

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST. 4-30 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Eleanor Wilson

(a) RESIDENCE NO. Clarksville, Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Negro

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Howard Wilson

6 DATE OF BIRTH (month, day, and year): Dec 15-1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	3	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: John Snowden

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Lizzie Clark

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs Estelle Wood

(Address) 1127 Lauren St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-18 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma left breast

(duration) 1 yrs. mos. da.

CONTRIBUTORY (Secondary): Broncho-pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 3/14/32

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edgar Zillert, M. D. (Coroner)

3/19, 1932 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dacon Cem DATE OF BURIAL: Mar. 24, 32

20 UNDERTAKER: Easton Sons ADDRESS: Ellicott City

BURIAL PERMIT MUST BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

E 77898

HEALTH DEPARTMENT—CITY OF BALTIMORE

77898

CERTIFICATE OF DEATH

X 108

E 77898

1. PLACE OF DEATH U.S Marine Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 12-51 Ward)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Bradshaw Chas. R

(a) Residence: No. Crisfield Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie J Bradshaw

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	—	—	—

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, book, etc. Unk

10. Date deceased last worked at this occupation (month and year) Unk

11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME John A Bradshaw

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margie Evans

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Himself

(Address) U.S Marine Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Tylerton Cemetery Date 3/22 19 32

19. UNDERTAKER John A Bradshaw

(Address) Crisfield Md

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/19 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1931 to March 19 1932

I last saw him alive on 3/19 32 19 death is said to have occurred on the date stated above, at 1.05 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	3/12/32
Multiple Lobe	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? X-Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. R. Brown M. D.

(Address) U.S. Marine Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

77899
258637

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 77899

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-13 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eugene Rillee

(a) Residence: No. 1024 N. Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 8-17-31

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7 6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Chester Rillee

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Estelle Rymar

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Woodstock Va Date March 20 1932

19. UNDERTAKER Henry Lutz
(Address) 1203 E Broadway

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1932 to March 19, 1932
I last saw h[illegible] alive on March 19, 1932 Death is said to have occurred on the date stated above, at 7[30] p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-22-32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify:

(Signed) W. S. Anderson, M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 77900

CERTIFICATE OF DEATH

94-001

E 77900

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No.) 710 Park ave ST. 11-24 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Virginia D Howard

(a) RESIDENCE NO. 710 Park ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Asa Clinton Howard

6 DATE OF BIRTH (month, day, and year) Jan 31-1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	1	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Levi Stratton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Phila Pa

12 MAIDEN NAME OF MOTHER Louise Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Miss H. White

(Address) Riley, md

15 Filed ..... 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19-32

17 I HEREBY CERTIFY, That I attended deceased from March 18. 1932. to March 19. 1932.

that I last saw h alive on March 18. 1932

and that death occurred, on the date stated above, at 3P.M.

The CAUSE OF DEATH* was as follows:

Angina pectoris

(duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 3 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Chas J. Keller, M. D.

3/20. 1932 (Address) 222 W. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	March 1932
20 UNDERTAKER	ADDRESS
J Vernon Keehner	Hollins 153

IF DEATH IS plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-11 2508

E 77901 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 1866 E 77901

CERTIFICATE OF DEATH

1. PLACE OF DEATH Mary Land General Hosp 15265 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward) .....

Length of residence in city or town where death occurred 11 yrs. ... mos ... ds. How long in U.S. if of foreign birth? 37 yrs ... mos ... ds.

2. FULL NAME Mrs Caroline Schamley

(a) Residence: No. 4041 Fairfax Rd St., ... Ward. .....
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of
Feb 11, 1850
6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
82	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Mr. Plate
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hosp records
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Lorraine Cemet. Date Mar 21, 1932

19. UNDERTAKER Franklin R Feig
(Address) 709 W 32nd St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-22-32, 19..., to 3-18-32, 19...

I last saw her alive on 3-15-32, 19... death is said to have occurred on the date stated above, at 12 40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of head	2-17-32
Pneumonia	3-15-32

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert V. Chenoweth M. D.

(Address) Md General Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

77902

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

118

E 77902

REGISTERED NO.

1-PLACE OF DEATH 830 Whitlock ST. 16 WARD 22

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE

2-FULL NAME Shelton Joyce

(a) RESIDENCE NO 830 Whitlock ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna

6 DATE OF BIRTH (month, day, and year) 1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Edward Joyce

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Anna Lange

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Person Unknown

(Address) 830 Whitlock

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Error of diet

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) J. Douglas Smith, M. D. Coroner

19 (Address) March 18 1932

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Auburn Cem. DATE OF BURIAL March 21 1932

20 UNDERTAKER Joseph A. Lively ADDRESS 4091 N. Mount St

MAR 20 1932

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77903

CERTIFICATE OF DEATH

108 E 77903

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 Valley St. 10-14 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Smith

(a) Residence: No. 1200 Valley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 4, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68		14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John Smith

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Mary Stanley

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Little Sisters of the Poor
(Address) 2 Wallace St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Cross Date March 2 1932

19. UNDERTAKER Belt Undertaking Co.
(Address) Frederick Md.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1932 to Mar 18, 1932

I last saw him alive on Mar 18, 1932 death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance: Exhaustion	

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) L. McCarthur, M. D.
(Address) 111 W. Saratoga

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

77904

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-E 77904

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Esplanade Apts. 2 B. St. 13-59 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Bella Pinkus

(a) Residence: No. Esplanade Apts. 2 B. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louis Pinkus

6. DATE OF BIRTH (month, day, year) Dec. 3, 1849

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	82	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Albany, N.Y.

FATHER

13. NAME Marcus Mendel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Minna Ehrich

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Sol L. Clarke
(Address) Esplanade Apts. 2 B.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
Place Statesville, N.C. 3/20/ 1932

19. UNDERTAKER Ward Sondheimer Son
(Address) 1902 Eutaw Place.

20. FILED ..., 19.. Jyl
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch. 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1932 to Mar 18, 1932

I last saw her alive on Mar 18 1932 death is said to have occurred on the date stated above, at 9 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	8 Days

Other contributory causes of importance:

Senility	5 yrs

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Erwin E. Wagner M. D.

3/18 (Address) Esplanade Apts.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-002 ✓

E 77905

CERTIFICATE OF DEATH

E 77905

REGISTERED NO. 13-59

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2216 Callow Ave ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Moses W. Rosenstein

(a) RESIDENCE NO. 2216 Callow Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if foreign birth 70 yrs. mos. ds.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W Ld	Mar

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	84			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher

(b) General nature of industry, business, or establishment in which employed (or employer) 019

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Abraham

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Hattie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Aaron & Kellman

(Address) 2102 Ashton St

15 Filed ... 19 ... Registrar

MAR 20 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/19/32

17 I HEREBY CERTIFY, That I attended deceased from March 18, 1932, to March 19, 1932, that I last saw h alive on March 19, 1932, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) 3/20/32 F. H. Norwood, M. D.

19 (Address) 939 W Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Southern ave

DATE OF BURIAL 3-20 1932

20 UNDERTAKER Jack Levin Inc.

ADDRESS 1439 E Balto St

AAGo. 5-41 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77906

CERTIFICATE OF DEATH

46 E 77906

1. PLACE OF DEATH Sinai Hospital — Registered No. 37-56

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Belvedere & Rutland Ave St. 27 Ward)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Goldstein

(a) Residence: No. 5104 Greenspring St., Ward. 24/6
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Goldstein

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abram Joseph Rinkert

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rachael —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Augustus Cohn

(Address) 2420 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Wolman Date 3-12-32

19. UNDERTAKER Sol. Levin & Bro.

(Address) 1331 E. Baltimore St.

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/19, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 16th, 1932, to March 19th, 1932

I last saw he alive on March 19, 1932 death is said to have occurred on the date stated above, at 3 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Acute cardiac decompensation	
(2) Ca of Esophagus	

Other contributory causes of importance:

Gastrostomy

Name of operation Gastrostomy Date of 2/17/32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. D.

(Address) Sinai Hospital.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 77907

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 77907

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St. 15-88 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Getzel Freidman

(a) Residence: No. 2806 Santa Fe Ave St.; ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Freidman

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Urian Freidman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Etta —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mary Freidman
(Address) 2806 Santa Fe Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Sinai Hebrew Date 3-20-32

19. UNDERTAKER Park View Funeral Home
(Address) 1339 E. Monument St.

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-18, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-14, 1932, to 3-18, 1932

I last saw him alive on 3-18, 1932 death is said to have occurred on the date stated above, at 6:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Hypertension	
Cerebral Thrombosis	3-13-32
Bronchopneumonia (Type ?)	3-17-32

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) M. D. Kirsh M. D.

(Address) Sinai Hospital

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2508

E 77908 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 77908

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) [illegible] St. 2-4 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? 72 yrs. ... mos. ... ds.

2. FULL NAME Mrs. Margaret Sanders (Margaret S. Douglas

(a) Residence: No. 825 E Balt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or ... min.
About	73	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Thomas Sanders

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Sanders

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Elizabeth Douglas

(Address) 1032 Aisquith St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cemetery Date March 22 1932

19. UNDERTAKER Henry Koch Funeral Dir.

(Address) 1301 E. Eager St

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1932 to March 19, 1932

I last saw her alive on March 14, 1932 death is said to have occurred on the date stated above, at 3:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	March 15
Other contributory causes of importance:	
Toxemia	March 15

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A4Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 77909 — 95 E 77909

Registered No.

1. PLACE OF DEATH St Josephs Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Caroline & Oliver St. 11-15 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Mary A Cadden

(a) Residence: No. 1212 Fremont Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	W	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of John J. Cadden

6. DATE OF BIRTH (month, day, year) Nov 16 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49 yrs	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

13. NAME Timothy Lawson

14. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

15. MAIDEN NAME Mary A Mason

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Husband John J. Cadden
(Address) 1212 Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Catholic Cemetery Date May 22, 1932

19. UNDERTAKER Edgar W. Constable
(Address) 924 E Eager St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/19, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/12, 1932, to 3/19, 1932

I last saw her alive on 3/19, 1932 death is said to have occurred on the date stated above, at 4:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular disease, Arteriosclerosis	(?)
Subarachnoid Hemorrhage	3/5/32
" " "	3/19/32
Other contributory causes of importance:	
Cardiac Dilatation (?)	10 Min

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) William L. Straehley M.D.

(Address) 2225 St. Paul St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 77910 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH

92-001 E 77910

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 54 S Fulton Ave St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles A Wallick

(a) Residence: No. 54 S Fulton Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Sloan

6. DATE OF BIRTH (month, day, year) March 11 1895

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	37		8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balt Md.

FATHER

13. NAME Father A Wallick

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mabel Fulton

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Emma Wallick
(Address) 54 S Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date 3 - 21 1932

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Hollins sts

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 - 19 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1932, to 3 - 19 - 1932

I last saw h. alive on March 19 1932 death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	months
Uremia	
Acute	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) Walter Lee, M. D.

(Address) 57 Fulton Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 77911

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77911

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4025 N. Rogers Ave Ward 55) Registered No. 18

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. da. How long in U.S. if of foreign birth? yrs. mos. da.

2. FULL NAME Warren F. Steigerwald

(a) Residence: No. 4025 N. Rogers Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jany 17-1923.

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
9	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Child.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md -

FATHER

13. NAME Henry Steigerwald

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Edith West -

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Henry Steigerwald

(Address) 4025 N Rogers ave -

18. BURIAL, CREMATION, OR REMOVAL

Place Fairmount Date 3/21 1932

19. UNDERTAKER Wm Koch & Son

(Address) 1219 E Fayette St

20. FILED , 19 J.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-19-1932.

22. I HEREBY CERTIFY, That I attended deceased from 3-17-, 1932, to 3-19-, 1932

I last saw him alive on 3-19- 1932 death is said to have occurred on the date stated above, at 9.45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epidemic Cerebro-spinal meningitis -	3/17/32
(Other contributory causes of importance)	
Pulmonary Oedema.	

No

Name of operation Date of

What test confirmed diagnosis? Spinal fluid Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George A Bowden M. D.

(Address) 1617 E Northave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1269-9

E 77912

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77912

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 8-13 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Clyde Green

(a) Residence: No. 1242 N. Washington St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Rose

6. DATE OF BIRTH (month, day, year) Sept 9th 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sally

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James Green

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Graham

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL: U. S. National Cemetery Mar 21st 32

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED 3/20/32 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19 1932

22. I HEREBY CERTIFY, That I attended deceased from March 13 1932 to March 19 1932

I last saw him alive on March 19 1932 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Pneumococcus type IV	March 9th

Other contributory causes of importance: None

Name of operation Date of

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Caroline C. Bedell M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77913

E 77913

CERTIFICATE OF DEATH

15

1. PLACE OF DEATH

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2233 E. North Ave 16 St. (or Ward)

Length of residence in city or town where death occurred 5 yrs 2 mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Walter Burns

(a) Residence: No. 2233 E North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~
~~HUSBAND of~~ ~~WIFE of~~ Sophia Burns

6. DATE OF BIRTH (month, day, year) Aug 16* 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
72	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Pol

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Police Dept

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William Burns

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Laura L. Thompson

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Harry M. Burns

(Address) 722 N. Monroe St

18. BURIAL, CREMATION, OR REMOVAL. London Park Date 3/22/1932

19. UNDERTAKER Wm Cook

(Address) 217 E Paul St

20. FILED _____, 19____ _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 18* 1932

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1932 to March 18 1932

I last saw h[illegible] alive on March 18 1932 death is said to have occurred on the date stated above, at 1:40 P. m.

The principal cause of death and related causes of importance were as follows:

Erysipelas — Date of onset 3/14/32

(other contributory causes of importance) Bronchopneumonia — 3/16/32

Name of operation _____ Date of _____

What test confirmed diagnosis? Physical exam Was case referred to autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury _____, 19____
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert E Counselman, M. D.
3/21/32 (Address) 1025 E North Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 77914

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77914 ✓

CERTIFICATE OF DEATH.

59

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2205 Callow Av. St.) 13-54 (Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lena Alt

(a) RESIDENCE NO. 2205 Callow Av. ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Alt

6 DATE OF BIRTH (month, day, and year): Feb. 29. 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	—	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

037

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Wm Prayer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown Reid

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Earl Rolandell 2205 Callow Av.

15 Filed _____, 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 18 1932

17 I HEREBY CERTIFY, That I attended deceased from Mar 14, 19 32, to Mar. 18, 19 32,

that I last saw h-er alive on Mar 18, 19 32,

and that death occurred, on the date stated above, at 12.50 A. m.

The CAUSE OF DEATH* was as follows:

Acute endocarditis

(duration) _____ yrs. _____ mos. 1 ds.

CONTRIBUTORY (Secondary): Diabetes

(duration) 3 yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical - Microscopic

(Signed) Philip B. Fowler M. D.

3.19.1932 (Address) 1432 Hollins St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery

DATE OF BURIAL: 3/26/1932

20 UNDERTAKER: Wm Cook

ADDRESS: 17 S Paca St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AaCo. 5-31 250B

E 77915

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 77915

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 600 N. Charles St. 11-24 (Ward)

Length of residence in city or town where death occurred yrs 30 mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Ida B. Glover

(a) Residence: No. 894 N. Howard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ (or) WIFE of ~~HUSBAND of~~ Wm F. Glover

6. DATE OF BIRTH (month, day, year) Aug 9th 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Mountain West Va

FATHER

13. NAME Thos B Raach

14. BIRTHPLACE (city or town) (State or country) North Mountain West Va

MOTHER

15. MAIDEN NAME Virginia Mauk Kin

16. BIRTHPLACE (city or town) (State or country) Salto Md

17. INFORMANT Maud E Anderson

(Address) 600 N. Charles st

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 3/21 1932

19. UNDERTAKER Wm Cook

(Address) 921 St Paul St

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 19th 1932

22. I HEREBY CERTIFY, That I attended deceased from July 18 1931 to March 19 1932

I last saw her alive on 3-19 1932 death is said to have occurred on the date stated above, at 12 05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	3/12/32
Chronic Intestinal Nephritis	Unknown

(Other contributory causes of importance)

Name of operation No

What test confirmed diagnosis? Wine + Sputum Was there an autopsy? 0

Date of

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? 0 Date of injury , 19

Where did injury occur? 0
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. 0

Manner of injury 0

Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? 0 If so, specify

(Signed) David Miller, M. D.

3/19/32 (Address) 1500 E Baltimore

Information above is carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

E 77916 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77916

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3105 Guilford Ave St., 49-50 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos ds. How long in U. S. If of foreign birth? yrs. mos ds.

2. FULL NAME Frank T Marsden

(a) Residence: No. 3105 Guilford Ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary L. Marsden

6. DATE OF BIRTH (month, day, year) Feb 27 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	—	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James L Marsden

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Martha Lowe

16. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

17. INFORMANT Mrs L T Marsden
(Address) 3105 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Mch 21 1932

19. UNDERTAKER H M Cook & Co
(Address) 1217 Eutaw Place

20. FILED ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1930 to March 18 1932

last saw him alive on March 17 1932 death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	
over	5 yrs

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. W. Hoes M.D. M. D.

(Address) 5600 York Rd

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77917

CERTIFICATE OF DEATH

106 E 77917

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6109 Fair oaks Ave St.) Ward 3

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Howard C Sutton Jr

(a) Residence: No. 6109 Fair oaks Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 9th, 1913

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
19	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Howard C Sutton

14. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER

15. MAIDEN NAME Ethel R Bowen

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Howard C Sutton Jr
(Address) 6109 Fairoaks Ave

18. BURIAL, CREMATION, OR REMOVAL
Pine Ridge Date 3/21/1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ... 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 18th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1932 to Mar 18, 1932

I last saw him alive on Mar 18, 1932 death is said to have occurred on the date stated above, at 11:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/12/32
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [signature] M. D.

(Address) 2020 N. Charles

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77918

CERTIFICATE OF DEATH

46 E 77918

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1701 Park Av ST. 15-61 WARD)

2 FULL NAME Margaret Dietz

(a) RESIDENCE NO. 3201 Gwynn Falls PKwy ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? 51 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Adam Dietz

6 DATE OF BIRTH (month, day, and year) Sept 24 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
-	70	5	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hanau Germany

PARENTS

10 NAME OF FATHER Henry Mickel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hanau Germany

12 MAIDEN NAME OF MOTHER Katherine Schaineck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hanau Germany

14 Informant Elva Cunningham
(Address) 3201 Gwynn Falls PKwy

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19 1932

17

I HEREBY CERTIFY, That I attended deceased from March, 1931, to March 19, 1932

that I last saw h alive on March 18, 1932

and that death occurred, on the date stated above, at 5 15/A m.

The CAUSE OF DEATH* was as follows:

Carcinoma liver

(duration) 1 yrs. mos. ds.

CONTRIBUTORY .....
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? yes Date of Dec 1931

Was there an autopsy? no

What test confirmed diagnosis? Pathology

3 (Signed) Frank J Kelly M. D.
19, 1932 (Address) 200 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL 3/21/1932

20 UNDERTAKER Geo. Huber & Son — ADDRESS 2503 Eden Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 77919

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 77919

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2503 Edmondson Ave. 19-64 94 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Weber

(a) Residence: No. 2503 Edmondson Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Weber

6. DATE OF BIRTH (month, day, year) June 9-1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. undertaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 46

10. Date deceased last worked at this occupation (month and year) 3-12-32

11. Total time (years) spent in this occupation 38 yr.

12. BIRTHPLACE (city or town) (State or country) Baltimore maryland.

FATHER

13. NAME George Weber

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Catharine Vogel

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Chester Weber

(Address) 2500 W. Lafayette ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 3/22/ 1932

19. UNDERTAKER George Weber & Son

(Address) 2503 Edmondson Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19- 1932

22. I HEREBY CERTIFY, That I attended deceased from May 10 1931 to March 19- 1932

I last saw h.im alive on March 18- 1932 Death is said to have occurred on the date stated above, at 6.25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Dec 1930

Other contributory causes of importance:

more

Name of operation — Date of —

What test confirmed diagnosis? Symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

no If so, specify .....

(Signed) Chester Richards M. D.

(Address) 2532 Edmondson Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77920

CERTIFICATE OF DEATH

107-001

Registered No. E 77920

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 10-14 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Keaney

(a) Residence: No. Preston & Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	92			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John Keaney
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Campbell
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Little Sisters of the Poor
(Address) Preston & Valley Sts

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date March 21 1932

19. UNDERTAKER J. A. McGraw
(Address) 3000 E. Balto. St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19th 1932

22. I HEREBY CERTIFY, That I attended deceased from March 11th, 1932 to March 19th, 1932

I last saw him alive on March 18th 1932 death is said to have occurred on the date stated above, at 2.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	8 Ds.
Exhaustion	

Other contributory causes of importance:

Name of operation None Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.
(Address) [illegible]

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77921

CERTIFICATE OF DEATH

131 E 77921

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3801 Bonner Road St., 15-6 (Ward)

Length of residence in city or town where death occurred About 68 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Margaret H. Upshur

(a) Residence: No. 3801 Bonner Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Francis B. Upshur

6. DATE OF BIRTH (month, day, year) Apr. 12, 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~About 68~~ 71	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Augustus Love

14. BIRTHPLACE (city or town) Not obtainable
(State or country) "

MOTHER

15. MAIDEN NAME Anne Amick

16. BIRTHPLACE (city or town) Not obtainable
(State or country) "

17. INFORMANT Francis B. Upshur
(Address) 3801 Bonner Road

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date 3/21 19 32

19. UNDERTAKER Henry U. Mears & Son
(Address) 905 N. Calvert St.

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26 . 1928 . to March 18 . 1932

I last saw her alive on March 17 . 1932 Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis
Renal function 26% on 1921
NPN 240 mgm% on March 19/32

Date of onset: Probably in 1918

Other contributory causes of importance: none

Name of operation: none Date of
Renal function 26% on 1921 What test confirmed diagnosis? N.P.N 240 mgm% on March 19/32 Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Jas A. Lutscher M. D.

(Address) 1 Village St

N. B.—WRITE PLAINLY, WITH UNFADING INK. Items must be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2508

77922 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 77922

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. ....

CITY OF BALTIMORE: (No.) 5 Woodington Ave (Street) ... Ward ... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Henry H Dommler

(a) Residence: No. 5 Woodington Ave St. ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male — 4. Color or Race: White — 5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mary A Dommler

6. DATE OF BIRTH (month, day, year): Dec 6, 1845

7. AGE — Years: 86 — Months: 3 — Days: 12 — If LESS than 1 day, hrs. or min. ...

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Saddler
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Charles A Dommler
14. BIRTHPLACE (city or town) (State or country): Switzerland

MOTHER

15. MAIDEN NAME: Elizabeth Gerber
16. BIRTHPLACE (city or town) (State or country): Switzerland

17. INFORMANT: Mary A Dommler
(Address): 5 Woodington Ave

18. BURIAL, CREMATION, OR REMOVAL: Place: Mt Calvary — Date: 3/22 1932

19. UNDERTAKER: J McCook
(Address): 1219 St Paul St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 18 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-1- 1932 to 3-18 1932

I last saw h— alive on 3-18 1932 death is said to have occurred on the date stated above, at 5:05 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Chronic
Chr Gen Nephritis	acute

Other contributory causes of importance: ...

Name of operation none — Date of —

What test confirmed diagnosis? Physical findings — Was an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no — Date of injury — 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury —

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) W A Farrell, M. D.

(Address) Evergreen

E

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 77923 43 E 77923

E 77923

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 837 Arsquith St. 10-14 Ward)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Annie Maddox

(a) RESIDENCE NO 837 Arsquith St. WARD

(Usual place of abode) (If non resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 10-29-1912

7 AGE: Years 14 | Months 4 | Days 19 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto- Md

PARENTS

10 NAME OF FATHER: Frank Maddox

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Lena Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Mrs. Lena Johnson 7 E. Preston St

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-18-32

17

I HEREBY CERTIFY, That I attended deceased from 2-29-, 1931, to 3-18-, 1932

that I last saw h alive on 3-18-, 1932

and that death occurred, on the date stated above, at 4.30 P.M.

The CAUSE OF DEATH* was as follows:

Acute Tuberculosis of Lungs

(duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed) W. D. Cargile M. D.

3-19-1932 (Address) 611 N. Carolina

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cem

DATE OF BURIAL: 3-21 1932

20 UNDERTAKER: George A. Gibson

ADDRESS: 1732 Druid Hill Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77924

CERTIFICATE OF DEATH

E 77924

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1624-N. Caroline Street St., 9-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine V. Hennessey

(a) Residence: No. 1624-N. Caroline Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John T. Hennessey

6. DATE OF BIRTH (month, day, year) 11/25/1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	3	23	xxxxxx

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Michael Heaphy

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Elizabeth Stapelton

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT John T. Hennessey
(Address) 1624-N. Caroline Street

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 3/21/37, 19

19. UNDERTAKER [illegible]
(Address)

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 1st, 1920 to March 18, 1937

I last saw her alive on March 18, 1937 Death is said to have occurred on the date stated above, at 2.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal — Hypostatic Pneumonia	1 day.
Chr. Myocarditis	6 yrs.

(Other) contributory causes of importance:

Pernicious Anemia (To my knowledge about 10 yrs.

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) William R. Keagle, M. D.

(Address) 2225 St. Paul St.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—1-12-23—M&T—500 Blks.

Gliorlso

E 77925

HEALTH DEPARTMENT—CITY OF BALTIMORE

1614 004

1614 E 77925

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2521 Washington Blvd (Street) (WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Gliorisso

(a) RESIDENCE NO. 2521 Washington Blvd St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): S.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 3-11-32

7 AGE: Years | Months | Days | If LESS than 1 day, hrs or min

8 days

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Anthony Gliorisso

11 BIRTHPLACE OF FATHER (city or town) (State or country): Capaln Italy

12 MAIDEN NAME OF MOTHER: Nilda Battaglia

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant (Address): Nilda Battaglia 2521 Washington Blvd.

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-19 1932

17 I HEREBY CERTIFY, That I attended deceased from 3-11 .1932 to 3-19 .1932

that I last saw h alive on 3-18 .1932

and that death occurred, on the date stated above, at 8 A. m

The CAUSE OF DEATH* was as follows:

Hemorrhage congenital umbilical scalp. Jaundice both conditions -

(duration) yrs mos 8 ds.

CONTRIBUTORY (Secondary) Hemorrhage beneath scalp -

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Duncan M. D.

3-21 1932 (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral

DATE OF BURIAL: 3-21-1932

20 UNDERTAKER: Geo. J. Burke Sons

ADDRESS: 1304 Druid

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 77926
258967

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 104-9 E 77926

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St. 7-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Victor Stapulis

(a) Residence: No. 730 444 St., Ward. Coal Center Pa

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Joseph P. Stapulis

14. BIRTHPLACE (city or town) (State or country) Lith

MOTHER

15. MAIDEN NAME Mary Murnsky

16. BIRTHPLACE (city or town) (State or country) Lith

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Wilpanna Pa Date 3/20/32. 19

19. UNDERTAKER Joseph Ahern

(Address) 22 S Bway

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19. 1932

22. I HEREBY CERTIFY, That I attended deceased from March 18. 19 . to March 19. 1932

I last saw him alive on March 19. 1932 Death is said to have occurred on the date stated above, at 6.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain abscess ?	July 1931
Pneumonitis	July 1931
Other contributory causes of importance: dehydration	1 week

Name of physician Frank Sheeger Date of 3-19-32

Whether attended deceased since death? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Frank Sheeger M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should

AACo. 5-31 250B

HEALTH DEPARTMENT CITY OF BALTIMORE

E 77927

CERTIFICATE OF DEATH

46 E 77927

1. PLACE OF DEATH: Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St. ..... Ward) 13-54

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME: Mr Anthony Gionnone

(a) Residence: No. 2443 Penna Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs M Gionnone

6. DATE OF BIRTH (month, day, year) Aug 2, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 079

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Iron worker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Pascal Gionnone

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME C. Elvia

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT: Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudown Cem Date March 20, 19 32

19. UNDERTAKER: Joseph B Cook
(Address) 1003 W. Baltimore Street

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 19 32

22. I HEREBY CERTIFY, That I attended deceased from 12-26-31, 19 ..., to 3-20-32, 19 ...

I last saw him alive on 3-20-32, 19 ... death is said to have occurred on the date stated above, at 5.03 m.

The principal cause of death and related causes of importance were as follows:

carcinoma head of pancreas

Date of onset ?

Other contributory causes of importance:

Name of operation Laparotomy Date of 1/4/32

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Robert F. Chenault M. D.

(Address) Md General Hospital

Information must be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 77928 ✓ E 77928

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

7,121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. just come mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Briggs

(a) Residence: No. Murdock, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	married

5a. If married, widowed, or divorced [redacted] of (or) WIFE of Robert Briggs

6. DATE OF BIRTH (month, day, year) Feb 5 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME William Hawkins

14. BIRTHPLACE (city or town) (State or country) Arundel Co., Md

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Murdock Md Date March 23. 1932

19. UNDERTAKER The W. C. White Co

(Address) Laurel Md

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/20 . 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/18 . 1932 to 3/20 . 1932

I last saw h[redacted] alive on 3/20 . 1932 Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Peritonitis	4 days
Other contributory causes of importance Acute Myocardial failure	1 day

Name of operation Laparotomy Date of 3/19/32

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. Goodman, M. D.

(Address) Mercy Hospital

INSTRUCTIONS: WRITE LEGIBLY WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

77929

CERTIFICATE OF DEATH

93 E 77929

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 4-25 St. or Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William E. Brown

(a) Residence: No. 679 W. Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie R. Brown

6. DATE OF BIRTH (month, day, year) June 20, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Erbans Md.

FATHER

13. NAME Jeremiah Brown

14. BIRTHPLACE (city or town) (State or country) Wash. Co. Md.

MOTHER

15. MAIDEN NAME Maria Javer

16. BIRTHPLACE (city or town) (State or country) Wash. Co. Md.

17. INFORMANT Records of (Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cem. Date March 26 32

19. UNDERTAKER Wm. J. Tickner & Son (Address) North & Pa Ave.

20. FILED . . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 32

22. I HEREBY CERTIFY, That I attended deceased from March 1, 19 32 to March 19, 19 32

I last saw him alive on March 19, 19 32 Death is said to have occurred on the date stated above, at 12:50 P. M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis, chr	6 months
Hypertension	2 yrs

Other **contributory causes** of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public** place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Harry Flinner M. D.

(Address) Balto. City Hosp.

E

IMPORTANT: WRITE CAREFULLY, INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

77930

CERTIFICATE OF DEATH

46 E 77930

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4403 Hereford Ave (Ward) 26

Registered No. 63

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia L. Hibline

(a) Residence: No. 4403 Hereford Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 18, 1864

7. AGE: Years 67 | Months 2 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Hibline

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Agnes Brandelmeyer

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT Mr. D. Alan Klein

(Address) 4403 Hereford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar. 21 1932

19. UNDERTAKER Wm. Tyler Ross

(Address) Wyoth & Pa Ave

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from October 8, 1931 to Mar 17, 1932

I last saw her alive on Mar 16, 1932 Death is said to have occurred on the date stated above, at 9.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation.	
Pulmonary Oedema.	
Other contributory causes of importance: Carcinoma of Stomach	

Name of operation None Date of

What test confirmed diagnosis? X Ray Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) J. P. Cohen M. D.

(Address) 1127 St Paul St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

I-20—M & T—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 77931 106 **E 77931**

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1141 W. Saratoga ST. 18-24 WARD)

2-FULL NAME Helen Coleman

(a) RESIDENCE NO. 1 S. Amity ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) ? ? 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	?	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer): — 03
(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER David Graves

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER Kate Mitchell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant Harvey Lee

(Address) 1141 W. Saratoga St.

15 Filed ..... 192. ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 18th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

I Lobar Pneumonia

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1 S. Amity St.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Evidence from inquiry

(Signed) Guy N. Cromwell M. D. Coroner

3/21 1932 (Address) 1203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: Mch 21, 1932

20 UNDERTAKER: James A Sayes — ADDRESS 142 Russell St

INFORMANT, WRITE PLAINLY WITH PEN AND INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MAR 21 1932 E. HAWLEY JONES, M.D.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77932

E 77932

CERTIFICATE OF DEATH.

82-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2106 South Road ST. 27-54 WARD 4

2 FULL NAME Helen Brogden Sybert

(a) RESIDENCE NO. 2106 South Road ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 91 yrs. 11 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John W. Sybert Jr.

6 DATE OF BIRTH (month, day, and year): Dec 18 1841

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	90	3	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Davidsonville Maryland

PARENTS

10 NAME OF FATHER: David McC. Brogden

11 BIRTHPLACE OF FATHER (city or town) (State or country): A.A.Co. Maryland

12 MAIDEN NAME OF MOTHER: Maryann Sellman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): A.A.Co. Maryland

14 Informant: Mrs. J. Turnbull Taylor
(Address): 2106 South Road

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3. 18. 1932

17

I HEREBY CERTIFY, That I attended deceased from March 16, 1932, to Jan. 18, 1932

that I last saw h[illegible] alive on March 18, 1932

and that death occurred, on the date stated above, at 8.40 P m.

The CAUSE OF DEATH* was as follows:

Senile degeneration,
uterus & ovaries

(duration) 6 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary): Apoplexy

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? usual

(Signed) E. H. Bielen M. D.

3 19 32 (Address) 1st Washington Md

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Davidsonville A.A.Co. Md	3/21 19 32
20 UNDERTAKER: Edward Mankins	ADDRESS: Bowie

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-11 250B

E 77933

HEALTH DEPARTMENT—CITY OF BALTIMORE

John W Smith

1903

CERTIFICATE OF DEATH

E 77933

1. PLACE OF DEATH Maryland General Hospital — Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St. 17-44 Ward)

Length of residence in city or town where death occurred 59 yrs. ____ mos. ____ ds. How long in U.S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Dr J. W. Smith

(a) Residence: No. Homewood Apts Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs Martha Smith

6. DATE OF BIRTH (month, day, year) Feb ? 1864

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
68	68	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Dr James W Smith

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME ____

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date March 1932

19. UNDERTAKER Stewart & Mowers Co
(Address)

20. FILED ____ 19____ ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-20, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-8, 1932 to 3-20, 1932
I last saw him alive on 3-20, 1932 death is said to have occurred on the date stated above, at 4:12 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Bronchial pneumonia	3 wks.

Other contributory causes of importance:

Pulmonary edema	6 hrs.

Name of operation none Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19____
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify. ____

(Signed) Chas F. Chenault M. D.
(Address) Md General Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 77934

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77934

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. 16-23 WARD)

2-FULL NAME Ida Veney

(a) RESIDENCE NO 820 Woodyear Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	67	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mathews Veney

(Address) 820 Woodyear Ave

15 Filed ..., 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 18 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. O. Herzog M.D., M. D. Coroner

3/21, 1932 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 3-24 1932

20 UNDERTAKER Lowe & Eurton

ADDRESS 916 Gay

INFORMATION, WITH UNDERSTANDING—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

Harry G Johnson

HEALTH DEPARTMENT—CITY OF BALTIMORE

77935

CERTIFICATE OF DEATH

× 108 v

E 77935

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Gomer Johnson

(a) Residence: No. 2306 E Hoffman St., Ward. Female

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 17 1929

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Waynesboro Pa

FATHER

13. NAME Joseph A Johnson

14. BIRTHPLACE (city or town) (State or country) New York City

MOTHER

15. MAIDEN NAME Mary E Coulbourne

16. BIRTHPLACE (city or town) (State or country) Marion Md

17. INFORMANT Mrs. JOHN F. Stevenson

(Address) 2306 E Hoffman

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date March 22 1932

19. UNDERTAKER John F. Denny

(Address) 715 Light St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1932 to March 20, 1932

I last saw him alive on 3/20, 1932 death is said to have occurred on the date stated above, at 6:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (left side)	3/13/32
Other contributory causes of importance:	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Hans A. Shelley M. D.

(Address) University Hospital.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

77936

HEALTH DEPARTMENT—CITY OF BALTIMORE

77936

CERTIFICATE OF DEATH

27-54 176

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia Redman

(a) Residence: No. 1416 Forge Ave. (Mt. Washington) Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George Redman

6. DATE OF BIRTH (month, day, year) Feb 2/1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER

13. NAME Samuel Dean

14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER

15. MAIDEN NAME Sarah Cobb

16. BIRTHPLACE (city or town) (State or country) Arkansas

17. INFORMANT George Redman

(Address) 1416 Forge Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Stevens Memorial Date Mar. 22, 1932

19. UNDERTAKER E. Bernard Hope

(Address) 36 S. Eutaw St.

20. FILED , 19 .

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 19/32. 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	
Myocarditis	?
Other contributory causes of importance:	
Cholelithiasis	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. S. Watson Coroner, M. D.

(Address) 508 E. North Ave

IMPORTANT: Answers must be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77937.

E 77937.

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 1-08

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4401 Mary Ave ST., Belair Rd 27-43 WARD)

2—FULL NAME Sallie D. Lilly

(a) RESIDENCE NO. 4401 Mary Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joshua L. Lilly

6 DATE OF BIRTH (month, day, and year) Aug 30, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	6	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER Joseph Burkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Joshua L. Lilly

(Address) 4401 Mary Ave

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 18, 1932

17

I HEREBY CERTIFY, That I attended deceased from March 17, 1932, to March 18, 1932

that I last saw h[illegible] alive on March 18, 1932

and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Joshua L. Lilly, M. D.

3/18, 1932 (Address) Owings

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Carroll Chapel, Chestnut Ridge Balto Co.	Mar 21 1932
20 UNDERTAKER	ADDRESS
Ebenezer Lee	3615 Chestnut Ave

IMPORTANT—Physicians should be certain to supply AGE. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77938

CERTIFICATE OF DEATH

Registered No. 27-54

1. PLACE OF DEATH Levindale

CITY OF BALTIMORE: (No. Belvedere & Greenspring St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? 6 yrs. mos. ds.

2. FULL NAME Anna Freiman

(a) Residence: No. Levindale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Louis J. Langer

14. BIRTHPLACE (City or town) (State or country) Unknown Russia

MOTHER

15. MAIDEN NAME Rosa

16. BIRTHPLACE (City or town) (State or country) Unknown Russia

17. INFORMANT Sigmund Rumbler
(Address) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date 3-21 1932

19. UNDERTAKER Jacob Levin Inc
(Address) 1432 E. Baltimore St.

20. FILED 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1930 to March 20, 1932
I last saw her alive on March 20, 1932 Death is said to have occurred on the date stated above, at 4:50 p.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia — Date of onset 3-15-32

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? None

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W Edmund Levin M. D.
(Address) Levindale

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 77939 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 77939

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2543 E Biddle St. 8-17 Ward)

Length of residence in city or town where death occurred 11 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? 11 yrs. ... mos. ... ds.

2. FULL NAME Centonie Zahradka

(a) Residence: No. 2543 E Biddle St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Victor Zahradka

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Emily Barock

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Agnes Rosicka
(Address) 2543 E Biddle

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Mar 23, 1932

19. UNDERTAKER Frank Brach & Son
(Address) 1126 Eastern Ave

20. FILED ..., 19... [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1932 to March 20, 1932

I last saw her alive on March 20, 1932 death is said to have occurred on the date stated above, at 10:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/14/32
Other contributory causes of importance:	

Name of operation none Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph Sokony, M. D.
(Address) 2200 E Monument St.

AaCo. 5-31 250B

E 77940

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77940

CERTIFICATE OF DEATH

93-003

Registered No. 7-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 917 N Washington St. 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Corben

(a) Residence: No. 917 N Washington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jy 20 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Joshua Corbin

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Evans

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Lorenz Burhard

(Address) 9 Probert Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Crondenrock Md Date Mar 21, 1932

19. UNDERTAKER Frank Brockson

(Address) 1926 Eutaw

20. FILED ____, 19__ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1932 to March 18, 1932

I last saw h alive on March 18, 1932 death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular Fibrillation	?
Myocardial degeneration	-
Cardiac decompensation	
Other contributory causes of importance:	
Arteriosclerosis	?

Name of operation None Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 19__

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Patony, M. D.

(Address) 2200 E Madison St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 77941

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77941

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) City Hosp. (Street) 47-24 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theresa Queen

(a) Residence: No. 559 Little Brunt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
Apparent 80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James E. Queen

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Hamitt?

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT (Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date March 21 1932

19. UNDERTAKER James E. Ghiselin

(Address) Funeral Consultant

20. FILED ——— . 19 32

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/20/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from 7/10/31 . 19 to 3/20/32 . 19

I last saw her alive on 3/18 . 19 32 Death is said to have occurred on the date stated above, at 5:45 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxiation	9 Months
Hypertension	More than 1
Myocarditis, chr.	year
Senility	

Other contributory causes of importance:

Name of operation ——— Date of ———

What test confirmed diagnosis? ——— Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ——— Date of injury ——— . 19

Where did injury occur? ———
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ———

Manner of injury ———

Nature of injury ———

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) J. A. Elwood Jr. M. D.

(Address) City Hosp

I. D.—WRITE LEGIBLY, with ink. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 77942

E 77942

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 114 N. Oleans St. 6-11 REGISTERED NO. 59

CITY OF BALTIMORE: (No. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anthony Stutzyes

(a) RESIDENCE NO. 28 N. Oleans St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	widower

5a If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Margaret Kreiner

6 DATE OF BIRTH (month, day, and year) March 31, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	66	11	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER George F. Stutzyes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sidys

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Margaret Smithers

(Address) 114 N. Oleans St.

15 Filed _____, 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19 1932

17 I HEREBY CERTIFY, That I attended deceased from March 16, 1932, to March 19, 1932, that I last saw him alive on March 18 1932 and that death occurred, on the date stated above, at 11 & 9 m.

The CAUSE OF DEATH* was as follows:

Diabetic coma

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Diabetes, hypertension, arterio-sclerosis.

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? physical findings

(Signed) L. C. Stifler, M. D.

4/19, 1932 (Address) 447 N. Kenwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. DATE OF BURIAL March 22-1932

20 UNDERTAKER Lilly & Zeiler Inc ADDRESS 403 S. Wolfe St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MAR 21 1932

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77943

CERTIFICATE OF DEATH

E 77943

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., (Ward)

Length of residence in city or town where death occurred 22 yrs. 9 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernard O. Bankert

(a) Residence: No. 3825 Falls Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of LaRue Eisenhood

6. DATE OF BIRTH (month, day, year) June 6- 1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Paper Hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Krebs

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Helen R. Bankert

16. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md

17. INFORMANT Helen R. Bankert

(Address) 3825 Falls Road

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemetery Md. March 23 1932

19. UNDERTAKER Horace F. Burgee

(Address) 3631 Falls Road

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Inquiry 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of base of skull with subdural hemorrhage	3/20/32
Other contributory causes of importance: Fractured nose	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3/20 1932

Where did injury occur? Eastern Ave & Middle River Rd
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place Auto accident

Manner of injury Auto upset

Nature of injury Injured & mother man [illegible]

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny, M. D.

(Address) 2100 E Madison St

Coroner

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 77944 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77944

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1922 Mosher St., [illegible] Ward)

Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nettie P. Prout

(a) Residence: No. Fair Haven Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of Chas. M. Prout

6. DATE OF BIRTH (month, day, year) Jan 26th 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Friendship Md

FATHER

13. NAME Samuel Owings

14. BIRTHPLACE (city or town) (State or country) Friendship Md

MOTHER

15. MAIDEN NAME Margaret Ann Brown

16. BIRTHPLACE (city or town) (State or country) Annapolis Md

17. INFORMANT Willaneth Duvall

(Address) 1922 Mosher St

18. BURIAL, CREMATION, OR REMOVAL Friendship Place Date 3/21/ 1932

19. UNDERTAKER Wm Cook

(Address) 217 St Paul St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20 1932

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1932 to March 20, 1932

I last saw her alive on March 19, 1932 death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchitis Acute	March 16.
Other contributory causes of importance: Myocarditis Acute	March 20/32

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George C. Shannon M. D.

(Address) 700 Fulton Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T—100 B—50L

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77945

CERTIFICATE OF DEATH

93-00 E 77945

E 77945
1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No.) 708 N. Broadway. ST., 7e - (WARD)

2-FULL NAME Edward L. Flaherty

(a) RESIDENCE NO. 3407 Toone St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Mar 29 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	43	4	2 19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Bill Poster
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Edw. L. Flaherty

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Geo T. Flaherty

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Ellen O Connor

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Ellen Flaherty

(Address) 3407 Toone St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 19 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Chr. Myocarditis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) Jos J Carter, M. D.
Coroner

3/19/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Mar 22 1932

20 UNDERTAKER: Geo M. Smith & Son — ADDRESS: 811 N Howard

AACo. 5-31 250R

JACOBS

E 77946 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77946

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-22 Ward)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Jacobs

(a) Residence: No. 1335 Fulton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah J. Jacobs

6. DATE OF BIRTH (month, day, year) Oct 1 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schaeffer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 023

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick md

FATHER

13. NAME Emanuel Jacobs

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah E. Morgan

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Sarah J. Jacobs
(Address) 1335 W. Fulton St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Mar 22 1932

19. UNDERTAKER Jos Roerden & Son
(Address) 217 S. Paca

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1932 to March 19, 1932

I last saw him alive on March 19, 1932 death is said to have occurred on the date stated above, at 3:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	March 1931
Bronchopneumonia	
Acute pulmonary edema	

Other contributory causes of importance:

Cardiac failure

Name of operation Exploration of gall bladder and removal of stone Date of March 11, 1932

What test confirmed diagnosis? Sub. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) J Goodman, M. D.

(Address) Sinai Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 77947

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77947

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Registered No. 1363

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Phillips Lambert

(a) Residence: No. 4227 Belview Ave. Ward. Baltimore

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Della Gregory Lambert

6. DATE OF BIRTH (month, day, year) Sept 3, 1871

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	60	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printing Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for himself

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Uniontown, Ky.

FATHER

13. NAME John T. Lambert

14. BIRTHPLACE (city or town) (State or country) — Ky

MOTHER

15. MAIDEN NAME Barbara Lutz

16. BIRTHPLACE (city or town) (State or country) — Ky.

17. INFORMANT Robert V. Lambert

(Address) Son. 5314 Cordelia Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Mar 23, 1932

19. UNDERTAKER Geo. F. Eyler

(Address) 1600 N. Howard Ave

20. FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20 1932

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1932 to March 20 1932

I last saw him alive on Mar. 20, 1932 Death is said to have occurred on the date stated above, at 8.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular-Renal Disease	Sept. 1931

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Maurice Jaffe, M. D.

(Address) Univ. Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 77948 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 77948

CERTIFICATE OF DEATH

94-002

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Monument St., Ward) 3-5

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lena Greenberg

(a) Residence: No. 109 S. Albemarle St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Isaac

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac Finsberg

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Fanny Rebecca

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Goldstein (Sister)
(Address) 3722 Cottage Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Lev. Date 3-21- 1932

19. UNDERTAKER Jacob Heim Inc
(Address) 1422 E. Baltimore St.

20. FILED ..... 19.....
Registrar.

MAR 21 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/21 1932

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1932, to March 21, 1932

I last saw her alive on March 21, 1932 death is said to have occurred on the date stated above, at 2:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	March 20
Other contributory causes of importance:	
Hypertension	
Obesity	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical observation Were an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph Kersh, M. D.

(Address) Sinai Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—501.

E 77949

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77949

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hosp. (St.) 6-9 WARD)

2-FULL NAME Anna Gerrod

(a) RESIDENCE NO 206 N. Castle St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of late James Gerrod

6 DATE OF BIRTH (month, day, and year) Oct. 16/1867

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	5	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Christopher Hiner

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Christina ------

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Christina Gluck

(Address) 206 N. Castle St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH Jaw

16 DATE OF DEATH (month, day, and year) Mar. 20/32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulm. Odema

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Genl Arteriosclerosis

Myocarditis (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Hospital History

(Signed) [illegible], M. D. Coroner

3/21/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity [illegible] DATE OF BURIAL Mar. 22/32

20 UNDERTAKER Philip Herwig ADDRESS 2016 Orleans St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

G. HARRISON JONES, M. D.

MAR 21 1932

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 77950

E 77950

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1640 E Pratt St. 3-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carolina Zawacka (also Katie Wagner)

(a) Residence: No. 1642 E Pratt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Unk.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John Bajarek

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Szymanska

(Address) 1640 E Pratt St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date March 22, 1932

19. UNDERTAKER M. W. Bazurski

(Address) 930 Eastern Ave.

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 18 1932 to March 20 1932.

I last saw h[illegible] alive on March 19 1932 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Hypertrophic Cirrhosis	6 yrs ago
Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury — , 19

Where did Injury occur? — (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Andrew Nemeroff M. D.

(Address) 2929 Eastern Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 77951 93-004 E 77951

REGISTERED NO. 25-77

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1617 Cereal St. ST., WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Zylka.

(a) RESIDENCE NO. 1617 Cereal St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? 30 yrs. ---- mos. ---- ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White.	Married

5a If married, widowed or divorced
HUSBAND OF
(or) WIFE of Anthony Zylka.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	----	----	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria.

PARENTS

10 NAME OF FATHER ------ Szhamick.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria.

12 MAIDEN NAME OF MOTHER Christina Kachlac.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria.

14 Informant Caroline Zylka. (daughter)
(Address) 1617 Cereal St.

15 Filed ____, 192__ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the heart.

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Fernandez, Coroner, M. D.

3/21/32, 19 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross C.C. Co. DATE OF BURIAL March 22 1932

20 UNDERTAKER M. Bazemak ADDRESS 1920 Eastern Ave

M. D. B. 1268-9

E 77952 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 77952

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hosp Ward 40)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Harman (HARMAN)

(a) Residence: No. 3204 Elizabeth Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	unknown

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 11-21-1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 089

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT (Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cems. Date March 23 1932

19. UNDERTAKER Margaret G. Flynn (Address) 1422 Light St.

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/20/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from 3/16/32 . 19 to 3/20/32 . 19

I last saw him alive on 3/20/32 . 19 Death is said to have occurred on the date stated above, at 10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar	4 days

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas Eyrol Jr M. D.

(Address) City Hosp

INSTRUCTIONS—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77953

CERTIFICATE OF DEATH

32-001

E 77953

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital St. 22-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dora Mc Clain

(a) RESIDENCE NO. 626 W Barre St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years | Months: 6 | Days | IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Balto. Md

(State or country)

PARENTS

10 NAME OF FATHER: Thomas McClain

11 BIRTHPLACE OF FATHER (City or town): Balto. Md

(State or country)

12 MAIDEN NAME OF MOTHER: Nora Walker

13 BIRTHPLACE OF MOTHER (city or town): Balto. Md

(State or country)

14 Informant: Stella Bros

(Address) 626 W Barre St.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1932

3-19

17 I HEREBY CERTIFY, That I attended deceased from 3-17, 1932 to 3-19, 1932

that I last saw h alive on 3-19, 1932

and that death occurred, on the date stated above, at 6 05 m.

The CAUSE OF DEATH* was as follows:

Miliary Tuberculosis

(duration) yrs. 1 mos. da.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical + X ray

(Signed) George McDonnell M. D.

3-19, 1932 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johnson Cemetery — Date of Burial: 3/21 1932

20 UNDERTAKER: Walter B. Spring — ADDRESS: 1394 Wash St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

Spec. 3-M-26 A Co. 200 Bks.

E 77954

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77954

CERTIFICATE OF DEATH

1-PLACE OF DEATH Providence Hospital REGISTERED NO. 117

City of BALTIMORE: (No. 17-76 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carrie Mason

(a) RESIDENCE NO. 712 Edmondson St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph T. Mason

6 DATE OF BIRTH (month, day, and year): March 22 - 1874

7 AGE: Years 57 Months 11 Days 27 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Anthony Hardy

11 BIRTHPLACE OF FATHER (City or town): md

(State or country)

12 MAIDEN NAME OF MOTHER: Elizabeth Gould

13 BIRTHPLACE OF MOTHER (city or town): md

(State or country)

14 Informant: Joseph T. Mason

(Address): 712 Edmondson Ave

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: March 19 - 1932

17 I HEREBY CERTIFY, That I attended deceased from March 6, 1932, to March 19, 1932,

that I last saw her alive on March 19, 1932,

and that death occurred, on the date stated above, at 3.55 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism

(duration) yrs. mos. 1 da.

CONTRIBUTORY (Secondary) Fracture Right Femur Neck

(duration) yrs. mos. 12 da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of 3-6-32

Was there an autopsy? No

What test confirmed diagnosis? Clinical Fracture

(Signed) [illegible] M. D.,

3-19-1932 (Address) Providence Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — Date of Burial: Mar. 22 1932

20 UNDERTAKER: Chas. H. Glass & Son — ADDRESS: 608 N. Eutaw

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

CHARLES JONES, M. D.

MAR 21 1932

AaCo. 5-31 250B

E 77955

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001 4-25

E 77955

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 Park Ave Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George C. Zreburger

(a) Residence: No. 406 Park ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Dorothy Zreburger

6. DATE OF BIRTH (month, day, year) Nov 17, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Carroll S Zreburger

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary C. Derring

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Dorothy Zreburger
(Address) 406 Park ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk. Date 3/22. 1932

19. UNDERTAKER Fred a Wannexam
(Address) 103 S. Hanover st

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/19, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/16, 1932 to 3/19, 1932 last saw h[illegible] alive on 3-19, 1932 death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
[illegible] Bronchopneumonia	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H K [illegible] M. D.

(Address) [illegible]

Spec.—9 30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77956 E 77956

CERTIFICATE OF DEATH.

53 REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 404 Poplar Grove (WARD) 20-70

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. J. Fitzsimons

(a) RESIDENCE NO. 404 Poplar Grove ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Florena Selby

6 DATE OF BIRTH (month, day, and year) 9-28-1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
60	61	5	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Saddler.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cincinatti Ohio

PARENTS

10 NAME OF FATHER James. Fitzsimons

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Jane Garvey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Mrs. Duenfurger 404 Poplar Grove

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 19/32

17 I HEREBY CERTIFY, That I attended deceased from March 14, 1932 to March 19, 1932

that I last saw him alive on March 19, 1932

and that death occurred, on the date stated above, at to

The CAUSE OF DEATH* was as follows:

carcinomatosis of abdominal organs (Primary lesion not determined).

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Ohio.

Did an operation precede death? Yes. Date of Oct 13.

Was there an autopsy? no

What test confirmed diagnosis? Exploratory laparotomy mch 1931.

(Signed) W. Mitchell M. D.

(Address) 290 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral. DATE OF BURIAL 3/22 1932

20 UNDERTAKER J. Fred McCully ADDRESS 130 E Fort

NAME PLAINLY, WITH INKING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 250B

E 77957 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77957

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. St. 22-30 W.)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Anna Hoernlein

(a) Residence: No. 694 Wash. Blvd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Hoernlein

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME August Emilopf.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ...

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 3/23, 1932

19. UNDERTAKER Mary A. Southcote
(Address) 2899 Raynor Ave.

20. FILED ..., 19 ... Registrar. R.H.L.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1932, to March 20, 1932

I last saw her alive on March 20 1932; death is said to have occurred on the date stated above, at 3:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Diabetes Mellitus	1926

Other contributory causes of importance:

1) Gradually Progressive Leg Coma	2/1/32 3/19/32

Name of operation None Date of ...

What test confirmed diagnosis? Clinical findings Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Gilbert R. Wilbourn, M. D.

(Address) Md. Gen. Hosp.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 77958 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 77958

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1934 Mt. Royal Terrace (Ward) 13-30

Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 3 mos. 16 ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Thomas William Kennedy

(a) Residence: No. 1934 Mt. Royal Terrace Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anne Page

6. DATE OF BIRTH (month, day, year): Dec. 4, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	71	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Auditor 005

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Merchants & Miners Transportation Co.

10. Date deceased last worked at this occupation (month and year): ---

11. Total time (years) spent in this occupation: ---

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: John Kennedy

14. BIRTHPLACE (city or town) (State or country): Greenwich England

MOTHER

15. MAIDEN NAME: Eliza S. Belbin

16. BIRTHPLACE (city or town) (State or country): ------ England

17. INFORMANT: Mrs. Anne P. Kennedy
(Address): 1934 Mt. Royal Terrace

18. BURIAL, CREMATION, OR REMOVAL
Place: Lorraine Cemetery Date: 3/22 19 32

19. UNDERTAKER: Henry U. Mears & Son
(Address): 802 N. Gilmor St.

20. FILED ____ 19____ ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 20 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 23 1931 to March 20 1932

I last saw h[illegible] alive on March 18 1932 Death is said to have occurred on the date stated above, at 6:40 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset (about)
Coronary Sclerosis, associated with Angina & final occlusion.	1927
Other contributory causes of importance:	
Renal arteriosclerosis & Acute cardiac nephritis	1921 / 1923

Name of operation ____ Date of ____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19 ____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Edw. C. Kemp M. D.

(Address) 1515 Park Ave.

1-20—M. & T.—100 B—501.

E 77959

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 77959

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital St. 11-27 (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kunigunda M. Wolf

(a) RESIDENCE NO 895 N. Howard ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred About 71 yrs. --- mos. -- ds. How long in U. S., if of foreign birth? --- yrs. --- mos. --- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of -------

6 DATE OF BIRTH (month, day, and year) May 17 -----

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	About 71	---	---	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Dressmaker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Michael Wolf

11 BIRTHPLACE OF FATHER (city or town) -----
(State or country) Germany

12 MAIDEN NAME OF MOTHER Eva Seifert

13 BIRTHPLACE OF MOTHER (city or town) -----
(State or country) Germany

14 Informant Miss Susanna Wolf
(Address) 895 N. Howard Street

15 Filed ..... 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

THE CAUSE OF DEATH* was as follows Cerebral Hemorrhage

(duration) ... yrs. ... mos 8 hrs. ...

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Cromwell M. D.
Coroner

3/20, 1932 (Address) 223 Patapsco St., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 3/22 19 32

20 UNDERTAKER Henry W. Meares and Son

ADDRESS 805 N. Calvert

MAR 21 1932 C. HAMPSON JONES, M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

L 77960

CERTIFICATE OF DEATH.

L 77960

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3008 Windsor Ave ST., 1561 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rachel J Raley

(a) RESIDENCE NO. 3008 Windsor Ave ST., Balto WARD Reisterstown Md
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND (of or) WIFE of Wm J Raley

6 DATE OF BIRTH (month, day, and year) Aug 28 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	7	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) House wife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll Co Md

PARENTS

10 NAME OF FATHER John H Gore

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carroll Co Md

12 MAIDEN NAME OF MOTHER Ruth J Gore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carroll Co

14 Informant Mrs Ruth J. Rapp

(Address) 3008 Windsor Ave Balto Md

15 Filed ..... 19 .....

R. C. H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21st 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1931, to March 21, 1932, that I last saw her alive on March 19th, 1932, and that death occurred, on the date stated above, at 7-15 a m.

The CAUSE OF DEATH* was as follows:

Hypostatic Congestion of Lungs

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Cardio. Vascular Disease

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harry M. Slade, M. D.

March 21/19 32 (Address) Reisterstown Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL All-Saints Cem — DATE OF BURIAL March 23 1932

20 UNDERTAKER W. F. Cline & Sons — ADDRESS Reisterstown

MAR 21 1932 FUNERAL JAMES W. [illegible]

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

E 77961

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

E 77961

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 253 S Spring St. 3-4 Ward)

2-FULL NAME Elizabeth Lancy

(a) RESIDENCE NO. 253 S. Spring St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
94	94			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant
(Address)

15 Filed . 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 10 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? History

(Signed) L. T. Kerr M. D.

3/17, 1932 (Address) 1805 E Fallsway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL MAR 21 1932 19

20 UNDERTAKER

ADDRESS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

93

Commissioner Health

6755

Cor.—10-10-29—A Co.—100 Bka.

E 77962

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77962

CERTIFICATE OF DEATH

107-001

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) 219 Pearl St. H-25 Ward

2-FULL NAME Ernest Woodson

(a) RESIDENCE NO. 219 Pearl St., Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Negro	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1930

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	2 yrs			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) _____
(State or country) Baltimore

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) _____
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country)

14 Informant _____
(Address)

15 Filed _____, 19____ _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/7 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said _____ (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Primary Broncho-pneumonia

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Eugene Zeller, M. D.

3/21, 1932 (Address) 739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
20 UNDERTAKER	ADDRESS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 21 1932

THE JOHNS HOPKINS UNIVERSITY OF MARYLAND

MAR 21 1932

THE MORGAN LIBRARY

M. D. B. 1268-9

E 77963 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77963

CERTIFICATE OF DEATH

93-0

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 22-30 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gus Warner

(a) Residence: No. Friendly Inn St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 2, 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) ?
(State or country) Germany

FATHER

13. NAME Drongood(?)

14. BIRTHPLACE (city or town) ?
(State or country) Germany

MOTHER

15. MAIDEN NAME Ungness / German (?)

16. BIRTHPLACE (city or town) ?
(State or country) Germany

17. INFORMANT Records of
(Address) Balto. City Hos.

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 19

19. UNDERTAKER
(Address)

20. FILED , 19 Registrar.

R.P.N

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1931 to March 19, 1932

I last saw him alive on March 19, 1932 Death is said to have occurred on the date stated above, at 2:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic	Unknown
Arteriosclerosis	"
Auricular fibrillation	"
Other contributory causes of importance:	
Cerebral embolism with resulting hemiplegia	12-14-31

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) Conrad Acton, M. D.

(Address) Balto. City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

105

MAR 21 1932
UNIVERSITY OF MARYLAND

Spec.—9-30—A. & Co.—250 Bks.

77964

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77964

CERTIFICATE OF DEATH.

93-004

REGISTERED No. 27755

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5404 (St.) Park Heights Av (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME August Esing

(a) RESIDENCE No. 5404 Park Heights Av St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. 2 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lydia Esing

6 DATE OF BIRTH (month, day, and year) Dec. 28-1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Wm. H. Esing

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Regina Rodus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Albert A. Esing

(Address) 402 Evanwood Rd

15 Filed MAR 21 1932, 19 ... A P H Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21/32

17

I HEREBY CERTIFY, That I attended deceased from March 19th, 19 32, to March 20th, 19 32

that I last saw h... alive on March 20th, 19 32

and that death occurred, on the date stated above, at 8:20 P. m.

The CAUSE OF DEATH* was as follows:

Art. Sclerosis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocardial Failure

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Clinical

(Signed) James A. Miller M. D.

(Address) Pikesville, Md.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem. DATE OF BURIAL Mar. 22 19 32

20 UNDERTAKER Harry W. Ehlen ADDRESS 458 N. Northern

A—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

A&Co. 5-31 250B

E 77965

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77965

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tbc.) 23

Registered No. 18 74

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Guy Queen

(a) Residence: No. 827 Rock st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 2, 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
42	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation 040

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Gabe Queen

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Ida Davis

16. BIRTHPLACE (city or town) Virginia
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19

19. UNDERTAKER
(Address)

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1932 to March 18, 1932

I last saw him alive on March 18, 1932 death is said to have occurred on the date stated above, at 10.20 m. a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unknow
Other contributory causes of importance	

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Lawrence A. Scott, M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNIVERSITY OF MARYLAND
MAR 21 1932

1-30—M. & T.—100 B—50L

77966

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77966

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp ST. 14-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jas Leary Jr

(a) RESIDENCE No. Lobard Ga. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Col 5 Single, Married, Widowed, or Divorced (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
54	53			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 040
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ky

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Provident Hosp Balto

14 Informant Provident Hosp Balto

(Address)

15 Filed ..... 192 ..... Registrar

675f

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Mar 14 19 32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Lynn

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) [illegible], M. D. Coroner

(Address) Mar 14 1932

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Embalmed and shipped to Baltimore, Md. DATE OF BURIAL Mar. 22 1932

20 UNDERTAKER Henry N. Walker ADDRESS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 77967 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77967

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Jenkins Memorial Hospital Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1000 Eaton Avenue St. ..... Ward) 16-6

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Margaret Cooney

(a) Residence: No. 1002 Ashburton St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Wm. F. Cooney

6. DATE OF BIRTH (month, day, year) February

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85 yrs. ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick Hendricks

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Nora Rooke

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Jenkins Memorial Hosp.
(Address) 1000 Eaton Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cheltenham Date 3-7-3 1937

19. UNDERTAKER J. A. Mills & Sons
(Address) 3[illegible] Eutaw St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-2-37, 19..., to March 22, 1937

I last saw her alive on March 22, 1937 death is said to have occurred on the date stated above, at 2.10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration & failure	
Generalized arteriosclerosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Geo. C. Jenkins M. D.

(Address) Jenkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 77968

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-002

E 77968

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE: No. W. Balto Hospl ST. 16-22 WARD

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leo Coales

(a) RESIDENCE NO. 608 N. Appleton ST. _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Coale

6 DATE OF BIRTH (month, day, and year) Feb 19-1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) La

(c) Name of employer Balto

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Wm Coales

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Matilda Southern

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs Hunter

(Address) 708 Hamilton Ave

15 Filed _____, 192 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said _____ (Inquest, autopsy or inquiry.) find that said deceased came to _____ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) _____ yrs. _____ mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) _____ M. D. Coroner

(Address) Orange

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 3/22/32

20 UNDERTAKER John Heffman

ADDRESS 3800 E. Balto St.

G. HADDON JAMESON, M. D.

MAR 21 1932

1-30—M. & T.—100 B—50L

E 77969

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77969

CERTIFICATE OF DEATH

210

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital ST. 16-27 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosilia B. Wendel

(a) RESIDENCE NO. 645 N. Fulton Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry L. Wendel

6 DATE OF BIRTH (month, day, and year) March 4, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	-	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Jack Dyke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Catherine Pines

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mrs. W. B. Sherry

(Address) 645 N. Fulton Ave.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Compound depressed fracture of skull (frontal) probable fracture of base with subdural hemorrhage (duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Compound fracture right Tibia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Street accident

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Inquiry

(Signed) Joseph Sakarny M.D. Coroner

3/19, 1932 (Address) 2200 E. Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Mar. 22 1932

20 UNDERTAKER Joseph B Cook

ADDRESS 1003 West Baltimore St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WARNING—RESERVED FOR BINDING

1-30—M & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77970

CERTIFICATE OF DEATH

167

E 77970

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1011 De Soto Road (St.) 25-72 (Ward)

2-FULL NAME Louis A. Plate

(a) RESIDENCE NO. 1011 De Soto Road ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 10th 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	48	9	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Cement Worker
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: William Plate

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Catherine McLaurick

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: William Plate
(Address): 1013 De Soto Road

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.), thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide - 22 Caliber rifle wound of head.

(duration) immediate yrs. mos. ds.

CONTRIBUTORY (Secondary) —
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Guy N. Thomsen M. D.
Coroner

3/21 1932 (Address) 203 Patapsco Ave, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cem

DATE OF BURIAL: 3/22 1932

20 UNDERTAKER: Harry H Miller

ADDRESS: 1401 Edmonson

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

1-30—M. & T.—100 B—50L

E 77971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 77971

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

WARNING—RESERVED FOR BINDING

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Ridgely & West Sts. St. 15-57 (Ward) 25

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Rudolph.

(a) RESIDENCE NO. 4102 Reisterstown Rd. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. 0 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) February 29, 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	48	0	20 21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer. 40
(b) General nature of industry, business, or establishment in which employed (or employer) Glass Manufacturing
(c) Name of employer Swindell Bros.

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Henry Rudolph.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Elizabeth Foreman.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Elizabeth League. (sister)

(Address) 4102 Reisterstown Rd.

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 20, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Leinhardt, M. D. Coroner

3/21/32, 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Schmatz Cemetery

DATE OF BURIAL March 22 1932

20 UNDERTAKER William Cook

ADDRESS 1217 St Paul St

MAR 21 1932 H. HAMPSON JONES, M. D.

A&Co. 5-31 250R

Dr Deibel 1224 Hanover St South 0100 9+11 am

E 77972 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77972

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

Registered No. 25-15

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3603 Ninth St. 2 Ward)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin F. Harrison

(a) Residence: No. 3603 Ninth St., Brooklyn Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Pauline A. Harrison

6. DATE OF BIRTH (month, day, year) Dec 14th 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Corporal

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Marines

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Edward T. Harrison

14. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER

15. MAIDEN NAME Mary E. Cronin

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Pauline A. Harrison

(Address) 3603 Ninth St

18. BURIAL, CREMATION, OR REMOVAL

Interment National Cemetery Date 3/24/1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 21st, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 22nd, 1931, to March 21, 1932

I last saw him alive on March 21, 1932 death is said to have occurred on the date stated above, at 4.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	May 22nd, 1931
Other contributory causes of importance:	
Broncho-pneumonia	5 days

Name of operation - - - - Date of - -

What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify - - -

(Signed) Tony Deibel, M. D.

3/21/32 (Address) 1224-1226 Hanover St.

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 77973 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77973

CERTIFICATE OF DEATH

154

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St. 21-S Ward

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Wilhelm

(a) Residence: No. 5021 Reisterstown Rd St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 20, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, 13 hrs. or 10 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Walter D. Wilhelm

14. BIRTHPLACE (city or town) Upperco (State or country) Md

MOTHER

15. MAIDEN NAME Helen Forry

16. BIRTHPLACE (city or town) York (State or country) Pa

17. INFORMANT Walter D. Wilhelm
(Address) 5021 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Hanover Pa. Date 3/22, 1932

19. UNDERTAKER Wm Coons
(Address) 1211 St Paul St

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 20, 1932, to Mar. 20, 1932

I last saw him alive on Mar. 20, 1932 death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
other contributory causes of importance: Low implantation of placenta	

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Maurice Jones Obstetrician, M. D.

(Address) Univ. Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

77974

CERTIFICATE OF DEATH

82-08 E 77974

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1107-N. Wilton Ave. St., 8-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas H. Trainor

(a) Residence: No. 1107-N. Wilton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Matilda M. (Kreuzer)

6. DATE OF BIRTH (month, day, year) 6/19/1867

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
64	9	-	XXXXXX

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas H. Trainor

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anna McCadden

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Matilda Trainor
(Address) 1107-N. Wilton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 3/17/32 19

19. UNDERTAKER Geo. J. Roth Jr. & Son
(Address)

20. FILED . 19 A.C.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1923 to March 19- 32

I last saw h/m alive on March 18- 32 Death is said to have occurred on the date stated above, at 12:2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia right side	Nov. 1923
Other contributory causes of importance: anna	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Edwin B. Fenby M. D.

(Address) 1223 N. Carolina St.

M. D. B. 1268-9

E 77975

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77975

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 722 N Streeper St., 7-11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.

2. FULL NAME Margaret Doering

(a) Residence: No. 722 N Streeper St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 5. 1860

7. AGE: Years 71 | Months 8 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Fred. J. Doering

(Address) 3700 Edgewood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem., Date 3/22/32, 19

19. UNDERTAKER J. Roth Fox

(Address) 1128 Pennsylvania Ave

20. FILED ....., 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19. 32

22. I HEREBY CERTIFY, That I attended deceased from March 17. 1932. to March 19. 1932

I last saw him alive on March 19 1932. Death is said to have occurred on the date stated above, at 9:30 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	March 17.

Other contributory causes of importance:

Cardiac Paralysis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) William J. Rosner M. D.

(Address) 80, N. Kenwood

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77976

CERTIFICATE OF DEATH

E 77976

93-0

10-14

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., Ward)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Graham

(a) Residence: No. 1218 N. Spring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Martha Graham

6. DATE OF BIRTH (month, day, year) Dec 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S.C.

FATHER

13. NAME Unknown Graham

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Adeline Richard

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Mrs. Martha Graham

(Address) 1218 N. Spring St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 3/22 . 1932

19. UNDERTAKER Rayner Lander

(Address) 1433 Preston St

20. FILED . . . . 19 . . .

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 18/32 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on inquiry . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Probably Myocardial Insufficiency

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Paten M. D.
Coroner

(Address) 508 E Monument

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 21 1932 C. [illegible]

M. D. B. 1268-9

E 77977 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48 E 77977

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1605 Edmondson Ave. Ward 46)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Irene Sullivan

(a) Residence: No. 1605 Ed. Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Sullivan

6. DATE OF BIRTH (month, day, year) 3/24/1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42 43	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME William V. Dalton

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Laura Smith

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Florence Steele

(Address) 1473 Longwood

18. BURIAL, CREMATION, OR REMOVAL

Place Fredericksburg Va Date 3-22 1932

19. UNDERTAKER Jas M. Skinner & Son

(Address) 1625 E. Fayette St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19th 1932

22. I HEREBY CERTIFY, That I attended deceased from June 7th 31 to March 19 32

I last saw her alive on March 19th 32 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pneumonia

Heart failure

Other contributory causes of importance:

Nephritis Chronic

Contracted from the

Son of and

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) A. Lee MD M. D.

(Address) Fayette

M. D. B. 1268-9

E. 77978

E 77978 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77978

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Baltimore City Hospitals 22-6 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. (Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence Trimble

(a) Residence: No. 27 E. York St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John Trimble

6. DATE OF BIRTH (month, day, year): July 31, ?

7. AGE: Years: 60 ? | Months: 7 | Days: 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): ? West Indies

FATHER

13. NAME: William Fletcher

14. BIRTHPLACE (city or town) (State or country): ? England

MOTHER

15. MAIDEN NAME: Grace Crowe

16. BIRTHPLACE (city or town) (State or country): ? England

17. INFORMANT (Address): Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL: Parkwood Cemetery Date 3/24/ 32

19. UNDERTAKER (Address): Mrs Cook 1217 St Paul St

20. FILED ..., 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 21, 32

22. I HEREBY CERTIFY, That I attended deceased from April 11, 31 to March 21, 32

I last saw her alive on March 21, 32 Death is said to have occurred on the date stated above, at 2:20 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic	Unknown
Arteriosclerosis with hypertension	"

Other contributory causes of importance:

Cerebral hemorrhage with resulting hemiplegia, right side	Jan. 1931

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Conrad Acton, M. D.

(Address) Balto. City Hosp.

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250R

St. Thomas 1228 N. Caroline St Dr. 1812

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77979

CERTIFICATE OF DEATH

#6 E 77979

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 222 N. Post St. 6-10 Ward)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John F. Arniger

(a) Residence: No. 222 N. Post St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Bessie Arniger

6. DATE OF BIRTH (month, day, year) Sept 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sally 016

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph Arniger

14. BIRTHPLACE (city or town) (State or country) Un Known

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Un Known

17. INFORMANT Bessie Arniger
(Address) 222 N. Post St

18. BURIAL, CREMATION, OR REMOVAL Cedar Hill Cemetery Date 3/23/1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 20th 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1932 to Mar 19, 1932

I last saw h~~im~~ alive on Mar 19, 1932 death is said to have occurred on the date stated above, at 3 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach ?	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Hyd ~~Was there an autopsy?~~

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ~~No~~ If so, specify .....

(Signed) J Wade Kerr, M. D.

(Address) 1228 Caroline

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Bks.

E 77980 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77980

CERTIFICATE OF DEATH

131

1 PLACE OF DEATH

CITY OF BALTIMORE (No 1617 N Durham St 8-17 WARD)

REGISTERED No

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Elmer E. Coleman

(a) RESIDENCE No 1617 N. Durham ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Ada Cromwell Coleman

6 DATE OF BIRTH (month, day, and year) ? ? 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Produce Trader

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER James. Coleman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Elizabeth Sheets

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mary Newrath (Address) 2138 E Oliver St. Niece)

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 20-32

17 I HEREBY CERTIFY, That I attended deceased from March 16, 1932, to March 20, 1932

that I last saw h alive on March 19, 1932

and that death occurred, on the date stated above, at 9 45 A M

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

Arteriosclerosis

Uraemia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Chr Interstitial Nephritis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy? No

What test confirmed diagnosis? Uraemia & Sphygmo.

(Signed) Thos. F. Stevens M. D.

3/20, 1932 (Address) 2878 Hartford.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery

DATE OF BURIAL 3/22/1932

20 UNDERTAKER Wm Cook ADDRESS 1217 St Paul St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

M. D. B. 1268-9

E 77981 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 77981

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret L. Miller

(a) Residence: No. 1721 N. Carolina St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, ~~divorced~~ ~~HUSBAND~~ (or) WIFE of Harry Miller

6. DATE OF BIRTH (month, day, year) May 3rd 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jorge Silberzahn

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Augusta Fisher

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Augusta MacKenzie
(Address) 1721 N. Carolina St

18. BURIAL, CREMATION, OR REMOVAL Balto. Cemetery Date 3/22, 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 19th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Inquiry 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock- Burns over 2/3 of body	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 3/19/32 19

Where did injury occur? at home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury clothes caught from gas heater

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Fallon Coroner, M. D.

(Address) 508 S. Front St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

Dr John Hook 936 E. Monument St No 3792

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77982

CERTIFICATE OF DEATH

82-001

Registered No. E 77982

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 Eusor St. 5-8 Ward)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth B. Priest

(a) Residence: No. 510 Eusor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 5th 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila Pa

FATHER

13. NAME William Priest
14. BIRTHPLACE (city or town) (State or country) Phila Pa

MOTHER

15. MAIDEN NAME Latchia Cameron
16. BIRTHPLACE (city or town) (State or country) North East Md

17. INFORMANT Jeanette R. Ball
(Address) 510 Eusor St

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery 3/23/1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1932, to March 20, 1932

I last saw h[illegible] alive on March 19, 1932 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 3/9/1932

Other contributory causes of importance:

Cerebral Sclerosis — 5 yrs ago

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John D Teich M. D.
(Address) 936 E. Monument St

AACo. 5-31 250B

Dr Krumrine 722 Kenwood Ave

E 77983 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 E 77983

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bowleys Lane (St.) Brehms Lane (Ward) 41

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas G. Cornelius

(a) Residence: No. Bowleys & Brehms Lane Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of): Charlotte Cornelius

6. DATE OF BIRTH (month, day, year): Dec 26th 872

7. AGE: Years: 59 | Months: 2 | Days: 25 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Veterinarian
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: George Cornelius
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Charlotte Cornelius
(Address) Bowleys Lane & Brehms Lane

18. BURIAL, CREMATION, OR REMOVAL
Place: Ford Cemetery Date: 3/24/1932

19. UNDERTAKER: Wm Cook
(Address) 127 St Paul St

20. FILED ....., 19 3/24/32 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1932 to March 21, 1932
I last saw h— alive on March 21, 1932 death is said to have occurred on the date stated above, at 2:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia —	March 17
Chr. Nephritis —	
Cardio-Vascular-Renal } 2 yrs —	
Other contributory causes of importance:	
Enl. Prostate —	1 yr.
Chr. Arthritis —	

Name of operation — Date of —
What test confirmed diagnosis? Urinalysis-Blood-Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis H. Krumrine, M. D.
(Address) 722 N. Kenwood Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 2-29-28 L. F. S.—500 Blks.

E 77984

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 77984

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1228 Mosher ST. 16-23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William J. Green

(a) RESIDENCE NO. 1228 Mosher ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

a If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (or) ~~WIFE of~~: Kate Green

6 DATE OF BIRTH (month, day, and year): Apr. 11. 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
71	70	11	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Mail Carrier

(b) General nature of industry, business, or establishment in which employed (or employer): Retired 086

(c) Name of employer: Mail Carrier

9 BIRTHPLACE (city or town) (State or country): Balto. Co.

PARENTS

10 NAME OF FATHER: Geo. M. Green

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Sarah Cuddy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto.

14 Informant: Mrs. Ethel Kone

(Address) 42 N. Janney St.

15 Filed ____ 19 ____ Registrar

MAR 22 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 20. 1932

17 I HEREBY CERTIFY, That I attended deceased from May 16, 1931, to March 20, 1932

that I last saw him alive on March 20, 1932

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Chr. Myocarditis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Diagnosis

(Signed) Paul Brown M. D.

3/20. 1932 (Address) 1663 W North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: 3/23 1932

20 UNDERTAKER: Wm Cook

ADDRESS 1217 St Paul

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 77985

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 77985

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. ____

CITY OF BALTIMORE: (No. ____ St., 6-23 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME John Merson

(a) Residence: No. 835 S. Fulton Ave. St., ____ Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 29, 1859

7. AGE Years	Months	Days	If LESS than 1 day.....hrs. or min.
72	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Merson

14. BIRTHPLACE (city or town) (State or country) ? Md.

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Pk. Date 3/23/32

19. UNDERTAKER Harry N. Zeitz (Address) 4101 Edmondson Ave

20. FILED ____ 19____ ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1930 to March 20, 1932

I last saw him alive on March 20, 1932 Death is said to have occurred on the date stated above, at 8:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-15-32
Other contributory causes of importance:	
Arteriosclerosis	Unknown

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____ 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____

(Signed) Julius E. Wade, M. D.

(Address) Balto. City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A4Co. 5-31 250B

E 77986 HEALTH DEPARTMENT—CITY OF BALTIMORE

95-002 E 77986

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2518 Keyworth Ave St. 15-3 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos ds. How long in U.S. If of foreign birth? 32 yrs. mos ds.

2. FULL NAME Myman L. Finesinger

(a) Residence: No. 2518 Keyworth Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Finesinger

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cantor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Synagogue
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME David Finesinger
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rose -
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Finesinger (Son)
(Address) 2518 Keyworth Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Cemetery Date 3-22- 1932

19. UNDERTAKER Pace Heirs, Inc.
(Address) 1739 E. Balt. St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-21- 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 30, to March 21, 1932

I last saw h alive on March 21 1932 death is said to have occurred on the date stated above, at 2:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Disease (arteriosclerosis) with Hypertension.	1929
Other contributory causes of importance Cerebral Apoplexy.	3/1932

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Louis Krause, M. D.

(Address) Med. Arts Bldg.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 77987 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 77987

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St., 10-14 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U.S. if of foreign birth? yrs. mos. da.

2. FULL NAME Ellen Russell

(a) Residence: No. Preston & Valley St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) —

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co.

FATHER

13. NAME James Russell

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mary Regan

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Little Sisters of the Poor
(Address) Preston & Valley St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Mar 23 1932

19. UNDERTAKER Rita Mudefeld
(Address) 914 Greenmount Ave

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21st 1932

22. I HEREBY CERTIFY, That I attended deceased from March 11 1932 to March 21 1932

I last saw her alive on March 21 1932 death is said to have occurred on the date stated above, at 11.2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leonard Hill Carlson, M. D.

(Address) 114 Hampton Ter

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 250B

E 77988 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77988

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Landonie Jestrey

(a) Residence: No. Preston & Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Jas. Jestrey

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mary Shemashky

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Little Sisters of the Poor
(Address) Preston & Valley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Mar 22 19 32

19. UNDERTAKER Rita Wiedefeld
(Address) 914 Greenmount Ave

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20th 1932

22. I HEREBY CERTIFY, That I attended deceased from March 15 1932 to March 20 1932

I last saw him alive on March 20 1932 death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	
Other contributory causes of importance:	

Name of operation Thyroid Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward Corbin, M. D.

(Address) 111 Mt Vernon pl

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A4Co. 5-31 2503

HEALTH DEPARTMENT CITY OF BALTIMORE

E 77989

CERTIFICATE OF DEATH

Registered No. E 77989

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 854 E Pratt St Ward) 3-5

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Maria Vivenzio (Vincenti)

(a) Residence: No. 854 E Pratt St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ferdinando Vivenzio

6. DATE OF BIRTH (month, day, year) May 15, 1875

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
57	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Frank Varone

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Sferonca

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Vincent Vivenzio

(Address) 854 E. Pratt

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date March 23 1932

19. UNDERTAKER Frank V. Pipitone

(Address) 2818 E. Pratt

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1932 to March 20, 1932

I last saw her alive on March, 1932 Death is said to have occurred on the date stated above, at 4 P. m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	March 8-32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. L. Valentine M. D. M. D.

(Address) 14 So Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

B 77990

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77990

CERTIFICATE OF DEATH

1 Gt-001

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis Passano

(a) Residence: No. Princeton N. J. St. ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Lillie M. Passano

6. DATE OF BIRTH (month, day, year) (Abroad) October-1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61 62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Finance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Real Estate - Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md —

FATHER

13. NAME: Louis Passano

14. BIRTHPLACE (city or town) (State or country): Md —

MOTHER

15. MAIDEN NAME: Alice Guagnini

16. BIRTHPLACE (city or town) (State or country): Md -

17. INFORMANT (Address): Friends —

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cemetery Date Mar 22 32

19. UNDERTAKER: Stewart & Mowen Company

(Address) 108-20 North Eutaw

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar - 20, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Mar 13 1932 to Mar - 20, 1932

I last saw him alive on Mar. 20 1932 Death is said to have occurred on the date stated above, at 5-55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
? Angina pectoris	14 yrs
Acute cardiac decompensation	Mar 20

Other contributory causes of importance:

Pleural effusion (? Carcinoma)

Name of operation Thoracentesis Date of 3/20/32

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Murdock Mayer M. D.

(Address) Johns Hopkins Hospital.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

77991

E 77991

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 206 S. Payson St. 20-69 Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME August Dorr

(a) RESIDENCE NO. 206 S. Payson St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth 2 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Minnie Dorr

6 DATE OF BIRTH (month, day, and year): May 5 1862

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
70	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer): Tailoring

(c) Name of employer: Schoeman Co.

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: August Dorr

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Madelin Gessner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Minnie Dorr wife
(Address): 206 S. Payson St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 21 1932

17

I HEREBY CERTIFY, That I attended deceased from Aug 10, 1931, to March 21, 1932

that I last saw h[illegible] alive on March 20, 1932

and that death occurred, on the date stated above, at 3.20 A m.

The CAUSE OF DEATH* was as follows:

Coronal Hemmorhage

33 hours.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterial Hypertension

Independ (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Walter H. White Jr. M. D.

3 [illegible] 1932 (Address) 2800 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: 3/23/32

20 UNDERTAKER: Stewart & Co. — ADDRESS: Baltimore

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

16

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

I-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77992

CERTIFICATE OF DEATH

82 E 77992

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 211 S. Parish ST. 19-28 WARD)

2-FULL NAME Georgianna Smallwood

(a) RESIDENCE NO 211 S. Parish ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ? ? 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) Pvt
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) West River Maryland

PARENTS

10 NAME OF FATHER George Smallwood

11 BIRTHPLACE OF FATHER (city or town) (State or country) West River Maryland

12 MAIDEN NAME OF MOTHER Johannah Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) West River Maryland

14 Informant Joseph Hegeman

(Address) 211 S. Parish St.

15

Filed . 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21st 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

suddenly

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Guy N. Cromwell M. D.
Coroner

3/22 1932 (Address) 223 Patapsco, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL March 24th 1932

20 UNDERTAKER A. Jones

ADDRESS 111 S. Calvert

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77993

CERTIFICATE OF DEATH

E 77993

107-006

1. PLACE OF DEATH Enroute

CITY OF BALTIMORE: (No. Hopkins Hospital St., 19-28 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Irene Horvath

(a) Residence: No. 1839 Ramsey St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 2/1920

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Frank Horvath

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Elizabeth Varga

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Frank Horvath
(Address) 1839 Ramsey St

18. BURIAL, CREMATION, OR REMOVAL
Place Holem Co. Date March 23rd 1932

19. UNDERTAKER C. Jones
(Address) 111 E. Gilmor st

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 20/32 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on inquiry 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of

	Date of onset
Rheumatic Endocarditis	4 weeks
Other contributory causes of importance: Bronchopneumonia	6 weeks

Name of operation Date of

What test confirmed diagnosis History Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D.
Coroner

(Address) 508 E mnt

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

Spec.—1-10-21—M&T—1500 Blks.

E 77994 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77994

CERTIFICATE OF DEATH.

11-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 312 Hoffman St. 11-24 (St., Ward) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosa Bell Morris

(a) RESIDENCE No. 312 Hoffman St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Married.

5a If married, widowed, or divorced (or) WIFE of Charles Morris.

6 DATE OF BIRTH (month, day, and year) 1893 March 31 93

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
39.	36	11	20	
		March	31	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) King William County Va.

PARENTS

10 NAME OF FATHER Nat Meredith

11 BIRTHPLACE OF FATHER (city or town) (State or country) King William Co Va

12 MAIDEN NAME OF MOTHER Mary Braxton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Essex Co Va

14 Informant Mary Broxton (Address) 312 Hoffman St.

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 20th 1932

17 I HEREBY CERTIFY, That I attended deceased from March 18, 1932, to March 20th, 1932, that I last saw h[illegible] alive on March 19th, 1932, and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia.

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Grippe.

(duration) yrs. mos. 28 ds.

18 Where was disease contracted if not at place of death? 312 Hoffman St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

, 19 (Address) 5912 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 3/23/1932

20 UNDERTAKER Mrs. Geo. H. Holland — ADDRESS 1631 Druid Hill Ave

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AaCo. 5-11 250B

E 77995 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77995

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1402 Argyle Ave St. [illegible] Ward)

Length of residence in city or town where death occurred yrs Life mos ds. How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Mary Ellen Brown

(a) Residence: No. 1402 Argyle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widow

5a. If married, widowed, or divorced (or) WIFE of Wm Brown

6. DATE OF BIRTH (month, day, year) Abt 24 yrs unknown

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
appox 88			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Wilson.

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Charlotte Young

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mary L. Campbell
(Address) 2441 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL
Place National Date 3/22/32

19. UNDERTAKER Mrs. George F. Kollas
(Address) 1031 Druid Hill Ave

20. FILED MAR 22 1932, 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19 1932

22. I HEREBY CERTIFY, That I attended, deceased from Feb 1, 1932 to March 19, 1932
I last saw h[illegible] alive on March 18 1932 death is said to have occurred on the date stated above, at 9 12 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypo Static Pneumonia	March 18 1932

Other contributory causes of importance:

Myocarditis Hypertension & Facial Paralysis, date of onset Feb 1932 also Nephritis

Name of operation Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. J. Young M. D.
(Address) 424 E. Monument St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77996 E 77996

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 1-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 8 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hattie Saunders

(a) Residence: No. Elkridge - Md — St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin Saunders

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) La -

FATHER

13. NAME Samuel Hill

14. BIRTHPLACE (city or town) (State or country) Md -

MOTHER

15. MAIDEN NAME Susan Ryan

16. BIRTHPLACE (city or town) (State or country) La -

17. INFORMANT Friends
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date 3/23/32 19

19. UNDERTAKER Mrs. Geo. H. Holland
(Address) 163 Druid Hill Ave.

20. FILED MAR 22 1932 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1932 to Mar. 20, 1932

I last saw her alive on Mar. 20, 1932 Death is said to have occurred on the date stated above, at 11:45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Unknown
Subarachnoid Hemorrhage	Feb 11 1932

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) ... M. D.

(Address) ...

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77997 91-001 E 77997

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1104 Riverside Ave (Hospital) WARD) 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Harold Natsas

(a) RESIDENCE NO. 1104 Riverside Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred about 35 yrs. mos. ds. How long in U. S., if foreign birth? 35 yrs. mos. ds.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb. 17-1881

7 AGE: Years 51 | Months 1 | Days 4 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Rigger

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Bethlehem Shipbuilding Co

9 BIRTHPLACE (city or town) (State or country): Norway

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Margaret Hykans

(Address) 1104 Riverside Ave

15 Filed 19 W. H. S. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 21-1932

17

I HEREBY CERTIFY, That I attended deceased from Dec 23, 1931, to March 4, 1932, that I last saw him alive on March 21, 1932, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. 2 mos. ds.

Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) E. Wheeler, M. D.

3/22, 1932 (Address) 1279 Fillmore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Balto. Cemetery — DATE OF BURIAL: March 24th 1932

20 UNDERTAKER: Margaret & Hyman — ADDRESS: 1111 Wright St.

MAR 22 1932

AaCo. 5-31 250B

E 77998 HEALTH DEPARTMENT—CITY OF BALTIMORE E 77998

CERTIFICATE OF DEATH

124-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 S. Strieker St., 14-28 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gertrude E Earle

(a) Residence: No. 102 S. Strieker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wilmer M Earle

6. DATE OF BIRTH (month, day, year) Aug 7/87

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
50	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Jno G Cumberland

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Gertrude E Unger

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Wilmer M. Earle
(Address) 102 S. Strieker St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Mar 22 1937

19. UNDERTAKER 7 Vernon Kechner
(Address) 1532 Hollins

20. FILED ..... 19.... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 16 1936 to Mar 20 1937

I last saw her alive on March 19 1937 death is said to have occurred on the date stated above, at 12 02 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver (Primary) (Non operative)	3yrs
Other contributory causes of importance: Chronic Nephritis	1 yr

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19....
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) Wm J Tolson M. D.
(Address) 6 E Mt Vernon Pl

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 77999

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77999

CERTIFICATE OF DEATH

1084

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 853W. Fairmount Ave (St.) (Ward) 26-26

2-FULL NAME Hester Barnes

(a) RESIDENCE No. 853 W. Fairmount Ave ST.) WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alex. Barnes

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) md
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Sam Lee
(Address) 655 Pierce St

15 Filed ..... 192 .....
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/20 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Eugene Zeller, M. D.
Coroner

3/21, 1932 (Address) 639 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL 3-22 1932

20 UNDERTAKER David Easton

ADDRESS 916 69 9th

MAR 22 1932 C. HARRISON JONES, M.D.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 78000

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78000

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 208 N McCulloh ST. 11-24 (WARD)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Hannah Marie Bolden Nee London

(a) RESIDENCE No. 208 N McCulloh ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Earl H. Bolden

6 DATE OF BIRTH (month, day, and year) Jan 8 1915

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	2	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Estelle London

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Earl H. Bolden

(Address) 208 N McCulloh

15

Filed _____ 192 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) March 19 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said _____ (Inquest, autopsy or inquiry.) find that said deceased came to _____ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. _____ mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. _____ mos. 23 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) H. C. Klunk, M. D. Coroner

(Address) March 19 1932

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pleasant Rest Md.	3-21 1932
20 UNDERTAKER Daniel Easton	ADDRESS 916 Pa ave

IN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1-80—M. & T.—100 B—50L

E 78001 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78001

CERTIFICATE OF DEATH

REGISTERED NO. 117-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp ST. 17-24 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lovell Fisher.

(a) RESIDENCE No. 310 Penna Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Fisher

6 DATE OF BIRTH (month, day, and year) Jan 17-1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	8	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Longshoreman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Mary Fisher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Lillian Lumpkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mary Fisher

(Address) 310 Penna Ave

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 20 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ruptured Gastric Ulcer.

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) H. Leslie Pollitt, M. D. Coroner

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery

DATE OF BURIAL 3-22 1932

20 UNDERTAKER David Easton

ADDRESS 716 Dolphin

TION is very important. See instructions on back of certificate.

in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78002 E 78002

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 928 N. Patterson Park Ave St., 7-12 Ward)

Length of residence in city or town where death occurred 8 Months yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Peter J. McGrath

(a) Residence: No. 928 N. Patterson Park Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 23, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oil Station Attendent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Michael McGrath

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Kigher

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Michael J. McGrath
(Address) 928 N. Patterson Park Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem Date Mar 23" 19 32

19. UNDERTAKER Chas F. Evans & Son
(Address) 1118 W. Baltimore St

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20 19 32

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/20/32
Fractured Skull	"

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury Mar 20/32

Where did injury occur? 900 block Patt. Pk Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place on street

Manner of injury Knocked to sidewalk by man

Nature of injury Frac to rt of occiput

21. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) J. K. Vallen Coroner, M. D.

(Address) 508 E. Fayette

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AsCo. 5-31 250B

E 78003

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78003

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs 10 mos ds How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME Mary Primrose

(a) Residence: No. White Marsh St., Ward. Maryland
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robt H Primrose

6. DATE OF BIRTH (month, day, year) Aug 25/1865

7. AGE: Years 66 | Months 6 | Days 26 | If LESS than 1 day hrs or min

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME James H Kimball

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Priscilla Williams

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT University Hospital
(Address) Lombard, Greene Sts.

18. BURIAL, CREMATION, OR REMOVAL
Place Cem Lafel Date 3/24 19 32

19. UNDERTAKER J Wilkinson & Son
(Address) 1401 Belair Rd.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 11, 1932 to Mar 21, 1932

I last saw her alive on Mar. 21, 1932 death is said to have occurred on the date stated above, at 11:40 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Cervix of the Uterus	3 years ago
Chronic Nephritis	
Peritonitis	4 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph F. Arenga M. D.

(Address) University Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 250B

Esther Le Roy

E 78004 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78004

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 10-14 Ward)

Length of residence in city or town where death occurred 80 yrs. — mos. — ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Esther Le Roy

(a) Residence: No. Preston & Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Chas. Le Roy.

6. DATE OF BIRTH (month, day, year) Jan. 22nd 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Edward Miller

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mary Wiesburg

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Little Sisters of the Poor
(Address) Preston & Valley

18. BURIAL, CREMATION, OR REMOVAL
Place Lutherwood Date Mch 23 1932

19. UNDERTAKER Frederick Lassahn Son
(Address) 7401 Belair Rd

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20th 1932

22. I HEREBY CERTIFY, That I attended deceased from March 15th 1932 to March 20 1932

I last saw her alive on March 20 1932 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Endocarditis	
Arteriosclerosis	

(Other contributory causes of importance:

Name of operation None Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Bill Carter, M. D.

(Address) 114 Washington Blvd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 78005

~~23~~ E 78005

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) City Hospital St., (Ward) 44-21

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Irene Lawson

(a) Residence: No. 503 N Calhoun St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of J. Jasper Lawson

6. DATE OF BIRTH (month, day, year) Aug 1 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Newberry S.C.

FATHER

13. NAME Jerry Davis

14. BIRTHPLACE (city or town) (State or country) Newberry S.C.

MOTHER

15. MAIDEN NAME Lucinda Dowling

16. BIRTHPLACE (city or town) (State or country) Newberry S.C.

17. INFORMANT Lucinda Davis

(Address) 503 N Calhoun St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lawn Date 3/22 1932

19. UNDERTAKER Chas G. Cooper

(Address) 514 N Calhoun St

20. FILED 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 9:45 P m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) B Berry M D Coroner M. D.

(Address) 1305 E Patterson Park Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

78006 E 78006

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 1-3 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Whalen

(a) Residence: No. 2104 E. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ? ?

6. DATE OF BIRTH (month, day, year) 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Stephen Whalen

14. BIRTHPLACE (city or town) (State or country): ? Md.

MOTHER

15. MAIDEN NAME: George McNeal

16. BIRTHPLACE (city or town) (State or country): ? Md.

17. INFORMANT (Address): Records of Balto. City Hos.

18. BURIAL, CREMATION, OR REMOVAL. Place: Cathedral Cem. Date: June 3rd 32

19. UNDERTAKER (Address): Tartan & Lore 2224 N. Collington Ave.

20. FILED . . 19 . . Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 23, 1929 to March 20, 1932

I last saw him alive on March 20, 1932 Death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	3-20-32
Other contributory causes of importance:	
Myocarditis chronic	Unknown
Arteriosclerosis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) . . M. D.

(Address) Balto. City Hos.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 78007 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78007

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 159

CITY OF BALTIMORE: (No. Hopkins Hospital St. 7-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Teresa Maloney

(a) Residence: No. 916 N. Collington Ave, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 19/32

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Edward J. Maloney

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Alice Roaborg

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Alice Maloney
(Address) 916 N. Collington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Mar 22 1932

19. UNDERTAKER Chas M. Ehrlich Son
(Address) 511 N. Gay St

20. FILED ___ 19___ ___ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 21/32, 19

22. I HEREBY CERTIFY, That I attended deceased from ___, 19___, to ___, 19___

I last saw h___ alive on ___, 19___ Death is said to have occurred on the date stated above, at ___ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity About 7mons Gestation	

Other contributory causes of importance:

Probable Placenta Praeva	

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___
If so, specify ___

(Signed) ___ Coroner M. D.
(Address) ___

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73008

CERTIFICATE OF DEATH

E 73008

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3950 Wilsby Ave St. 4-47 Ward)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Sophia Degele

(a) Residence: No. 3950 Wilsby Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 20/1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME August Degele

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Teresa - - -

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Degele
(Address) 3950 Wilsby Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Schwartz Date 3/22/32 19

19. UNDERTAKER Philip Herwig
(Address) 2016 Eutaw St

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/19/32 19

22. I HEREBY CERTIFY, That I attended deceased from 3/15/32, 19 to 3/19/32 19

I last saw her alive on 3/19/32 at 5.45 p m death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/11/32

Other contributory causes of importance:

Exhaustion

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Wm A Gogel, M. D.

(Address) 709 N Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 22 1932

AaCo. 5-31 250B

E 78009 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 78009

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 9-14 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ethel Hall

(a) Residence: No. 1006 E. Preston St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov. 21 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Samuel J. Hall

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Justina Bundel

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Edw. B. Hall
(Address) 1006 E. Preston St

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cem Date 3/23/32 19

19. UNDERTAKER Philip Hewit
(Address) 2016 Eutaw St.

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1932, to March 21, 1932

I last saw her alive on March 21 1932 death is said to have occurred on the date stated above, at 5:55 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	3/18/32

Other contributory causes of importance:

Lobar pneumonia	3/30/32

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Myron G. Tull M.D.
(Address) Sydenham Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AoCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78010

E 78010

CERTIFICATE OF DEATH

108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1113 Greenmount Ave Ward) 10-14

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles F. Pierce

(a) Residence: No. 1113 Greenmount Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced. HUSBAND of (or) WIFE of Rosanna Pierce (nee Smith)

6. DATE OF BIRTH (month, day, year) July 7 '71

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James Pierce

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mandy Bishop

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Minnie Pierce

(Address) 1113 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Catholic Cem. Date Mar 23 1932

19. UNDERTAKER Geo. V. Conklin

(Address) 2-7 Saratoga St.

20. FILED Mar 22 1932 Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/20 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/20 1932 to 3/20 1932

I last saw him alive on 3/20 1932 death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	3/20

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. H. Hornstein, M. D.

3/22/32 (Address) 733 Cathedral St

AaCo. 5-31 250B

E 78011

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 78011

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1545 Ensor St. 9-18 Ward)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME John Roville

(a) Residence: No. 1545 Ensor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	White	Single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Mar 20 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	80	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Black Forest

10. Date deceased last worked at this occupation (month and year) 1/3 32

11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John Roville

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Doyle

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Margaret O'Brien

(Address) 1545 Ensor St.

18. BURIAL, CREMATION, OR REMOVAL

Place Ed Peters Cem Date Mar 23, 1932

19. UNDERTAKER Joseph W. Carter

(Address) 524 E Eager St

20. FILED ..... 19.. .. .. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1932 to March 20, 1932

I last saw h.. alive on March 20 1932 death is said to have occurred on the date stated above, at 7.20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Mar 18
Other contributory causes of importance:	
Chronic Myocarditis	

Name of operation none Date of

What test confirmed diagnosis? clinical symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wm Pearce M. D.

(Address) 8 Paul & Preston Sts

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78012

CERTIFICATE OF DEATH

108

E 78012

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 S. Robinson St. St. 1-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wilhelmina F. Koehler

(a) Residence: No. 700 S. Robinson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frederick H. Koehler

6. DATE OF BIRTH (month, day, year) July 17 1841

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or... min.
	90	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Herman Gerken

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Peter J. H. Koehler
(Address) 2936 Elliott St

18. BURIAL, CREMATION, OR REMOVAL
Place St. Paul's Cem Date Mch. 24, 1932

19. UNDERTAKER George W. Zirkler
(Address) 1737 E. Eager St.

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 12, 1932, to Mar 21, 1932

I last saw h... alive on Mar 20 1932 death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/10/32

Other contributory causes of importance:

Acute Myocarditis	3/12/32

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ..., M. D.
(Address) ...

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78013 E 78013

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1715 Division St., 16 Ward)

Length of residence in city or town where death occurred 92 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah E. Carter

(a) Residence: No. 1715 Division St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Thos. Carter

6. DATE OF BIRTH (month, day, year) Feb 22 92 ~~1840~~

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
40	—	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Thos. Peters

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah Collier

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Elenora Goodman
(Address) 1215 N. Stricker st.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Cemetery Date Mar 24, 19 32

19. UNDERTAKER Thomas E. Kilgon
(Address) 1303 Pressman st.

20. FILED ..... 19 32 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feby 20, 1932 to March 20, 1932

I last saw her alive on March 20, 1932 death is said to have occurred on the date stated above, at 7.45 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Irving E. Magnuson M. D.

(Address) 675 Cathedral

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 78014

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78014

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1821 Etting St. 14-26 WARD)

2-FULL NAME Ella Cook

(a) RESIDENCE NO. 1821 Etting St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, with UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	?		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 1710

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. H. Co Md.

PARENTS

10 NAME OF FATHER Richard Cook

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Louise Hanson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Frances E. Wilson
(Address) 1821 Etting St

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 20, 32

17

I HEREBY CERTIFY, That I attended deceased from Mar 1, 1932, to Mar 21, 1932, that I last saw h[illegible] alive on Mar 1, 1932, and that death occurred, on the date stated above, at 10.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. William Frey M. D.

3-22, 1932 (Address) 128 Penna Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery

DATE OF BURIAL 23 Mar. 1932

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Pressman St

Spec.—9-30—A. & Co.—250 Blks.

E 78015 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78015

CERTIFICATE OF DEATH

1 PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No.) 1) Mrs. Margaret C. Hofmann St. 20-64 WARD

REGISTERED NO. 127

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs. Margaret Hoffman

(a) RESIDENCE NO. 2110 Ashton St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of John G. Hofmann.

6 DATE OF BIRTH (month, day, and year) Feb 3-1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59.	1.	16.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Zahl.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant John G. Hofmann. (Address) 2110 Ashton St.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/19/32

17 I HEREBY CERTIFY, That I attended deceased (from 3/14, 1932, to 3/17, 1932 that I last saw her alive on 3/19, 1932 and that death occurred, on the date stated above, at 11.35P m.

The CAUSE OF DEATH* was as follows:

Acute Tuberculis Bronchopneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? 2110 Ashton St.

Did an operation precede death? Yes Date of 3/17/32

Was there an autopsy?

What test confirmed diagnosis? Operation

(Signed) Harry Lichman M. D.

, 19 (Address) West Baltimore General Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery. DATE OF BURIAL Mar. 23, 1932.

20 UNDERTAKER Charles J. Schwab. ADDRESS 505 N. Monroe St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 78016 — 159 — E 78016

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 628 E. Clement ST., 24-33 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thomas M. Brandt

(a) RESIDENCE NO. 628 E. Clement ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 9 da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb. 12. 1932

7 AGE — Years | Months: 1 | Days: 9 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Herman Brandt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto, Md.

12 MAIDEN NAME OF MOTHER: Elizabeth Finley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto., Md.

11 Informant: Herman Brandt

(Address): 628 E. Clement St.

15 Filed ____ 19__ Registrar

R. F. H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/21/32

17 I HEREBY CERTIFY, That I attended deceased from 3/20 . 1932 to 3/21 . 1932, that I last saw h[illegible] alive on 3/20 . 1932 and that death occurred, on the date stated above, at 10-30 A m.

The CAUSE OF DEATH* was as follows:

Acute Nutritional Causing Convulsions

(duration) — yrs. 1½ mos. — da.

CONTRIBUTORY (Secondary) Pneumonia Bronchial

(duration) — yrs. 7½ mos. — da.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? None Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

3/22 . 1932 (Address) 1340 [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem.

DATE OF BURIAL: 3/23 1932

20 UNDERTAKER: Margaret A. Flynn

ADDRESS: 1422 Light St.

MAR 22 1932 [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A4Co. 5-31 250B

HEALTH DEPARTMENT CITY OF BALTIMORE

E 78017

23 E 78017

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tbc.) Registered No. 23-321

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 14 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Minnie Barnes

(a). Residence: No. 911 Bevan st. St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Barnes

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	27 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Slaughter house

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wilmington
(State or country) North Carolina

FATHER

13. NAME John Williams

14. BIRTHPLACE (city or town)
(State or country) North Carolina

MOTHER

15. MAIDEN NAME Hattie McTiger

16. BIRTHPLACE (city or town)
(State or country) North Carolina

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Cemty Date 3/23 1932

19. UNDERTAKER Walter B. Bragg
(Address) 739 W. Lanvale St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17 1932

22. I HEREBY CERTIFY, That I attended deceased from May 11 1931 to March 17 1932

I last saw her alive on March 17 1932 death is said to have occurred on the date stated above, at 3.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	April 1931

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) James H. Dena M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A4Co. 5-31 250B

(Sarah Arter)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78018 E 78018

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 Lorgita St. or Ward) 46-23

Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 5 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Arter

(a) Residence: No. 1106 Lorgita St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C	Widowed

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Jues Arter

6. DATE OF BIRTH (month, day, year) Nov. 4, 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56 53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va.

FATHER

13. NAME John Washington

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Susan Howe

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Rena Arter

(Address) 1106 Lorgita

18. BURIAL, CREMATION, OR REMOVAL

Place Harper Ferry W. Va. Date March 24 1932

19. UNDERTAKER Joseph A. Lively

(Address) 409 N. Mount Street

20. FILED ____ 19____ ____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/20 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/7 1931 to 3/27 1932

I last saw the deceased alive on 3/9 1932 Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic heart disease, Myocarditis	

Other contributory causes of importance:

Cystitis, Influenza, Bronchial pneumonia	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) [illegible] M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 24 1932 C. HARPER JONES, M. D.

M. D. B. 1268-9

E 78019 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78019

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.) (Ward) 4-7

Registered No. 53

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Mack Miller

(a) Residence: No. Woodstock, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 21, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Caretaker at

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woodstock College

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Miller

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Bodkin

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr. Mack Miller

(Address) Woodstock, Md.

18. BURIAL, CREMATION, OR REMOVAL. Place Woodstock Md. Date 3-26, 1932

19. UNDERTAKER Bernard E Hasler

(Address) 1002 E Pacca St. Rc Pk

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1931 to March 22 1932

I last saw h[illegible] alive on March 22, 1932 Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung Abscess (Rt.)	6 mo.
Empyema (Rt.)	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. W. Burns, M. D.

(Address) Mercy Hosp.

AACo. 5-31 250R

E 78020 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 78020

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat St. [illegible] Ward.)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Lavelle

(a) Residence: No. [illegible] St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 1, 1853

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	78	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student, Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pensioner 1892

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boston Mass.

FATHER

13. NAME John Lavelle

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Flood

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Attendant
(Address) Mt Hope Retreat.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Md. Date 3 - 23 1932

19. UNDERTAKER Bernard E Frank
(Address) 1000 E Pratt St.

20. FILED [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 - 22 1932

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1931, to March 22, 1932

I last saw h alive on March 21, 1932 death is said to have occurred on the date stated above, at 4.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	10 years
Myocarditis	10 years
Lobar Pneumonia Lingula Lobe Left	1 mo.
Arteriosclerosis	

Other contributory causes of importance:

Senile Dementia	40 years
Cerebral Hemorrhage	4 days

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Nicholas McDowell, M. D.
(Address) 3374 Frederick Ave.

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 24 1932 G. HAMPSON JONES, M. D.

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78021

CERTIFICATE OF DEATH

94-60

E 78021
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lake Drive Apts. 1 G. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Solomon J. Hecht

(a) Residence: No. Lake Drive Apts. 1 G. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah Stein Hecht

6. DATE OF BIRTH (month, day, year) Mch. 4, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

FATHER

13. NAME Jacob Hecht

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Amelia Rosewald

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. S.J.Hecht
(Address) Lake Drive Apts. 1 G.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Heb. Friendship Date 3/ 24/ 19 32

19. UNDERTAKER Hurt Sondheim & Son
(Address) 1902 Eutaw Place

20. FILED 19
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch. 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1932 to March 22, 1932

I last saw h alive on 19 death is said to have occurred on the date stated above, at 1:35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3/21/32
Arterio Sclerosis	5 yrs
Angina Pectoris	1 year

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) Edwin E. Neagle, M. D.
(Address) Esplanade Apts.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 250B

E 78022

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78022

CERTIFICATE OF DEATH

46

15-18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1820 N. Bentalou St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jacob Goldsmith

(a) Residence: No. 1820 N. Bentalou St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rosa Goldsmith

6. DATE OF BIRTH (month, day, year) Mch. 8, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	0	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Leopold Goldsmith

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sarah ----------

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. M. Goldsmith
(Address) 1820 N. Bentalou St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Heb. Friendship Date Mch. 23 1932

19. UNDERTAKER David Sondheimer & Son
(Address) 1902 Eutaw Place.

20. FILED ..... 19 .....

A. C. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch. 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1931, to Mar 21, 1932

I last saw him alive on Mar 21, 1932, death is said to have occurred on the date stated above, at 7:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	6 mos?
Cachexia	1 year

Other contributory causes of importance:

Senility	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ernest E. Mayer, M. D.

(Address) Esplanade Apts.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 21 1932 C. HAMPSON JONES, M. D.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78023

CERTIFICATE OF DEATH

97 E 78023

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1814 E. 30th St. 9-4) (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mary M. Bullock

(a) Residence: No. 1814 E. 30th St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Thomas F. Bullock

6. DATE OF BIRTH (month, day, year): March 24 1861

7. AGE: Years: 71 | Months: | Days: 18 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: "

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Francis Rosenberger

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Mary Schaffer

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mr. Charles H. Bullock

(Address) 1814 E. 30 St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: 3/23 19 32

19. UNDERTAKER: J. A. Moran

(Address) 3000 E. Balto. St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/21 19 32

22. I HEREBY CERTIFY, That I attended deceased from 3/21 19 32 to 3/21 19 32

I last saw h.d. alive on 3/21 19 32 Death is said to have occurred on the date stated above, at 7:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/21/32
	3/14/32

Other contributory causes of importance:

Arteriosclerosis	3yrs
Chronic Val. Heart Dis.	4yrs

Name of operation: None Date of

What test confirmed diagnosis? Phys. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? None

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury "

Nature of injury "

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) G. N. Yeary, C. P.

(Address) 1516 E. Baltimore St. M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250R

E 78024 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 78024

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital Street) (Ward 15-63)

Registered No. 139

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Eliza D. Powers

(a) Residence: No. 3809 Edgerton Road St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rev Hugh W.S. Powers

6. DATE OF BIRTH (month, day, year) Nov 19/1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Towson Md

FATHER

13. NAME Henry C Longnecker

14. BIRTHPLACE (city or town) (State or country) Lancaster Pa.

MOTHER

15. MAIDEN NAME Eliza P. Martin

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT James A Mitchell

(Address) 3809 Edgerton Road

18. BURIAL, CREMATION, OR REMOVAL

Place Prospect Hill Towson Md Date Mar 25 1932

19. UNDERTAKER Harry H Timanus & Son

(Address) 4204 Reisterstown Rd

20. FILED MAR 26 1932 19 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-22, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-11, 1932 to 3-22, 1932

I last saw her alive on 3-22 1932 death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	5 hrs.
Cellulitis, of lower abdomen	8 days

Other contributory causes of importance:

Ovarian cyst, Right, twisted

Name of operation Right S.O. Date of 3-12-32

What test confirmed diagnosis? Clinically, operation Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Andres E. Calais, M. D.

(Address) Bon Secours Hospital

A. B.—WRITE PLAINLY, WITH CARBON PAPER. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 78025

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78025

CERTIFICATE OF DEATH

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital ST. [illegible] WARD

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Grover C. Waltz

(a) RESIDENCE No. 4427 Drummond ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Waltz

6 DATE OF BIRTH (month, day, and year) Nov 7. 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	4	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Samuel E. D. Waltz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ft. Laud

12 MAIDEN NAME OF MOTHER Anne Crewe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Mrs) Katherine Waltz

(Address) 4427 Drummond ave

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/24 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Hemorrhage from Incised wound of throat Homicidal.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Jas. Monroe ....., M. D. Coroner

1932 (Address) 7622 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetary — DATE OF BURIAL 3/24/1932

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

AaCo. 5-31 250R

E 78026 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 78026
Registered No. 108

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4305 Old York Road) (Ward) 37-47
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred: yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John A. Startt
(a) Residence: No. 4305 Old York Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, HUSBAND of (or WIFE of) Katherine Startt
6. DATE OF BIRTH (month, day, year): May 1875
7. AGE: Years 56 | Months 10 | Days 2. | If LESS than 1 day, hrs or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME John N. Startt
14. BIRTHPLACE (city or town) (State or country) Chestertown Md

MOTHER
15. MAIDEN NAME Nancy Cruikshank
16. BIRTHPLACE (city or town) (State or country) Chestertown Md

17. INFORMANT (Address) Naomi A. Startt 4305 Old York Rd

18. BURIAL, CREMATION, OR REMOVAL. Date Mar 23rd 1932
Place Parkwood Cemetery

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

20. FILED. 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1932

I HEREBY CERTIFY, That I attended deceased from March 17, 1932 to March 20, 1932

I last saw him alive on March 20, 1932 death is said to have occurred on the date stated above, at 7.20 P m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia (Bilateral Lower lobes) — Date of onset

Other contributory causes of importance:

Nephritis

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.
(Address) [illegible] Medical Arts Bldg

INFORMATION—Should be furnished, with as much accuracy as possible, by the nearest relative or friend of the deceased. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

Dec- 12-23-21—E.B.R.S.—400 Bks.

E 78027

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 E 78027

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2304 Severn St. 25-72 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isabelle Cumpen

(a) Residence No. 2304 Severn St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widow Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of William Cumpen

6-DATE OF BIRTH (month, day and year) Oct 27 1852

7-AGE. 79 yrs. 4 mos. 29 25 ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Pennsylvania

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country). unknown

12-MAIDEN NAME OF MOTHER. unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). unknown

14- (Informant) Edna Donahue

(Address) 2304 Severn

15- Filed MAR 22 1932 19 C. HARRISON JONES, M. D. Registrar. RRK

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 22-1932

17- I HEREBY CERTIFY, That I attended deceased from Dec 5 1931 to March 22 1932

that I last saw h.e.r. alive on March 20 1932

and that death occurred, on the date stated above, at 5-25 P M

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Impaired urin Albumin &

3/22, 1932 (Signed) Willard Parson M. D.

(Address) Halethorpe, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. U. S. National Cemetery

DATE OF BURIAL. Mar 24th 1932

20-UNDERTAKER. Wm Cook

ADDRESS 1217 St Paul St

NOTE—PENCIL, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 78028

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159

E 78028

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1829 Division St.) (Ward) W-20

2-FULL NAME Baby DeShields

(a) RESIDENCE NO. 1829 Division St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Baby (single)

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years: Less than a day | Months | Days | IF LESS than 1 day 10 hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md.

PARENTS

10 NAME OF FATHER: Ira Moseley

11 BIRTHPLACE OF FATHER (city or town): Baltimore Md

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant: Mother of deceased

(Address) 1829 Division Ave.

15 Filed ..... 19 .....

A.S.H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

March 20, 1932

17 I HEREBY CERTIFY, That I attended deceased from ....., 19..., to for ten hours prior to death.

that I last saw him alive on 3-20-32

and that death occurred, on the date stated above, at 9:35 m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Mother's general health

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted

If not at place of death? none

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Premature birth

(Signed) Ernest Mellen, M. D.

3-22-1932 (Address) 2024 Pa. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: W. Grove — Date of Burial: Mch 23 1932

20 UNDERTAKER: Hamilton Funeral Home — ADDRESS: 6311 Gwynn

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MAR 25 1932 C. HARRISON JONES M. D.

M. D. B. 1268-9

E 78029 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 78029

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1003-E.Oliver Street St., 9-18 57 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Peter T. O'Day

(a) Residence: No. 1003-E.Oliver Street St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Agnes V. (Coffay)

6. DATE OF BIRTH (month, day, year) 11/3/1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired City Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas O'Day

14. BIRTHPLACE (city or town) (State or country) Washington, D. C.

MOTHER

15. MAIDEN NAME Mary (Gill)

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs. Agnes O'Day

(Address) 1003-E.Oliver Street

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 3-20-57

19. UNDERTAKER

(Address)

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 22, 1957

22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1956 to Mar 22, 1957

I last saw h[illegible] alive on Feb 22, 1957 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

a Bronchial asthma — Date of onset

Other contributory causes of importance: Myocardial failure

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alan Sumrak M. D.

(Address) 4702 Harper Rd

N. B.—WRITE PLAINLY, with pen and ink. Use no abbreviations. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78030

CERTIFICATE OF DEATH

48

E 78030
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1668-Darley Ave. St., 8-45 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Franz

(a) Residence: No. 1668-Darley Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Christopher Franz

6. DATE OF BIRTH (month, day, year) 8/7/1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	7	14	xxxxxx

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME John Fihn

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Kunnigunda Wummer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Christopher Franz
(Address) 1668-Darley Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. 19

19. UNDERTAKER Scott Dukes
(Address)

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 21 1932

22. I HEREBY CERTIFY, That I attended deceased from JAN / 1931 to MAR 20 1932
I last saw h alive on MAR 20 1932. Death is said to have occurred on the date stated above, at 6. A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage and arterial sclerosis, due to an extension of Cancer	
Other contributory causes of importance: Carcinoma of Uterus	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Scott Dukes M. D.
(Address) 720 E. North Ave

X. B.—WRITE PLAINLY, WITH LEAD PENCIL OR PEN AND INK. PHYSICIANS should be careful to see that all information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

78031

CERTIFICATE OF DEATH

93-E 78031

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 915-Central Avenue St. 10-14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Winters

(a) Residence: No. 915-Central Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Winters

6. DATE OF BIRTH (month, day, year) 12/30/1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	2	22	xxxxxx

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Walters

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT John H. Winters
(Address) 915-Central Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date 2-4-32, 19

19. UNDERTAKER
(Address) 1710 E. Oliver St.

20. FILED 2-4-32, 19 A. C. Hd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch-21-1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 2- 1932 to Mch 21 1932

I last saw her alive on Mch-21. 1932 Death is said to have occurred on the date stated above, at 2-50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Feb 32
Edema Lungs	Mch 1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E Gill Hall M. D.

(Address) 1212 North Av

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78032

CERTIFICATE OF DEATH.

82 E 78032

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 374 Forrest (St.) 5-8 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose Falconi

(a) RESIDENCE. No. 374 Forrest St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: 7

4 COLOR OR RACE: Italian

5 Single, Married, Widowed, or Divorced (write the word): Widowed

6a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1884 ? ?

7 AGE: Years 48+ | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Abruzzi Italy

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Maria Marrotte

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Elvira Bonadeo

(Address) 374 Forrest St

15 Filed MAR 22 1932, 19

A. C. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 21 1932

17 I HEREBY CERTIFY, That I attended deceased from March 2, 1932, to March 21, 1932,

that I last saw h[illegible] alive on March 21, 1932

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Influenza (duration) yrs. mos. 19 ds.

18 Where was disease contracted if not at place of death? e

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Wm. H. Wright, M. D.

(Address) 1209 Presbman St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem

DATE OF BURIAL: 3/25/32

20 UNDERTAKER: George J. Burke

ADDRESS: 730 Park Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-20—M & T—100 B—50L

E 78033

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 78033

108

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 105 N. Fremont ST. 4-26 WARD)

2-FULL NAME William H. McCann

(a) RESIDENCE No 105 N. Fremont ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 8-1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	5	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Lunch Room
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) N. Y.

PARENTS

10 NAME OF FATHER John McCann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Miss Elliott

(Address) 105 N. Fremont St

15 Filed ..... 192 .....

MAR 22 1932 C. HAWSON JONES, M. D. Registrar

R P H

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 21 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Acute myocardial

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Eugene Feltus, M. D.
Coroner.

Mar. 22, 1932 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 3/23/1932

20 UNDERTAKER John Kenny Sons Inc

ADDRESS 1800 Fredericks

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78034

CERTIFICATE OF DEATH

131 E 78034

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1710 W Fayette St. 14-27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank M. Framer

(a) Residence: No. 1710 W Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Framer

6. DATE OF BIRTH (month, day, year) Jan 18 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Virginia

FATHER

13. NAME Frederick Framer

14. BIRTHPLACE (city or town) (State or country) West Va.

MOTHER

15. MAIDEN NAME Margaret A Gerken

16. BIRTHPLACE (city or town) (State or country) W. Va

17. INFORMANT Mary Framer
(Address) 1710 W Fayette

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date 3/23 1932

19. UNDERTAKER George A Farley
(Address) Eutaw and Lafayette

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/21 . 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/14 . 1932 to 3/21 . 1932

I last saw him alive on 3/20 . 1932 Death is said to have occurred on the date stated above, at 12:55 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardio-renal disease	?
Other contributory causes of importance:	
Bronchopneumonia	4 days

Name of operation — Date of

What test confirmed diagnosis? Trans Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. E. Stacy Jr. M. D.

(Address) 401 N Eutaw

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 78035

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78035

CERTIFICATE OF DEATH

95-002

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 615 E.Clement St. ST. 24-33 WARD

2-FULL NAME James A.Jenkins.

(a) RESIDENCE NO 615 E.Clement St. ST., 24 WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. 8 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) June 22,1914

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	17	8	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore,Md.

PARENTS

10 NAME OF FATHER William Jenkins.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore,Md.

12 MAIDEN NAME OF MOTHER Mary Sadler.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore,Md.

14 Informant William Jenkins.(father)

(Address) 615 E.Clement St.

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 20,1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest & autops (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) and inquest. find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hypertrophy of the heart.
Congestion of the lungs, Acute dilatation of the heart.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No. Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy & inquest

(Signed) Otto M. Eisenhardt, M. D. Coroner

3/22/32, 19 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Catholic Cem

DATE OF BURIAL 3/23 19 32

20 UNDERTAKER Robert Taylor Sons

ADDRESS 31 S. Eutaw St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

AdCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

78036

CERTIFICATE OF DEATH

108 E 78036

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Notre Dame Conv. St., 27-48 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Sister M. Alida Buchanan

(a) Residence: No. Notre Dame of Md. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 17 1869

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	62	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nun

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

MOTHER

13. NAME Mrs. James Buchanan

FATHER

14. BIRTHPLACE (city or town) Washington, D.C.
(State or country)

15. MAIDEN NAME Teresa Rogers

16. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

17. INFORMANT Sister M. Ethelbert
(Address) Charles St. Ave. Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Notre Dame of Md. Date March 24, 1932

19. UNDERTAKER Frank A. Fink
(Address) 215 N. Fayette

20. FILED Mar 24 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mon. 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mon 18, 1932 to Mon 22, 1932

I last saw her alive on Mon 21, 1932 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxaemia	
Exhaustion	

Other contributory causes of importance:

Intra Pneumonia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Chas Lawrence M. D.

(Address) 4 W Mount Road

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 78037

11-9-31 E 78037

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 105 N. Chapel St. 6-9 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ernest Griffith

(a) Residence: No. 105 N. Chapel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 2/30

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Nelson Griffith

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Mabel Williams

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Mabel Griffith
(Address) 105 N. Chapel St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cemetery Date Mar. 24 1931

19. UNDERTAKER Edward Bryan
(Address) 1631 Ocean St

20. FILED ... , 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 19/31 19

22. I HEREBY CERTIFY, That I attended deceased from ... , 19 ... , to ... , 19 ...

I last saw h... alive on ... , 19 ... Death is said to have occurred on the date stated above, at 6.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Prob- lobar)	3/17/31
Other contributory causes of importance:	
Reported Influenza	3/10/31

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... , 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. J. Pullen Coroner, M. D.

(Address) 108 E Monument

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 78038

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78038

CERTIFICATE OF DEATH

11-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 105 N. Chapel St. 69 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Vernon Griffith

(a) Residence: No. 105 N. Chapel St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 25/29

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Nelson Griffith

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Mabel Williams

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Mabel Griffith

(Address) 105 N. Chapel St

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson cemetery Date Mar. 24 . 1932

19. UNDERTAKER Edward Bryan

(Address) 1631 Orleans St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 19/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Prob-Lobar)	3/17/32

Other contributory causes of importance:

Reported Influenza	3/19/3

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) O. H. H. Page M. D.

(Address) 505 E. Monu Coroner

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 78039

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78039

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) St. 5-8 Ward)

Registered No. 34

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Desdomonia Boone

(a) Residence: No. 1112 Comet St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 21, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waitress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Howard Boone

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Elizabeth Isaac

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Albury cemetry Date march 24 1932

19. UNDERTAKER Edward Bryan
(Address) 1631 orleans st

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1932 to March 20, 1932

I last saw her alive on March 20, 1932 Death is said to have occurred on the date stated above, at 6:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic insufficiency	Aug. 1929
	over
Other contributory causes of importance: Myocarditis, chronic	more than 6 months

Name of operation None Date of

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No (If so, specify.)

(Signed) [illegible] M. D.

(Address) Balto. City Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

B 78040

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 78040

CERTIFICATE OF DEATH

16-27-92-0

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1820 Edmondson Ave. St. ..... Ward)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma Eudora Miles

(a) Residence: No. 1820 Edmondson Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John W. Miles

6. DATE OF BIRTH (month, day, year) November 25, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Henry V. Topp

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Georgiana Harris

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mr. J. L. Edeler
(Address) 1903 E. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date March 25 19 32

19. UNDERTAKER Joseph H Cook
(Address) 1903 E. Baltimore St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22 . 19 32

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 , 1931, to March 22 . 1932

I last saw her alive on March 21 . 1932 death is said to have occurred on the date stated above, at 2.30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	3/21/32

Other contributory causes of importance:
Aortic Regurgitation Rheumatic & Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify ..... No

(Signed) M. A. O'Neill , M. D.

(Address) 108 N. Fulton Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

E 78041 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 78041

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH — Registered No. 27-55

CITY OF BALTIMORE: (No. 6207 Green Spring Ave. St., Ward.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Belle Anderson,

(a) Residence: No. 6207 Green Spring Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Anderson,

6. DATE OF BIRTH (month, day, year) July 20. 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Philip Troxell,

14. BIRTHPLACE (city or town) (State or country) Smittsburg Md.

MOTHER

15. MAIDEN NAME Mary Duvall,

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs H.B. Smith,
(Address) 6207 Green Spring Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date MAR 25 1932

19. UNDERTAKER Lee W. Little
(Address) [illegible]

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 22 1932

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1932, to March 22, 1932

I last saw h. alive on March 22 1932 death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

Pleurisy Pneumonia — Date of onset March

Lobar Pneumonia

Other contributory causes of importance:

Stopping of bowels,

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ~~6207 Green Spring Ave~~

Manner of injury None,

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify No

(Signed) John A. Evans, M. D.

(Address) 612 N 40th St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 78042

Registered No. 78042

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., 76-37 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 30 yrs. ... mos. ... ds.

2. FULL NAME Joe Nicholas

(a) Residence: No. none St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 19, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) ?
(State or country) Poland

FATHER

13. NAME L. Nicholas

14. BIRTHPLACE (city or town) ?
(State or country) Poland

MOTHER

15. MAIDEN NAME Mary Joegolia

16. BIRTHPLACE (city or town) ?
(State or country) Poland

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 3/24 1932

19. UNDERTAKER John J. Fahey Sons
(Address) 1318 Light St

20. FILED ..... 19...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1929 to March 20, 1932

I last saw him alive on March 20, 32 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into Cerebrum Permanent attack	10-6-32
	3-20-32

Other contributory causes of importance:

Tuberculosis, Pulmonary Emphysema & lungs

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... M. D.

(Address) Balto. City Hosp.

INSTRUCTIONS—THIS IS A LEGAL RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 78043

CERTIFICATE OF DEATH

59

E 78043

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1919 Ruston Ave. St., 15-68 Ward)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Celia Malofsky

(a) Residence: No. 1919 Ruston Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Malofsky

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 56 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: [illegible]

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Joseph Malofsky (Husband)
(Address) 1919 Ruston Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Sharah Israel Date 3-23 1932

19. UNDERTAKER Jack Rosen, Inc.
(Address) 1429 E. Baltimore

20. FILED 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-22- 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/2 1929 to 3/22 1932

I last saw her alive on 3/22 1932 & death is said to have occurred on the date stated above, at 9:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac Dilatation	3/22/32
Other contributory causes of importance:	
Hypertension	1919
Angina Pectoris	
Diabetes mellitus	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 2310 E. Baltimore St

Information should be clearly supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

78044 E 78044

CERTIFICATE OF DEATH

X 92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3806 Copley Rd St., 15-62 Ward)

Length of residence in city or town where death occurred yrs. mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Moore Libby.

(a) Residence: No. 3806 Copley Rd St., Ward. New Hampshire

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
F	W	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 9 - 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49?	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Occupational Therapist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 065

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Chicago, Ill.

FATHER

13. NAME Chas Libby

14. BIRTHPLACE (city or town) (State or country) New Hampshire

MOTHER

15. MAIDEN NAME Ella Tompkins

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Dr. Carl L Davis

(Address) 3806 Copley Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Laconia N.H. Date Mar 25th 1932

19. UNDERTAKER J. Ortiz Dyer

(Address) 2220 N. Charles St.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch 21 , 1932

22. I HEREBY CERTIFY, That I attended deceased from Mch 8 , 1932 to Mch 21 , 1932

I last saw her alive on Mch 21 , 1932 Death is said to have occurred on the date stated above, at 12.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Rheumatic Cardiovascular Disease	?
Mitral Stenosis & Insufficiency	?
Auricular Fibrillation	?
Acute Pulmonary Edema	3/20/32

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm S. Love M. D.

(Address) Med Arts Bldg. Balto Md

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks

E 78045

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78045

CERTIFICATE OF DEATH

93-003

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 338 Lwynn Ave ST 70-70 WARD

2. FULL NAME Emsay K. Fuller

(a) RESIDENCE NO 338 Lwynn Ave ST WARD

(Usual place of abode) (If non-resident, give city or town and state)

Length of residence in city or town where death occurred 4 yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W.

5 Single, ~~Married~~, ~~Widowed~~, or Divorced (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct 24-1856

7 AGE: Years 75 Months 4 Days 28 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED: None

(a) Trade, profession or particular kind of work: ood

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: James Fuller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Isabella Benjamin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant (Address): James Fuller 99 N Lonvale St.

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 22-1932

17 I HEREBY CERTIFY, That I attended deceased from Mar 18 1932 to Mar 22 1932

that I last saw her alive on Mar 22 1932

and that death occurred, on the date stated above, at 8 15 A. M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) L. A. Lasky M. D.

, 19 (Address) 3517 Eldmdale

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem. DATE OF BURIAL: March 25 32

20 UNDERTAKER: Bertram Dove ADDRESS: 1224 N Broadway

MAR 23 1932 C. HARRISON JONES, M. D.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78046

CERTIFICATE OF DEATH

E 78046

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 5-8 (Ward)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Payton

(a) Residence: No. 506 Somerset St., Ward. —
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Isaac Payton

6. DATE OF BIRTH (month, day, year) 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Frederick Md.

FATHER

13. NAME Samuel Aquilla
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Patience Savoy
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Record of
(Address) Balto City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date Mar 23 1932

19. UNDERTAKER Chas. D. Thurston
(Address) 411 N. Carey St.

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 - 20 - 1932

22. I HEREBY CERTIFY, That I attended deceased from 3 - 15 - 1932, to 3 - 20 - 1932

I last saw her alive on 3 - 20 - 1932. Death is said to have occurred on the date stated above, at 7-40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic	Unknown
Arteriosclerosis.	
Other contributory causes of importance:	
Bronchopneumonia	8 days

Name of operation — Date of —

What test confirmed diagnosis? Clinical & anamn Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) Balto City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—9-30—A. & Co.—250 Bks

MARY JAMES

78047 HEALTH DEPARTMENT—CITY OF BALTIMORE 78047

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 97

CITY OF BALTIMORE: (No. Baltimore, Md. St. 11-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary James

(a) RESIDENCE NO. 339 W. Biddle St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in City or Town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11-9-64

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	4	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 070

(b) General nature of industry, business, or establishment in which employed (or employer) Domestic

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Africa

12 MAIDEN NAME OF MOTHER Rachel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Africa

14 Informant (Address) Records Balto City Hospitals

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/20/32

17

I HEREBY CERTIFY, That I attended deceased from 7/27, 19 30, to 3/20, 19 32

that I last saw her alive on 3/20, 19 32

and that death occurred, on the date stated above, at 6. P.M.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Psychosis

(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Mary H. Gantt M.D.

3-22 1932 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary

DATE OF BURIAL Mar 24 1932

UNDERTAKER Mrs. R. A. Elliott

ADDRESS 1920 Eutaw

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

A&Co. 5-31 250B

E 78048 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78048

CERTIFICATE OF DEATH X 108

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. South Baltimore Gen'l St., 24 Ward) 33

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret T. J. Quarles

(a) Residence: No. Balnew P.O. Balnew, Md. St., ... Ward. Balnew, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Fitzhugh L. Quarles

6. DATE OF BIRTH (month, day, year) Jan. 14, 1897

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
35	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work

10. Date deceased last worked at this occupation (month and year) 3/5/32

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME William Johnson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Bell Johnson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Fitzhugh Quarles
(Address) Balnew Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Lake Grand Date Mar 25 1932

19. UNDERTAKER Mrs. R. A. Elliott
(Address) 1725 Eastland Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/20/32 19

22. I HEREBY CERTIFY, That I attended deceased from 3/16/ 19 32 to 3/25/ 19 32

I last saw h[illegible] alive on 3/25 19 32 death is said to have occurred on the date stated above, at 6·45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Right Lobar Pneumonia	3/8/32
Other contributory causes of importance:	
Myocarditis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ✓ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. H. Turner, M. D.

(Address) South Balto Gen Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

78049

CERTIFICATE OF DEATH.

E 78049

108

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1330 Argyle Ave St. 7-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Mason Thomas

(Residence in Baltimore: No. 1330 Argyle Ave St.; ....yrs. ....mos. ....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	colored	married

6-DATE OF BIRTH. February (Month) 28 (Day), 1876 (Year)

7-AGE. 56 yrs. ..... mos. 27 da. | If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE. (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER. Samuel Mason

11-BIRTHPLACE OF FATHER (State or Country). Alexander Va

12-MAIDEN NAME OF MOTHER. Martha Keys

13-BIRTHPLACE OF MOTHER (State or Country). Alexander Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carrie Hooper

(Address) 1330 Argyle Ave

15-

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. March (Month) 20 (Day), 1932 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 1932, to March 20 1932, that I saw her alive on March 20 1932, and that death occurred, on the date stated above, at 7.32 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) 2 yrs. 2 mos. ..... da.

CONTRIBUTORY (Secondary) C.O. Thomas

(Duration) ..... yrs. 1 mos. ..... da.

(Signed) C. W. Thomas M. D.

March 24 1932 (Address) 111 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn Cemetery	Mar 23, 1932
20-UNDERTAKER	ADDRESS
Mrs Katie R. Williams	3224 Schroeder St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

78050 — 93 E 78050

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. City Hospitals St., 76-37 Ward)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emily Hoffman

(a) Residence: No. Belair Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year): Sept 11 1866
7. AGE: Years 66; Months 6; Days 11; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Nurse
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private Sick Hosp
10. Date deceased last worked at this occupation (month and year): 32 yrs
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Belair Md

FATHER
13. NAME: [illegible] Hoffman
14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER
15. MAIDEN NAME: Mary Zimmerman
16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Mrs Ew Stamford Fallston Md

18. BURIAL, CREMATION, OR REMOVAL
Place Union Chapel Date Mar 25, 1932

19. UNDERTAKER (Address): Dean & Foster Belair Md

20. FILED [illegible], 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19 to [illegible], 19 Death is said to have occurred on the date stated above, at 11 O m.

I last saw h alive on

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis — Date of onset

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, state how.

(Signed) [illegible] M. D.

3/23/32 (Address) 1305 N Patterson Park Ave Coroner

INFORMATION should be given by person best qualified. Age should be stated in years, months, and days. Exact statement of CAUSE OF DEATH is very important. Name of disease should be properly classified. Exact statement of OCCUPATION is very important. Write plainly in ink. Spelling supplied. Abbreviations may be used, so that it may be properly classified. See instructions on back of certificate.

AACo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78051

CERTIFICATE OF DEATH

159

E 78051

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Women Hospital St., 13-52 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Lee

(a) Residence: No. Woman's Hospital St., 4124 Roland Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day, year) March 23 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ 000

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Stephen S. Lee

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Brooke Hibbard

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT (Address) Mother

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date 3/23 1932

19. UNDERTAKER Wm Cook & Co (Address) 1217 E Fayette St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23. 1932

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1932 to March 23 1932

I last saw him alive on March 23 1932 death is said to have occurred on the date stated above, at 5a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture of membranes at 8th month of pregnancy - Cause unknown	3/19/32

Other contributory causes of importance:

Prematurity

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19 —

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) John G. Murray Jr. M. D.

(Address) 9 Westchord Street

INSTRUCTIONS: Please answer all questions. Where none, write NONE. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78052

CERTIFICATE OF DEATH

82-001 E 78052

28-74

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4501 Friedenwald Ave St. ..... Ward)

Length of residence in city or town where death occurred 78 yrs. 6 mos. 27 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Andrew Mettee

(a) Residence: No. 4501 Friedenwald Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anastasia Mettee

6. DATE OF BIRTH (month, day, year) Aug. 26-1853

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	78	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto City

FATHER

13. NAME Leonard C Mettee

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Margaret Elzl

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Albert Mettee
(Address) 4501 Friedenwald ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Mar 24 19 32

19. UNDERTAKER J. Vernon Reehmer
(Address) 1532 Hollins St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 10, 1932, to Mar 22, 1932

I last saw him alive on Mar 21, 1932 death is said to have occurred on the date stated above, at 8 55 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Mar 10th
Other contributory causes of importance:	
Sup. Ac Gastritis	Mar 21

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ernest Spencer Jr. M. D.

(Address) 4123 Friedenwald ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

✓ 678053

HEALTH DEPARTMENT—CITY OF BALTIMORE

678053

CERTIFICATE OF DEATH.

131

REGISTERED NO .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 869 Linden Ave ST 11-24 (WARD)

2-FULL NAME Edward Fiffe

(a) RESIDENCE NO 869 Linden Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Col	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Nellie Fiffe

6 DATE OF BIRTH (month, day, and year) April 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	11	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Janitor
(b) General nature of industry, business, or establishment in which employed (or employer) 07°
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS
10 NAME OF FATHER Chas. Fiffe
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Nellie Fiffe
(Address) 869 Linden Ave

15 Filed ..... 19 ..... Registrar RFK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 21-1932

17
I HEREBY CERTIFY, That I attended deceased from
Dec 19 , 1931 , to Mar 21, 1932
that I last saw him alive on Mar 19 , 1932
and that death occurred, on the date stated above, at ... m.
The CAUSE OF DEATH* was as follows:
Chronic interstitial Nephritis

(duration) 1 yrs. 6 mos. — ds.
CONTRIBUTORY (Secondary) Cystitis incontinency
(duration) — yrs. 6 mos. 0 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) H. K. Petersen M. D.
19 (Address) 817 Hamilton Ter

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 3/24/1932

20 UNDERTAKER Mrs. Lee E. Kollas — ADDRESS 1631 Druid Hill

INSTRUCTIONS—Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78054

CERTIFICATE OF DEATH

23

E 78054

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 624 N. Bruce (St.) 15-21 (Ward)

2-FULL NAME Mildred Floyd

(a) RESIDENCE No. 624 N. Bruce St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John

6 DATE OF BIRTH (month, day, and year): Aug 1906

7 AGE — Years: 25 — Months: 7 — Days: — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): 037
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Isaac Combs

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Daisy Gunter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Mandolin Gunter

(Address) 603 N Madison Ave

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 21st 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

I Acute Pulmonary Phthisis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? Unk

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) H. C. Funk, M. D. Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: 3/23/1932

20 UNDERTAKER: Mrs. Geo. E. Holland

ADDRESS: 163 Druid Hill

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78055

CERTIFICATE OF DEATH

94 E 78055

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1036 Ausquith St. 10-12 WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME John F. Scally

(a) RESIDENCE NO. 1036 Ausquith St. WARD (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Scally

6 DATE OF BIRTH (month, day, and year) May 29, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	9	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grocer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self.

9 BIRTHPLACE (city or town) (State or country) Texas Bates Co Mo

PARENTS

10 NAME OF FATHER Patrick Scally

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ann Cunningham

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Mrs Rose Scally (wife) 1036 Ausquith St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 23-32

17

I HEREBY CERTIFY, That I attended deceased from March 21, 1932, to March 23, 1932

That I last saw him alive on March 22, 1932

and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

Thrombosis of Coronary artery (duration) yrs. mos. 6 hrs.

CONTRIBUTORY (Secondary) Myocarditis (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None.

(Signed) Thos. J. a Stevens M. D.

3/23 1932 (Address) 2878 Hartford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL Mar. 26 1932

20 UNDERTAKER Henry W. Marston — ADDRESS 805 North Calvert St.

R 23 1932

C. HAMPSON JONES, M. D.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

(Walters) ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78056

CERTIFICATE OF DEATH.

131 E 78056

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 N. Carey St ST. 9-26a WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma L. Walter,s

(a) RESIDENCE NO. 212 N. Carey St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frederick W. Walter,s

6 DATE OF BIRTH (month, day, and year): Feb. 16 1845

7 AGE: Years 87 | Months 1 | Days 6 | If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: James G. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Sophia Bernard

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Courtsmith Va

14 Informant: Mrs Leland

(Address) 212 N. Carey St.

15 Filed , 19 R. 2 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 22 1932

17 I HEREBY CERTIFY, That I attended deceased from , 1922 , to March 22 , 1932 ,

that I last saw her alive on March 22, 1932 ,

and that death occurred, on the date stated above, at 1.15 p m.

The CAUSE OF DEATH* was as follows:

Cerebro Sclerosis

(duration) 10 yrs mos ds

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) 4 yrs mos ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? P. E.

(Signed) Joseph S. Bishop, M. D.

, 19 (Address) 122 - 20th St -

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: March 25 1932

20 UNDERTAKER: John F. Wilson

ADDRESS: Chester

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78057 E 78057 E 78057

CERTIFICATE OF DEATH

94-001 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5614 Wayne Ave 28-64 Ward)

Length of residence in city or town where death occurred yrs mos da How long in U.S. If of foreign birth? yrs mos da

2. FULL NAME Jane A Perry

(a) Residence: No. 5614 Wayne Ave St., Ward

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ernest A Perry

6. DATE OF BIRTH (month, day, year) March 23-1893

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	39	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Joseph A Luber

14. BIRTHPLACE (city or town) (State or country) Laurel

MOTHER

15. MAIDEN NAME Anna Hogg

16. BIRTHPLACE (city or town) (State or country) Laurel

17. INFORMANT Ernest A Perry

(Address) 5614 Wayne Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem Date 3/24, 1932

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hollins sts

19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22-1932

22. I HEREBY CERTIFY, That I attended deceased from March 12-, 1932 to March 22, 1932

I last saw her alive on March 22 1932 death is said to have occurred on the date stated above, at 6:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	3-12-32
Acute Dilitation of Heart -	(duration)
Other contributory causes of importance	
Shock from Automobile accident -	March 12-32

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. 3/23/32 Necessary

Manner of injury Struck by auto driven by Peterson M.D.

Nature of injury Contusions & abrasions

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Martin W. Shook M. D.

(Address) 506 N Fulton ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 2508

E 78058

HEALTH DEPARTMENT CITY OF BALTIMORE

107 E 78058

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No.) 2727 Ward 44

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME Mrs Winifred Wade

(a) Residence: No. 2923 Homestead Rd St., Ward.

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Francis J Wade

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 61 yrs			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER FATHER

13. NAME James Dillon

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Bridget Farrell

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs M Roberts

(Address) 2923 Homestead Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 3/24/ 1932

19. UNDERTAKER John J Dempsey Sons

(Address) 1918 Eighth St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22 1932

22. I HEREBY CERTIFY, That I attended deceased from March 19 1932 to March 22 1932

I last saw h 2r alive on March 22 1932 death is said to have occurred on the date stated above, at 1:50 p m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia about March 19

Date of onset

Other contributory causes of importance:

Arteriosclerotic Myocarditis ?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J M Schenken, M. D.

(Address) Franklin Square Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 78059

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94 E 78059

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital (St.) 2-5-32 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel McKean Bayard.

(a) Residence: No. Germantown, Penna. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 21, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Charles McKean Bayard

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Henrietta T. Wilson

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT Mrs. Geo L. Nicholas

(Address) 2 Gradison Court Atlantic City, N.J.

18. BURIAL, CREMATION, OR REMOVAL

Place Ivy Hill Cemetery Date Mar. 28 1932

19. UNDERTAKER Geo. Tom Sons

(Address) Germantown Penna.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 14, 1932 to Mar 23, 1932

I last saw him alive on March 23 1932 death is said to have occurred on the date stated above, at 11 00 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis ileus following amputation of left leg up & med thigh for thrombosis of Popliteal artery	
Other contributory causes of importance:	

Name of operation Mid thigh amputation Date of 3-20-32

What test confirmed diagnosis? (X-Ray) Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George Govatos M. D.

(Address) St Agnes Hospital.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

E 78060

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registration No. E 78960

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 15-67 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Myers

(a) Residence: No. 2942 W North St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thos. J. Myers

6. DATE OF BIRTH (month, day, year) 7-7-186[illegible]

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62 6-62	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

FATHER

15. NAME John McCauley

16. BIRTHPLACE (city or town) (State or country) Balt Md

17. INFORMANT Thomas J. Myers

(Address) 2942 W North ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 3/24/32 19

19. UNDERTAKER Geo. Rath Jr

(Address) 1711 Hoffman Ave

20. FILED 19 [illegible]

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Hist Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

3/25/32 (Signed) H. Klegrog M. D. Coroner

(Address) 1305 N Collington Ave M. D.

Information sought is strictly confidential. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78061 E 78061

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2213 Prentice Place St. 8-13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Lepore

(a) Residence: No. 2213 Prentice Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Saverio Lepore

6. DATE OF BIRTH (month, day, year) 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Sam Catalana
(Address) 2213 Prentice Place

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 3-24- 1932

19. UNDERTAKER [illegible]
(Address) 1733 [illegible]

20. FILED . . 19 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 22, 1932.

22. I HEREBY CERTIFY, That I attended, deceased from March 20th 32 March 22nd. 32.
. 19 . to . 19

I last saw her alive on March 22nd. 1932. Death is said to have occurred on the date stated above, at 12.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	3/18/32
Broncho pneumonia	3/19/32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Philibert Artigiani M. D.
(Address) 2942 E. Fayette Street.

Information should be given by person best acquainted with facts. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 78062

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

E 78062

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 448 E. 28th ST. 9-44a WARD)

REGISTERED NO. _____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry G. Rushbrooke

(a) RESIDENCE NO 448 E. 28th ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) ~~WIFE~~ of Catherine A. Rushbrooke

6 DATE OF BIRTH (month, day, and year) Aug 2nd 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	72	7	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Miner
(b) General nature of industry, business, or establishment in which employed (or employer) Coal
(c) Name of employer Unemployed

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Oscar C. Rushbrooke

(Address) 448 E. 28th St

15 Filed _____, 192 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/22/1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? Date of _____

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. H. Morrison, M. D. Coroner

3/23, 1932 (Address) 3682 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Karrows Tiles Co Va

DATE OF BURIAL 3/24/1932

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

E 78063 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78063

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 N. Castle St. 6-9 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie H. Mc Claskey

(a) Residence: No. 402 N. Castle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ (or) WIFE of Charles Mc Claskey

6. DATE OF BIRTH (month, day, year) Sept 29th 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Salt Creek

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Lilla Mc Closkey
(Address) 1622 E Coates St

18. BURIAL, CREMATION, OR REMOVAL
Place Salt Cemetery Date 3/24/ 1932

19. UNDERTAKER Wm Cook
(Address) 1217 E Paul St

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/22/ 1932

22. I HEREBY CERTIFY, That I attended deceased from March 15 - 1932 to March 22 - 1932
I last saw h[illegible] alive on Mar. 22 1932 death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma Vomiting Blood from March 15 - 1932 also black stools	Jan. 1931
Other contributory causes of importance:	

Name of operation None Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Edwin B. Fenby, M. D.
(Address) 1223 N. Caroline St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

78064 E 78064

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ... St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elmer Behlert

(a) Residence: No. 650 E. 35th St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/29/21

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	10	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md -
(State or country)

FATHER

13. NAME Erwin Behlert

14. BIRTHPLACE (city or town) Md -
(State or country)

MOTHER

15. MAIDEN NAME Edna Sykes

16. BIRTHPLACE (city or town) Wash-D.C.
(State or country)

17. INFORMANT Records -
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Dr Kurod Date 3/26/ 1932
Tom Cook
1217 St Paul St

19. UNDERTAKER
(Address)

20. FILED ... 19 ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar - 23 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 1 . 1932 to Mar 23 . 1932

I last saw him alive on Mar - 23 . 1932 Death is said to have occurred on the date stated above, at 10.45-a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	1927
Mitral Stenosis & Insufficiency	
Cardiac Failure	Feb. 1

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) David Kuttner . M. D.

(Address) Johns Hopkins Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78065

CERTIFICATE OF DEATH

51 E 78065

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No.) St. 13-54 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry A Friedman

(a) Residence: No. 821 Brooks Lane St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie

6. DATE OF BIRTH (month, day, year) 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Repairing

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Julius Friedman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Hannah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jennie Friedman
(Address) 821 Brooks Lane

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Mt Carmel Rd Date 3/24, 19 32

19. UNDERTAKER Sol Levinson & Bro
(Address) 1127 E Balto St

20. FILED ..., 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/23, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2/14, 1932 to 3/23, 1932

I last saw him alive on 3/22, 1932 death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Hypernephroma (Left)	3/30
Metastases throughout body especially to bone.	5/31

Other contributory causes of importance:

Name of operation nephrectomy (Left) Date of 3/31

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19 ...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Milton B. Hirsh, M. D.

(Address) Sinai Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30--M. & T.—100 B—50L

E 78066

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78066

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1036 Penna Ave (ST.) 17-24 (WARD)

REGISTERED NO. 122

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joyce Lee Stubble

(a) RESIDENCE NO. 1026 Penna Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of No

6 DATE OF BIRTH (month, day, and year) Mar 4 1932

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Golden Stubble

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Hannah Richardson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs Lula Stubble

(Address) Ellicott City

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 23rd 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tuberculosis.

Acute (duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) ..... M. D. Coroner

(Address) .....

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem

DATE OF BURIAL March 24, 32

20 UNDERTAKER W. J. Tuckner & Sons

ADDRESS Ellicott City Md

MAR 25 1932 C. HAMPSON MYERS, M. D.

Mention should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

73067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 73067

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 417 Druid Hill Ave. St. 11-25 Ward

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out lines 1 and 2)

2-FULL NAME John W. Washington alias John W. Nicholas

(a) RESIDENCE NO. 417 Druid Hill St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
50	49			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Waiter 070
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John W Nicholas

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Mary Washington

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Mary Washington

(Address): 417 Druid Hill

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Nov 21st 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) ..... M. D. Coroner

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: Nov 24, 32

20 UNDERTAKER: John M. Johnson

ADDRESS 2338 Madison Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 1-30 M. & T.—250 Blks.

E 78068

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78068

CERTIFICATE OF DEATH.

91-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 301 N Dell ave ST., 12-50 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walburga Dettenthaler

(a) RESIDENCE NO. 301 N Dell ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Detenthaler

6 DATE OF BIRTH (month, day, and year): F. 26. 52

7 AGE: Years 79 Months 10 Days 27 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer): Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Anton Puckert

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Anna Meyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Stella Kennedy

(Address) 301 N Dell ave.

15 Filed ..., 19 3/29/32 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3. 23. 32.

17 I HEREBY CERTIFY, That I attended deceased from March 12, 19 32, to March 23, 19 32, that I last saw h alive on March 22, 19 32, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Repeated attacks of Auricular Rheumatism

(duration) 2 yrs. mos ds.

Acute Endocarditis

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wilbur H. D. Meyer M. D.

3/23, 19 32 (Address) 1031 N. Caroline st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: March 26, 19 32

20 UNDERTAKER: Leonard J. Ruck

ADDRESS: 5305 Harford Rd.

CAUSE OF DEATH to be plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

C. HAYDEN JONES, M.D.

M. D. B. 1268-9

E 78069 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78069

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 575 S Patterson Park ave St., 2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Gegarek.

(a) Residence: No. 575 S Patterson Park ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 8 1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min
✓	3		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Albert G. Gegarek

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Agnes Budny

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Agnes Budny

(Address) 575 S Patterson

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Date Mar 26 1932

19. UNDERTAKER Mr. S. Piatkowski

(Address) 2002 Eastern ave

20. FILED . 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 23 1932

22. I HEREBY CERTIFY, That I attended deceased from . 19 to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 5 A m

The principal cause of death and related causes of importance were as follows:

Date of onset

Bronchio Pneumonia

Other contributory causes of importance:

Congenital Imbecility

Name of operation Date of

What test confirmed diagnosis? Mist Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B C Herzog M D M. D.

Coroner

(Address) 1305 N. Patterson Pk

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 3268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78070 E 78070

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. St. 16-37 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose Lay

(a) Residence: No. 314 S. Macow St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 10, 1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	20	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Sophia, Lay

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rood. Cem. Date March 25 19 32

19. UNDERTAKER J. J. Connelly

(Address) Essex Mkt.

20. FILED . 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from December 3, 1931 to March 21, 1932

I last saw h alive on March 21, 1932 Death is said to have occurred on the date stated above, at 4.10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, Chr.	Nov 1931
Other contributory causes of importance:	
Anuria, Secondary	[illegible]
Scarlet fever	1929

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

3-22-32 (Signed) Chas. Hitchcock Jr. M. D.

(Address) Balto. City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Blks.

E 78071

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78071

82-001

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2605 Smith Ave ST. 25th B WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Myra Elizabeth Spurrier

(a) RESIDENCE NO. 2605 Smith Ave ST. 25th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1/2 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced (or) WIFE of: Chas Spurrier

6 DATE OF BIRTH (month, day, and year): Oct 24, 1863

7 AGE: Years 68 | Months 5 | Days 29 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto City

PARENTS

10 NAME OF FATHER: Samuel Michael

11 BIRTHPLACE OF FATHER (city or town) (State or country): Frederick

12 MAIDEN NAME OF MOTHER: Annie Lemmon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Chas Spurrier

(Address): 2605 South Ave

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/23/32

17

I HEREBY CERTIFY, That I attended deceased from Mar 15, 1932, to Mar 23, 1932, that I last saw her alive on Mar 22, 1932 and that death occurred, on the date stated above, at 3 20 A.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary): Arterial Hypertension

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) H Hammond Sheeler M. D.

3/23, 1932 Address 2910 Hollins Ferry Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park DATE OF BURIAL: 3/25 1932

20 UNDERTAKER: Cook & Lovelace ADDRESS: Walbrook

Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 250B

E 78072

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 59 E 78072

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Loyola Road 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thos. Fred Heyer

(a) Residence: No. St. Marys Co. Dresden 2nd Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	~~Married~~ Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ida Dixon Heyer

6. DATE OF BIRTH (month, day, year) ? ? 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Mar 10 1932

11. Total time (years) spent in this occupation 60

086

12. BIRTHPLACE (city or town) (State or country) Evansburgh Pennsylvania.

FATHER

13. NAME T. L. Heyer

14. BIRTHPLACE (city or town) (State or country) Freecens Pennsylvania.

MOTHER

15. MAIDEN NAME Ann Jane Mathews.

16. BIRTHPLACE (city or town) (State or country) Pennsylvania.

17. INFORMANT Mr. William Heyer (Brother)

(Address) 108 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem. Date Mar. 24 1932

19. UNDERTAKER Henry Sauer & Sons, Inc.

(Address) Baltimore St & Broadway -

20. FILED . 19 . Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22 . 1932

22. I HEREBY CERTIFY, That I attended deceased from March 19 . 1932 to March 22 . 1932

I last saw h alive on March 22 1932 death is said to have occurred on the date stated above, at 5:46 Am

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset March 19 32

Other contributory causes of importance:

Dropsy — 7 days
Arterio Sclerosis — 7

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) [illegible] M. D.

(Address) [illegible]

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

78073

CERTIFICATE OF DEATH

176E 78073

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 15-68 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. 6 mos. 24 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Abraham Ullman

(a) Residence: No. 2205 W. North Ave. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs. Cecelia Ullman

6. DATE OF BIRTH (month, day, year) Aug. 29, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant Owner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant

10. Date deceased last worked at this occupation (month and year) Jan 1932

11. Total time (years) spent in this occupation 20+

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER FATHER

13. NAME Henry Ullman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Henrietta Rosenstock

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Deceased
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Mt. Sinai Date March 24 1932

19. UNDERTAKER J. L. Mayer & Co.
(Address) 2432 Eastern Ave

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-23 , 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4 , 1932, to Mar. 23 , 1932

I last saw him alive on Mar. 23 , 1932 death is said to have occurred on the date stated above, at 6:55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic cholecystitis with cholelithiasis	July 1931
Peritonitis, streptococcal	March 19, 1932
Other contributory causes of importance: Adhesions, intestinal	March 22, 1932

Name of operation 1) Cholecystotomy 2) Explor. Lap Date of 2-15-32 3-22-32

What test confirmed diagnosis? Oper. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel McCausland , M. D.

(Address) Union Memorial Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 78074 — 126 — A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78074

131

CERTIFICATE OF DEATH

1-PLACE OF DEATH — REGISTERED NO.

City of BALTIMORE: (No. 2422 Eutaw Place St.) 13-54 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophie Stern

(a) RESIDENCE NO. 2422 Eutaw Place St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): May 25 1873

7 AGE — Years: 58 — Months: 9 — Days: 27 — IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Lady

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Jacob Stern

11 BIRTHPLACE OF FATHER (City or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Minnie Hess

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Ester Stern (Address) 2422 Eutaw Place

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: March 23. 1932

17 I HEREBY CERTIFY, That I attended deceased from Oct 23. 1931. to March 23. 1932.

that I last saw h[illegible] alive on March 23. 1932.

and that death occurred, on the date stated above, at 59 m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis - myocarditis

(duration) 2 yrs. mos. da.

CONTRIBUTORY (Secondary) Acute dilatation of heart

(duration) yrs. mos. 1 da.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed) I. Frederick Lutz, M. D.

3/24. 1932 (Address) Temple Garden Apts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem.

Date of Burial: March 25 19 32

20 UNDERTAKER: J. Means & Co.

ADDRESS: 2432 Charlestown Rd.

If not correctly supplied, AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

78075

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ E 78075

CERTIFICATE OF DEATH

97

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) 3017 Georges Falls Pkway ST. 15-61 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry Buchsbaum

(a) RESIDENCE NO. 3017 Georges Falls Pkway ST.

(Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. 10 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Wh

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Mar 13 1865

7 AGE: Years 67 Months Days 10 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired 086

(b) General nature of industry, business, or establishment in which employed (or employer): Letterbarrier

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: John Buchsbaum

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Rulih Heilman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Sophia M Buchsbaum

(Address) 3017 Georges Falls Pkway

15 Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mch 23-32

17

I HEREBY CERTIFY, That I attended deceased from Mch 1 . 1932 . to Mch 23 . 1932 .

that I last saw h alive on Mch 23 . 1932

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Pulm. Congestion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Chas F Bleso, M. D.

3/24 . 1932 (Address) 202 Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem

DATE OF BURIAL: Mar 26 1932

20 UNDERTAKER: F Vernon Kaufman

ADDRESS 1532 Hollins

important. See instructions on back of certificates.

M. D. B. 1268-0

E 9264
E 78076

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 78076

Registered No. 7-994-002

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-994-002 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bessie Stewart

(a) Residence: No. 1618 J- St- St., ... Ward. Monument St.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va —

FATHER

13. NAME Calvin Wilkerson

14. BIRTHPLACE (city or town) (State or country) Va —

MOTHER

15. MAIDEN NAME Margaret ——

16. BIRTHPLACE (city or town) (State or country) Va —

17. INFORMANT Reads —
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Mar 25 1932

19. UNDERTAKER M. V. G. Ellicott
(Address) 1720 Eastlandave.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar - 22 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar - 21 . 1932 to Mar - 22 . 1932

I last saw her alive on Mar - 22 . 1932 Death is said to have occurred on the date stated above, at 4 45 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombo Phlebitis Rt. Femoral	3-1-32
Thrombosis Coronary (?)	3-18-32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) W. H. Nicholson M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 78077 — 162 E 78077

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 6000 Ready Ave ST., 27-46 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Isabella B Buck

(a) RESIDENCE NO. 6000 Ready Ave ST., WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female — 4 COLOR OR RACE: White — 5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John E. Buck

6 DATE OF BIRTH (month, day, and year): Dec. 13-1848

7 AGE: Years 83 — Months 3 — Days 9.10 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): 37
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS
10 NAME OF FATHER: Rev. Peter Rizer
11 BIRTHPLACE OF FATHER (city or town) (State or country):
12 MAIDEN NAME OF MOTHER: Margaret P. Rogers
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs James L Sanford
(Address): Rocks, Harford Co. Md

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 22/32

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1932, to Mar 22, 1932, that I last saw h[illegible] alive on Mar 22, 1932, and that death occurred, on the date stated above, at 1 pm.

The CAUSE OF DEATH* was as follows:

Coma and Exhaustion

(duration) — yrs. 4 mos. 3 ds.

CONTRIBUTORY (Secondary): Intermittent of age

(duration) 1 yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) [illegible] M. D.

3/24, 1932 (Address) 6 E Read St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem — DATE OF BURIAL: Mch 25 1932

20 UNDERTAKER: Chas. E. Franck — ADDRESS: 802 Madison Ave

Be sure to write in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78078

CERTIFICATE OF DEATH

E 78078

Registered No. 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 19-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fleming Armstead

(a) Residence: No. 1842 Eagle St., Ward. Virginia

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Armstead

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Thomas Armstead

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Agne 2

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Kate Armstead

(Address) 1842 Eagle St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cemetery Date Mar. 24, 1932

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 19, 32

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h— alive on , 19 Death is said to have occurred on the date stated above, at 4P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: Arteriosclerosis	

Name of operation Date of

What test confirmed diagnosis? Aut. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, explain

(Signed) E T Herzog M D M. D.

Coroner

(Address) 1305 N Patterson Park Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78079 ✓ E 78079

E 78079

CERTIFICATE OF DEATH

X 121

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4 30 Ward)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Ballinger

(a) Residence: No. St., Ward. Millers, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6a. If married, ~~widowed, or divorced~~
~~HUSBAND~~ of (or) WIFE of Emory Ballinger

6. DATE OF BIRTH (month, day, year) May 5-1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME John Beiman

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME — Rinehart X

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Emory Ballinger

(Address) Millers, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Black Rock Cem. Date 3-26 1932

19. UNDERTAKER Edw. C. Fisher

(Address) Timonium Md

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-23 1932

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1932 to March 22, 1932

I last saw her alive on March 22, 1932 Death is said to have occurred on the date stated above, at 6:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis with Rupture and Abscess Formation	3/17/32
Intestinal Obstruction	3/21/32
Myocardial insufficiency	3-23-32

Other contributory causes of importance:

Name of operation Appendectomy - Shocking Date of 3/18/32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wylie M. Fair, M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1248-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78080 ✓

CERTIFICATE OF DEATH 210-00

E 78080

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St. 97-36 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie E. Taylor

(a) Residence: No. 768 George St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	col.	married

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Walter Taylor

6. DATE OF BIRTH (month, day, year) Sept 21, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook 021

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Family

10. Date deceased last worked at this occupation (month and year) 3/1932

11. Total time (years) spent in this occupation 6yrs

12. BIRTHPLACE (city or town) (State or country) Mississippi

FATHER

13. NAME Daniel Ewing

14. BIRTHPLACE (city or town) (State or country) Mississippi

MOTHER

15. MAIDEN NAME Sara Robinson

16. BIRTHPLACE (city or town) (State or country) Mississippi

17. INFORMANT Walter Taylor (Address) 768 George St

18. BURIAL, CREMATION, OR REMOVAL Mt. Auburn Cem Date 3/25 19 32

19. UNDERTAKER Samuel D. Heugley (Address) 578 N. Eutaw St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of base of skull anterior fossa.	3/21/32

Other contributory causes of importance:

Struck by automobile.

Name of operation none Date of

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 3, 21, 1932

Where did injury occur? York Rd & Lyman Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place street accident

Manner of injury walked into side of auto

Nature of injury Struck head.

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Earl Tolary, M. D. Coroner

(Address) 216 E. Monument

SHIP ACCURATE DEATH in plain terms, so that it may be understood by OCCUPATION is very important. See instructions on back of certificate.

I-30—M & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78081

CERTIFICATE OF DEATH

173 E 78081

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Univrisety Hospital ST. 22-30 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cleveland Gotodman

(a) RESIDENCE NO 636 W. Barre ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Amir Goodman

6 DATE OF BIRTH (month, day, and year) April-1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	11		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S.C.

PARENTS

10 NAME OF FATHER Claude Goodman

11 BIRTHPLACE OF FATHER (city or town) (State or country) S.C.

12 MAIDEN NAME OF MOTHER Carrie Vance

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S.C.

14 Informant Mrs. A. Goodman

(Address) 636 W. Barre St

15 Filed ..., 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/20 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol-shot of Heart

Homicide (duration) yrs. mos da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Eugene Feller, M. D. Coroner

19 ..., (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem — DATE OF BURIAL: 3/24 19 32

UNDERTAKER: Samuel S. Hensley — ADDRESS: 578 N. Bond

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. H. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

59016 E 78082

CERTIFICATE OF DEATH

11-08 E 78082

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 24-27 Ward) 7

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Donald Matthews

(a) Residence: No. 628 Rapeola St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) aug 25-1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. [illegible]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Richard Matthews

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Frances Keene

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Richard
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Hagerstown Md Date Mar 24 1932

19. UNDERTAKER Chas. Ulrich
(Address) 2008 Pulaski St

20. FILED 3/26 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24. 1932

22. I HEREBY CERTIFY, That I attended deceased from March 19. 1932 to March 24. 1932

I last saw him alive on March 24. 1932 Death is said to have occurred on the date stated above, at 7:15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza Pneumonia	3-19-32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. S. Anderson M. D.

(Address) Johns Hopkins Hospital

STATISTICAL CERTIFICATE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 78083 259112

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 54 E 78083

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 7-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Grier Richardson

(a) Residence: No. Carthage St. N Carolina Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	11			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N Car

FATHER

13. NAME Joseph Richardson

14. BIRTHPLACE (city or town) (State or country) N Car

MOTHER

15. MAIDEN NAME Flossie Brown

16. BIRTHPLACE (city or town) (State or country) N Car

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sulphur Springs N.C. Date 3/24/32

19. UNDERTAKER Joseph Abrams

(Address) 524 Aisquith

20. FILED ... 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23 1932

22. I HEREBY CERTIFY, That I attended deceased from March 22 1932 to March 23 1932

I last saw him alive on March 23 1932 Death is said to have occurred on the date stated above, at 9.35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor	
Hypophyseal Duct Cyst	Nov 1930
Hydrocephalus	

Other contributory causes of importance:

None

Name of operation Right Craniotomy Date of 3-23-32

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Fred W. Veil M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

78084

CERTIFICATE OF DEATH

34 E 78084

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) (Ward) 22-30

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George P. Schmitt

(a) Residence: No. Warner Cor. Barre St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ? ? 1856 ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 631

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ? W. Va.

FATHER

13. NAME Adam ?

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dartha Ott

16. BIRTHPLACE (city or town) (State or country) ? Germany

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Date . 19

19. UNDERTAKER
(Address)

20. FILED . 19 Registrar. R C H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1928 to March 20, 1932
I last saw h im alive on March 20, 1932 Death is said to have occurred on the date stated above, at 1:20 P. M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 3-14-32

Other contributory causes of importance:
Syphilis of Aorta
Hypertension
Arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Peter Krause M. D.

(Address) Balto. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 7-17-26—A Co.—200 Bks.

E 78085

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1559 E 78085

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 4122 Belvedere Ave. 28-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Crawford

(a) RESIDENCE NO. 4122 Belvedere Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 24, 1932

7 AGE — Years — Months — Days — IF LESS than 1 day — hrs. or 45 min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

PARENTS

10 NAME OF FATHER Frederick Crawford

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Carroll Co. Md.

12 MAIDEN NAME OF MOTHER Mary Ellen Parrish

13 BIRTHPLACE OF MOTHER (city or town) Hillsdale

(State or country) Balto. Md.

14 Informant

(Address)

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1932 March 24

17 I HEREBY CERTIFY, That I attended deceased from 3/24/ 1932 to 3/24/ 1932

that I last saw her alive on 3/24 1932

and that death occurred, on the date stated above, at 1:30 A m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) unknown

5 month baby (duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Wesley Edel Jr. M. D.

19 (Address) 4506 Liberty Hts Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Date of Burial 19

20 UNDERTAKER

ADDRESS

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

UNIVERSITY OF MARYLAND MAR 24 1932

6760

A4Co. 5-31 250B

E 78086

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78086

CERTIFICATE OF DEATH

95

1. PLACE OF DEATH U.S. Marine Hospital

CITY OF BALTIMORE: (No. Baltimore, Md. St. 7-12 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U.S. if of foreign birth? 58 yrs. mos. ds.

2. FULL NAME Otto L. Anding

(a) Residence: No. 712 N. Collington Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Dora Munzler

6. DATE OF BIRTH (month, day, year): Jan. 26, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Coast Guard

10. Date deceased last worked at this occupation (month and year): 2-[illegible]-32

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Alsace Lorraine France

FATHER

13. NAME: Frederick Anding

14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER

15. MAIDEN NAME: Madelin Munch

16. BIRTHPLACE (city or town) (State or country): France

17. INFORMANT: Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Ost. Lawn. Date Mar. 26, 1932

19. UNDERTAKER George W. Zirkler
(Address) 1732 E. Baye St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from February 5, 1932, to March 23, 1932

I last saw him alive on March 22, 1932 death is said to have occurred on the date stated above, at 6 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, general with cardiac hypertrophy & dilitation	unknown
Other contributory causes of importance: Auricular fibrillation	"

Name of operation no Date of

What test confirmed diagnosis? Clin Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) G. Abbott, M. D.
(Address) U.S. Marine Hospital, Balto.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 78087

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78087

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2605 Ailsa Ave St. 27-ward 85) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Albert E. Spangler

(a) Residence: No. 2605 Ailsa Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 10/1915

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	17	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME John J. Spangler

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Alvina Rode

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John J. Spangler
(Address) 2605 Ailsa Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Emmanuel, Relm. Date Mar. 27 19 32

19. UNDERTAKER George W. Zipkin
(Address) 1752 E Eager St

20. FILED ___, 19___ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 24/32, 19

22. I HEREBY CERTIFY, That I attended deceased from ___, 19___ to ___, 19___

I last saw h___ alive on ___, 19___ Death is said to have occurred on the date stated above, at 6 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epilepsy	?

Other contributory causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ___ Date of Injury ___, 19___

Where did injury occur? ___
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___
If so, specify ___

(Signed) J. W. Paul Coroner, M. D.
(Address) 1086 Monkton Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78088 E 78088

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3101 Louisa ave (ST. 27-45 WARD)

2—FULL NAME Patrick Grady

(a) RESIDENCE NO. 3101 Louisa ave ST. " WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Mitchell

(Address) 3101 Louisa ave

15 Filed . 19 R. C. B Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 23, 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1932 to March 23, 32

that I last saw h alive on 3/23, 1932

and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Almond

What test confirmed diagnosis?

(Signed) Tyler W. Godby M. D.

, 19 (Address) 5703 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Charlottesville Va

DATE OF BURIAL 3/25 1932

20 UNDERTAKER P. J. Offutt

ADDRESS 733-5-7 Park Ave

important. See instructions on back of certificates.

MAR 24 1932 HARRISON JONES, M. D.

1-30—M. & T.—100 B—50L

E 78089

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78089

CERTIFICATE OF DEATH

REGISTERED NO. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp. ST., 16-23 WARD)

2-FULL NAME Rudolph Walkins

(a) RESIDENCE NO. 1115 Woodyear ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE Col | 5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 3-1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		5	18 20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Miner do
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Enon Ward. Va

PARENTS

10 NAME OF FATHER Enon Ward

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Eggie Watkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Robt Watkins

(Address) 1115 W Woodyear

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 23 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) ..... M. D. Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion

DATE OF BURIAL Nov 25 1932

20 UNDERTAKER Carl W. Chase

ADDRESS 632 N. Gilmor

Spec.—9-30—A. & Co.—250 Blks

E 78090

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78090

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 E. Lanvale St. 17-19 Ward)

2 FULL NAME Sybilla Elizabeth Wharley

(a) RESIDENCE NO. 413 E Lanvale St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced (or) WIFE of Abdiel B. Wharley

6 DATE OF BIRTH (month, day, and year) Aug 18-1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	7	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penna

PARENTS

10 NAME OF FATHER Samuel M Ribold

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna

12 MAIDEN NAME OF MOTHER Magdalena Grasmick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna

14 Informant Samuel E Wharley
(Address) 413 E Lanvale

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17-32

17

I HEREBY CERTIFY, That I attended deceased from Dec 1, 1931, to March 17, 1932

that I last saw h[illegible] alive on March 20, 1932

and that death occurred, on the date stated above, at 1/2 25 A m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis
Chronic Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis & Cerebral Hemorrhage

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J Kaar M. D.

3/25 1932 (Address) 413 E Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fissels, York County, Pa. DATE OF BURIAL: March 26, 1932

20 UNDERTAKER: E. Leroy Stiffler, Inc. ADDRESS: 125 E. North Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 78091

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78091

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 107-001 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... St. 16-76 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Blanche Herbert

(a) Residence: No. 1085 W. Fayette St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, year): Jan. 17, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Canvasser ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): New York N.Y.

FATHER

13. NAME: Hyam Herbert

14. BIRTHPLACE (city or town) (State or country): New York N.Y. ?

MOTHER

15. MAIDEN NAME: Carrie

16. BIRTHPLACE (city or town) (State or country): New York N.Y.

17. INFORMANT (Address): Records of Balto City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place: St Paul's Cem Date: March 25 1932

19. UNDERTAKER (Address): J. E. Mosher 24 E. Lanvale St

20. FILED ... 19 ... R. C. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 23. 1932

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1931 to March 23, 1932

I last saw h alive on March 23, 1932 Death is said to have occurred on the date stated above, at 7.10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Arthritis, chr. infection	before
Arteriosclerosis	July 1930
	Unk.
Other contributory causes of importance:	
Bronchopneumonia	3 days

Name of operation ... Date of ...

What test confirmed diagnosis Clinical & Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jas. G. Emerson Jr. M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

Coroner Morrissey 3632 Roland Ave 7649

AaCo. 5-11 250B

E 78092 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 78092

CERTIFICATE OF DEATH

181

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. Calvert 33rd St., Ward 9-46

Length of residence in city or town where death occurred 3 yrs. mos ds. How long in U.S. If of foreign birth? yrs. mos ds.

2. FULL NAME Mrs Blanche Jernigan

(a) Residence: No. 2713 Greenmount Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mr. H. Jernigan

6. DATE OF BIRTH (month, day, year) Dec 13, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shenandoah Va

MOTHER FATHER

13. NAME William Coen Stone

14. BIRTHPLACE (city or town) (State or country) Shenandoah Va.

15. MAIDEN NAME Margaret Bruden

16. BIRTHPLACE (city or town) (State or country) Shenandoah Va

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Shenandoah Va Date 3/27/1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 19 Apr 1 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-24-32 19

22. I HEREBY CERTIFY, That I attended deceased from 3-7-32, 19 , to 3-24-32, 19

I last saw her alive on 3-24-32, 19 death is said to have occurred on the date stated above, at 7:10 Am.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
2nd & 3rd degree burns of entire body	3-7-32

Other contributory causes of importance:

Coroner J. J. Morrissey

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 3-7, 1932

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in public place.

Manner of injury Bathrobe caught fire from a heater.

Nature of injury Burns 2nd & 3rd degree.

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Egbert R. Mortimer Jr. M.D.

(Address) Union Memorial Hospital

OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78093

CERTIFICATE OF DEATH

31 E 78093

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 N Hope St. 6-11 Ward)

Length of residence in city or town where death occurred 44 yrs. 3 mos. 27 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ruby E Hipps

(a) Residence: No. 115 N Hope St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry K Hipps

6. DATE OF BIRTH (month, day, year) Nov. 26 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James Lambert

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Margaret Bruce

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Albert L. Gaffney

(Address) 163 N Hope St

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date May 26 1932

19. UNDERTAKER Wm Cook

(Address) 1217 E Paul St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23 1932

22. I HEREBY CERTIFY, That I attended deceased from March 22 1932 to March 23 1932

I last saw her alive on March 23 1932 death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy — (1 day)	March 22/32
antecedent Hypertension — 5 days	(1 yr)
cardio-vascular-renal (2 yrs)	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? urine - Blood pressure, etc Was there an autopsy? No -

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) James F. Hemmeter M. D.

(Address) 722 N. Kenwood Ave

SPECIAL CAUSE OF DEATH: Be plain and full, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78094

E 78094

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 527 E. 27th St., 4-06 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs ... mos. ... ds.

2. FULL NAME Ada V. McCauley

(a) Residence: No. 527 E. 27th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, ~~or divorced~~
~~HUSBAND~~ (or) WIFE of Wm T. McCauley

6. DATE OF BIRTH (month, day, year) Mar 14th 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	0	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Walter McCauley
(Address) 125 S. Monastery Ave

18. BURIAL, CREMATION, OR REMOVAL.
Place Balto Cemetery Date 3/26/1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 24th, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1932 to March 24, 1932
I last saw her alive on March 23, 1932 death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	
Myocarditis	
Toxic Goitre	

Other contributory causes of importance:

Dysentery

Name of operation ... Date of ...
What test confirmed diagnosis? Physical signs Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) F. Thursby M. D.
(Address) 4037 Falls Road

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

E 78095 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78095

CERTIFICATE OF DEATH

~108

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 933 Homestead St., 9-4 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Amanda E. Ritter

(a) Residence: No. 933 Homestead St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~
~~HUSBAND of~~
(or) WIFE of Lewis Ritter

6. DATE OF BIRTH (month, day, year) Sept 2 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Frederick Z.
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Alfred Ritter
(Address) 509 Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cemetery Date 3/25/1932

19. UNDERTAKER Wm Cook
(Address) 127 St. Paul St

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 23rd, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1932 to March 23, 1932

I last saw h~~e~~r alive on March 22, 1932 death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	March 15
Other contributory causes of importance: anemia - Cachexia	

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ~~No~~ If so, specify ...

(Signed) W. A. Jacobs M. D.
(Address) 1735 N. Montalvo St

OCCUPATION is very important. See instructions on back of certificate. Each statement of the cause of death must be plain terse, so that it may be properly classified.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78096

CERTIFICATE OF DEATH

93-003

E 78096

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 13-59 Ward)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Herwitz

(a) Residence: No. 2102 Brookfield Ave. Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Rebecca Herwitz

6. DATE OF BIRTH (month, day, year)

7. AGE: Years: 62 | Months: | Days: | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 42

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Rebecca Herwitz
(Address) 2102 Brookfield Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Mount Lebanon Date: 3-25-1932

19. UNDERTAKER: Jos. Levy & Son
(Address) 1330 Bank St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1932 to March 24, 1932

I last saw him alive on March 23, 1932 death is said to have occurred on the date stated above, at 6:45 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1924
Chronic Myocarditis	1924
Coronary Thrombosis	3-24-32

Other contributory causes of importance:

Benign Prostatic hypertrophy	1924
C Obstruction	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, how?

(Signed) J. R. Eademan, M. D.

(Address) Sinai Hospital.

STATE CAUSES OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78097

CERTIFICATE OF DEATH

11-004 E 78097

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 525 Longwood St. ..... Ward) 26-70

Length of residence in city or town where death occurred 7yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Mary C. Dean.

(a) Residence: No. 525 Longwood St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White	married.

5a. If married, widowed, or divorced (or) WIFE of John F Dean

6. DATE OF BIRTH (month, day, year) 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
About 71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Charles Haynes

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary J. Ingram

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT John F. Dean (Address) 525 Longwood St.

18. BURIAL, CREMATION, OR REMOVAL St. Pauls Cemetery Date 3-26- 1932
Frazer Co.

19. UNDERTAKER George L. Schwab. (Address) 2101 Frederick Ave.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-23-1932

22. I HEREBY CERTIFY, That I attended deceased from March 20th, 1932, to March 23, 1932

I last saw her alive on March 23 1932 death is said to have occurred on the date stated above, at 9.45 P m.

The principal cause of death and related causes of importance were as follows:

		Date of onset
	Erysipelas.	about March 17 1932
	Lobar Pneumonia	March 22 1932
Final disease was	Chronic myocardial insufficiency	
	Mitral Regurgitation	

Other contributory causes of importance

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Wm Kritchek, M. D.

(Address) 2901 Edmondson Ave.

STATE CAUSE OF DEATH in plain language, using no abbreviations or initials. Give full particulars regarding OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78098 E 78098

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat 76-63 St., Ward)

Registered No. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs 9 mos 9 ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Patrick J. Hampson

(a) Residence: No. Washington D C St., Ward.

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — unknown

6. DATE OF BIRTH (month, day, year) Sept 10 1866

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
65	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Car Repairer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Rail Road

10. Date deceased last worked at this occupation (month and year) — ?

11. Total time (years) spent in this occupation — ?

12. BIRTHPLACE (city or town) (State or country) — Ireland

FATHER

13. NAME — Patrick Hampson

14. BIRTHPLACE (city or town) (State or country) — Ireland

MOTHER

15. MAIDEN NAME — Morgan McNulty

16. BIRTHPLACE (city or town) (State or country) — Ireland

17. INFORMANT (Address) — Mrs Hope Lewis, Mt Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL. Place Evergreen Cem. Date March 25 1932

19. UNDERTAKER (Address) — Harrison Mahoney Co 108-10 North Calvert

20. FILED ____, 19____ Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1932 to March 24, 1932

I last saw h[im] alive on March, 1932 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis Cerebral Hemorrhage Bronchitis	3/18 32
Other contributory causes of importance: Pre Senile Dementia with Arterio-Sclerosis	2 years

Name of operation None Date of

What test confirmed diagnosis? Phy. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton P. Weed M. D.

(Address) Mt Hope Retreat

1-30—M & T—100 B—50L

E 78099

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78099

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO. 16-32

CITY OF BALTIMORE: (No.) Lexington Market St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Fedderman

(a) RESIDENCE No. 945 N. Mount St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Fedderman

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Bernard Armstrong

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Harriet Bishop

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Louis Fedderman

(Address) 945 N. Mount St

15 Filed ____ 192 ____ ML Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-22-1932.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Gellert, M. D. Coroner

3/24, 1932 (Address) 2134 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemtery

DATE OF BURIAL 3/24, 1932

20 UNDERTAKER Geo. T. A. Gibson

ADDRESS 1735 Hanover St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78100 E 78100

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2817 W. North ave St., 15-68 (Ward)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isaac Price

(a) Residence: No. 2817 W. North ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Caroline L Price

6. DATE OF BIRTH (month, day, year) March 12-1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	72		12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md Lin Pa.

FATHER

13. NAME Ephraim Price
14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Angelina Brenly
16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mrs. Price
(Address) 2817 W. North ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date May 26 1932

19. UNDERTAKER Harry W. Ethun
(Address) 1944 W. Baltimore

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24 1932

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1932 to March 24 1932
I last saw him alive on March 14 1932 death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis & Cirrhosis of Liver	3/9/32
Other contributory causes of importance: Arteriosclerosis	

Name of operation No Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? No Date of injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. W. Ethun M. D.
3/26/32 2707 W. North ave

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

B 78101

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001 E 78101

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2006 Hunterst St., 12 WARD) 12-14

2-FULL NAME Henry Simpson

(a) RESIDENCE NO. 2006 Hunterst ST., 12 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Susie Simpson

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About 69				

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S. C.

PARENTS

10 NAME OF FATHER Henry Simpson

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown.

14 Informant Susie Simpson

(Address) 2006 Hunterst

15 Filed ..... , 192 .... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/27- 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D. Coroner

3/24, 1932 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary — DATE OF BURIAL 3/25/1932

20 UNDERTAKER Mrs. P. G. Elliott — ADDRESS 1715 Eastlund

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

78102

CERTIFICATE OF DEATH

93-003

93 E 78102

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-43 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isaiah Weil

(a) Residence: No. 2900 London Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bertha Weil

6. DATE OF BIRTH (month, day, year) Oct. 31, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chambersburg, Pa.

FATHER

13. NAME Joseph Weil

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Isidore Weil

(Address) 2900 London Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Het. Friendship 3/25/ 1932

19. UNDERTAKER David Sondheim & Son

(Address) 1902 Eutaw Place

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-24, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-23, 1932, to 3-24, 1932

I last saw h Was alive on 3-24, 1932 death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1920?
Chr. myocarditis	3-22-32
Bronchopneumonia	
Benign hypertrophy of prostate	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Charles Robert Culver, M. D.

(Address) Sinai Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

78103

CERTIFICATE OF DEATH

107 E 78103

1. PLACE OF DEATH Baltimore City Hospitals

Registered No.

CITY OF BALTIMORE: (No. ..... St., 6-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Brooks

(a) Residence: No. 25 N. Glover St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ida Brooks

6. DATE OF BIRTH (month, day, year) 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Can Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Can Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Brooks

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary Sinclair

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Records of
(Address) Baltimore City Hospitals

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date March 26, 32

19. UNDERTAKER John F. Morgan
(Address) 3000 E. Balto St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/7/28 to 3/23/32

I last saw him alive on 3/23/32 Death is said to have occurred on the date stated above, at 12:00 m. Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-17-32
Other contributory causes of importance: Arteriosclerosis	Unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify

3-24-32

(Signed) ..... M. D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78104 — 78104

CERTIFICATE OF DEATH

1310

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph Hosp (Street) 24-36 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Margaret Martinuzzi

(a) Residence: No. 402 N. Hawes St Balto Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Peter Martinuzzi

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER FATHER

13. NAME: John Moran

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Bridget Shalley

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs Margaret Kahler
(Address) 402 N. Howen St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date March 28 1932

19. UNDERTAKER: John A. Moran
(Address) 3000 E. Balto St.

20. FILED ..... 19..... .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22 1932

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1932 to March 22, 1932
I last saw her alive on March 22 1932 death is said to have occurred on the date stated above, at 10.50 p.m.

The principal cause of death and related causes of importance were as follows:

Empyema of Gall Bladder. — Date of onset March/32 Postop

Other contributory causes of importance:
Arterio-Sclerosis - Cardio-vascular renal disease ?

Name of operation Cholecystotomy Date of 3/19/32

What test confirmed diagnosis Clinical? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. McGann Gardner M. D.

(Address) St Joseph Hosp Balt

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. LAST EMPLOYMENT or OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-8-25—A Co.—500 Blks.

E 78105

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-001

E 78105

1-PLACE OF DEATH 2002 22nd Street 9-4b REGISTERED NO.

City of BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fieron B. Curley

(a) RESIDENCE NO. 200 E. 22nd St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: Florence Curley

6 DATE OF BIRTH (month, day, and year): April 22, 1858

7 AGE: Years 73 | Months 11 | Days 1 | IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman 62

(b) General nature of industry, business, or establishment in which employed (or employer): night.

(c) Name of employer: Roberts Bro.

9 BIRTHPLACE (city or town): Baltimore Md.

(State or country)

PARENTS

10 NAME OF FATHER: Harry Curley

11 BIRTHPLACE OF FATHER (city or town): Baltimore Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Ann Ward

13 BIRTHPLACE OF MOTHER (city or town): Baltimore Md.

(State or country)

14 Informant: Florence Curley

(Address) 200 E. 22nd St.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-23 1932

17 I HEREBY CERTIFY, That I attended deceased from March 21, 1932, to March 23, 1932,

that I last saw him alive on March 23, 1932,

and that death occurred, on the date stated above, at 9:15 m.

The CAUSE OF DEATH* was as follows:

Pneumonia - Bronchial

(duration) 5 yrs. 0 mos. 3 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) H. Hunter, M. D.

, 19 (Address) 9 E Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Date of Burial: March 26, 1932

20 UNDERTAKER: Curley & Co. Inc. ADDRESS: 700 E. North Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78106

CERTIFICATE OF DEATH

107-08

E 78106

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., 16-26 (Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alford (Alfred) Smith

(a) Residence: No. 1029 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lula

6. DATE OF BIRTH (month, day, year) June 3, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

FATHER

13. NAME Samuel

14. BIRTHPLACE (city or town) Balto.
(State or country) Md.

MOTHER

15. MAIDEN NAME Georgeanna Stockler

16. BIRTHPLACE (city or town) Balto.
(State or country) Md.

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date 3-26 19 32

19. UNDERTAKER Eugene Waters
(Address) 512 N Carrollton ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1932 to March 22, 1932
I last saw him alive on March 22, 1932 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3 days
Arteriosclerosis	uncertain
Cystitis chr.	2 months

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Jas. E Arnold M.D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

A&Co. 5-31 250B

E 78107 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-04 E 78107

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2107 Allendale St. St. 15-1 (Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie C. McCormick

(a) Residence: No. 2107 Allendale St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Joseph F. McCormick

6. DATE OF BIRTH (month, day, year) Dec. 23rd. 1872

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
59	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Michael Madden

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine O'Neill

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Joseph F. McCormick
(Address) 2107 Allendale St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Mar. 28th. 19 32

19. UNDERTAKER Ernest Davidson
(Address) 1131 W. Mt. Royal Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1931, to March 24, 1932

I last saw h.. alive on March 24, 1932 death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation of heart	1 day
Other contributory causes of importance:	
arteriosclerosis	1929
Myocarditis (chronic)	1931
Hypertension about 2 yrs	

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter S. Tibbitt M. D.

(Address) 220 Garrison Ave

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

11 Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78108

CERTIFICATE OF DEATH.

93-003 E 78108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 E. Chase St. 10-15 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John J. McGarvey

(a) RESIDENCE NO. 613 E. Chase ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Annie M. Ford

6 DATE OF BIRTH (month, day, and year) April 5, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	11	14	

8 OCCUPATION OF DECEASED Retired

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Penn. R. R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER James McGarvey

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Nancy McCrystal

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant Daughter Miss Mabel McGarvey

(Address) 613 E. Chase St.

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/23/32

17 I HEREBY CERTIFY, That I attended deceased from 4/29, 1931, to 3/23, 1932, that I last saw him alive on 3/23, 1932, and that death occurred, on the date stated above, at 7:10 p m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Myocarditis chronic

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Exam

(Signed) Thos. E. Stacy Jr., M. D.

, 19 (Address) 4017 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL May 2, 1932

20 UNDERTAKER Elmer W. Conklin — ADDRESS 1246 Eager

TION is very important. See instructions on back of certificates.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78109 93-003 E 78109

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat St. (Ward) 28-43

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. 5 mos. — ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Sister M. Joseph Reilly

(a) Residence: No. Mt Hope Retreat St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Single

6. DATE OF BIRTH (month, day, year) June 22. 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious 65

9. Industry or business in which work was done, as stik mill, saw mill, bank, etc. Sister

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York New York

FATHER

13. NAME Michael Reilly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth Flood

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mt Hope Records
(Address) Mt Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL DOMINICAN CEMETERY
Place NEWARK, N.J. Date 3/25 1932
VIA P.R.R.

19. UNDERTAKER John P. Dennis
(Address) 710 Cathedral St

20. FILED ..... 19..... Reg / Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1924 to March, 1932

I last saw h er alive on March, 1932 death is said to have occurred on the date stated above, at — m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	?
Arterio-Sclerosis	
Bronchitis	3 days

Other contributory causes of importance:

Senile Dementia

Name of operation None Date of

What test confirmed diagnosis? P. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton B. Hall, M. D.

(Address) Mt Hope Retreat

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 78110

E 78110

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Mexican Petroleum Co.

CITY OF BALTIMORE: (No. Wagner's Point. ST. 24-3rd WARD

2-FULL NAME James R. Knapp.

(a) RESIDENCE NO 1735 William St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. 7 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced, HUSBAND of Pearl Knapp.

6 DATE OF BIRTH (month, day, and year) August 12, 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	7	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Pipe fitter,
(b) General nature of industry, business, or establishment in which employed (or employer): Mexican Petroleum
(c) Name of employer: Company.

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John T. Knapp.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Lula McKnew.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant John Knapp. (father)

(Address) 1735 William St.

15 Filed , 192 . Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 22, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull.
Blown from top of tank during windstorm. Accidental Death.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt Coroner, M. D.

3/28/32, 19 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem. DATE OF BURIAL March 25, 32

20 UNDERTAKER Margaret A. Flynn ADDRESS 1427 Light

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78111

CERTIFICATE OF DEATH

E 78111

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. 11-24 St., Ward)

Length of residence in city or town where death occurred yrs. mos 3 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Milton Meads

(a) Residence: No. 3 Phenix Rd. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ethel A. Meads

6. DATE OF BIRTH (month, day, year) Sept 6 1867

7. AGE	Years	Months	Days	If LESS than 1 day: hrs. or min.
	64	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Hartford Co. Md.

FATHER

13. NAME Wm L. Meads

14. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

MOTHER

15. MAIDEN NAME Lucinda L. Reese

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Elizabeth A. Meads Wife

(Address) Baltimore Balto Co Md

18. BURIAL, CREMATION, OR REMOVAL. Place Black Harry Cem Date Mar 28, 1932

19. UNDERTAKER Eugene M. Conaster

(Address) 925 E Eager St. Balto.

20. FILED ..., 19 32. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-25, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/22, 1932 to 3/25, 1932

I last saw him alive on 3/25, 1932 Death is said to have occurred on the date stated above, at 9 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Other contributory causes of importance:	
acute dilation	3 hours

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Robert F. Chenoweth, M. D.

(Address) Md General Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78112

CERTIFICATE OF DEATH.

154 E 78112

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Kernan Hospital St., 16-22 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elmer Williams

(a) RESIDENCE NO. 1245 N. ~~Carey~~ Stricker St

(Usual place of abode) ST., WARD

Length of residence in city or town where death occurred 4 yrs mos da How long in U. S., if of foreign birth? yrs mos da

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 4, 1928

7 AGE: Years 4; Months 2; Days 22; If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Alice Morse

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St Marys Co Md

14 Informant Maggie Morse (Address) 1245 Stricker St

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/23 1932

17 I HEREBY CERTIFY, That I attended deceased from 10/14 . 1931 . to 3/23 . 1932.

that I last saw ~~him~~ alive on 3/23 . 1932

and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Multiple Osteomyelitis of mandible & ft femur, rt. os calcis, rt. & left tarsals, & ft radius

(duration) yrs 4 mos 8 da.

CONTRIBUTORY (Secondary) Septicemia, Toxemia.

(duration) yrs mos 4 da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of 10/13/31, 10/22/31, 10/29/31, 11/20/31

Was there an autopsy? No;

What test confirmed diagnosis? Clinical examination

(Signed) Allen F. Voshell, M. D.

. 19 (Address) 4 E. Madison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary — DATE OF BURIAL: 3/25 1932

20 UNDERTAKER: Charles H Cook — ADDRESS: 514 N Calvert

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 78113

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 E 78113

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1438 Hull St. ST. 24-35 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frederick Thern

(a) RESIDENCE NO. 1438 Hull ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Bernall.

6 DATE OF BIRTH (month, day, and year) Apr. 5-1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	11	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer 0+0

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Arastrid Hungary

PARENTS

10 NAME OF FATHER Anton Thern

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria Hungary

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Catherine Thern.

(Address) 1438 Hull

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch 24-32

17 I HEREBY CERTIFY, That I attended deceased from Mch. 21 . 19 32 . to Mch. 24 19 32

that I last saw h/ll alive on Mch 23 19 32

and that death occurred, on the date stated above, at 1055a m.

The CAUSE OF DEATH* was as follows:

Marasmus, Chr. Tuberculous Nephritis Hypertension Arteriosclerosis Myocarditis (decompensated) 2d

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr Tuberculous Nephritis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Hematuria & Sphygs.

(Signed) Thos Fa Stevens, M. D.

3-24 19 32 (Address) 2878 Hanford

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Evergreen Hall — DATE OF BURIAL March 26 19 32

20 UNDERTAKER Charles L. Stevens — ADDRESS 1500 Eutaw St

1-30—M. & T.—100 B—50L

E 78114

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78114

CERTIFICATE OF DEATH

1-PLACE OF DEATH — Mexican Petroleum Co.

CITY OF BALTIMORE: (No.) Wagner's Point. ST. 25-17 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME — Sebastian Pajak.

(a) RESIDENCE NO — 102 Blossom St. ST., ... WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? 12 yrs. ---- mos. ---- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed or divorced — HUSBAND of Mary Pajak.

6 DATE OF BIRTH (month, day, and year) October 22, 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	5	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work — Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer) — Mexican Petroleum
(c) Name of employer — Company.

9 BIRTHPLACE (city or town) (State or country) — Poland.

PARENTS

10 NAME OF FATHER — John Pajak.

11 BIRTHPLACE OF FATHER (city or town) (State or country) — Poland.

12 MAIDEN NAME OF MOTHER — Antonio Jacinski.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) — Poland.

14 Informant — Mary Pajak. (wife)

(Address) — 102 Blossom St.

15 Filed ..... 192 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 22, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of right leg, Internal injuries. Flown from top of tank during wind-storm. Accidental Death.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Theo. A. Steinhardt, M. D. Coroner

3/23/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Holy Cross Cem. A.A.Co.

DATE OF BURIAL — March 26 1932

20 UNDERTAKER — John M. Weber

ADDRESS — 401 E. Chester St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

Dr Patton

E 78115

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54 E 78115

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital 8-17 ST. ..... WARD)

2-FULL NAME James Rozer Turner

(a) RESIDENCE NO 1405 E Federal ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: Wht | 5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 22 1899

7 AGE: Years 33 | Months 4 | Days 3 22 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Plumber
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Sheppard C Sidley Co

9 BIRTHPLACE (city or town) (State or country) Sidley Va

PARENTS

10 NAME OF FATHER James H Turner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Sidley Va.

12 MAIDEN NAME OF MOTHER Ina M Lankford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant James Turner
(Address) Sidley Va

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetic Coma

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) J S B Coroner, M. D.

3/25/32 (Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sidley Va

DATE OF BURIAL 3/26 1932

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78116 E 78116

CERTIFICATE OF DEATH

+ 89-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Joseph Hosp. St. 4-17 Ward)

Length of residence in city or town where death occurred yrs. mos 8 ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Walter Goode

(a) Residence: No. Churchville Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Oct 4-1918

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	13	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Mr. S. Goode

14. BIRTHPLACE (city or town) (State or country) Churchville Md

MOTHER

15. MAIDEN NAME Annie A. Mitchell

16. BIRTHPLACE (city or town) (State or country) Darlington Md

17. INFORMANT Mr. Walter S. Goode
(Address) Churchville Md

18. BURIAL, CREMATION, OR REMOVAL
Place Churchville Md Date Mar 27 1932

19. UNDERTAKER Mr. C. Jackson, Jones Town Md
(Address)

20. FILED ..... 1932 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25. 1932

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1932 to March 25, 1932
I last saw her alive on March 25 1932 death is said to have occurred on the date stated above, at 3:25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus Septicemia	1 wk.
Other contributory causes of importance: Chronic Otitis Media	3 wks.

Name of operation ..... Date of .....
What test confirmed diagnosis Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. M. Byam Gardner M. D.
(Address) St Joseph Hosp. Balt

OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78117 5/E 78117

CERTIFICATE OF DEATH

Registered No. 16-64

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 N. Bentalou St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm Walton Cherry

(a) Residence: No. 619 N. Bentalon St., Ward. (Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~Married~~, widowed, or ~~divorced~~ HUSBAND of (or ~~WIFE~~) Alice F. Cherry

6. DATE OF BIRTH (month, day, year) June 25th 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	10 8	25 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Druggist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James Cherry

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Louisa Walton

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Miss Louise C. Shields

(Address) 619 N. Bentalou St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 3/26/1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 24th 1932

22. I HEREBY CERTIFY, That I attended deceased from Feby 1 1932 to Mar 24 1932

I last saw him alive on Mar 24 1932 death is said to have occurred on the date stated above, at 10:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Complications of Senile	7
Carcinoma of Bladder	1
Arteriosclerosis Cerebral	2/1/32
Myocardial insufficiency	1
Uraemia, with Suppression	3/20/32
Other contributory causes of importance: Senile	
Age Long Standing	

Name of operation No Date of —

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Ethelbert Cole, M. D.

(Address) 1207 Eutaw Place

AdCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78118 E 78118

CERTIFICATE OF DEATH

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3211 Frisby St. 9-46 Ward)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas M. Zehnter

(a) Residence: No. 3211 Frisby St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Sophie Zehnter

6. DATE OF BIRTH (month, day, year) July 5th 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self (Ins.)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frederick C Zehnter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Vagel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sophia Zehnter
(Address) 3211 Frisby st

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 3/26/1932

19. UNDERTAKER H. M. Cook
(Address) 1217 St Paul st

20. FILED ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/24/1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1932, to March 24, 1932

I last saw ~~him~~ alive on March 24, 1932 death is said to have occurred on the date stated above, at 20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	about 2 yrs ago

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? T. B. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) [illegible] M. D.

(Address) 520 N Eutaw

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 2-08

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78119

CERTIFICATE OF DEATH

50 E 78119

Registered No. 28453

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4221 Ridgewood Ave St., 43 Ward)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary M. Giffings

(a) Residence: No. 4221 Ridgewood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or divorced HUSBAND of (or) WIFE of Andrew J. Giffings

6. DATE OF BIRTH (month, day, year) July 26th 1846

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
85	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Adam Soldon

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Sawrock

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Amelia E. Lotz
(Address) 4221 Ridgewood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 3/26/1931

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 24th 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1931 to March 24 1932

I last saw h~~e~~r alive on March 22 1932 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left breast and left lung with secondaries	1931

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter Corbett M. D.
(Address) 2220 Garrison Ave

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-H 2108

HEALTH DEPARTMENT—CITY OF BALTIMORE

78120

CERTIFICATE OF DEATH

13 E 78120

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 121 N. Curley St. 6-11 Ward)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine Archer

(a) Residence: No. 121 N. Curley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of Edward B Archer

6. DATE OF BIRTH (month, day, year) Oct 3rd 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER

13. NAME Edward Sullers

FATHER

14. BIRTHPLACE (city or town) Balto (State or country) Md

15. MAIDEN NAME Katharine Reese

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Charles E Sanders (Address) 160 N. Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL Mt Carmel Cemetery Date 3/26/ 1932

19. UNDERTAKER Wm Cook (Address) 1217 E Paul St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/24/ 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1932, to March 24, 1932

I last saw her alive on March 23, 1932 death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthma	
Chronic Interstitial Nephritis	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. Curley, M. D.
(Address) 1788 E Baltimore St

OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 78121

82-001

E 78121

1-PLACE OF DEATH

REGISTERED NO. 418-26

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. 738 W. Fair mount St. WARD)

2-FULL NAME Mamie Burroughs

(a) RESIDENCE NO. 729 W. Fairmount Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Edward Murray

(Address) 724 W. Saratoga St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/22 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Kilduff, M. D. Coroner

3/23 1932 (Address) 1509 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johnson Cem

DATE OF BURIAL: 3-26 1932

20 UNDERTAKER: Joseph A Lively

ADDRESS 4099 Mound St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 78122

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78122

CERTIFICATE OF DEATH.

11-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 669 W. Barre St (St.) 22-36 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Janney

(a) RESIDENCE No. 669 W. Barre St (St.) (Ward)
(Usual place of abode)
Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Florence Janney

6 DATE OF BIRTH (month, day, and year) Jan 26 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	52	1	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Rosa Sydnor
(Address)

15 Filed , 19 J.L. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 23 1932

17 I HEREBY CERTIFY, That I attended deceased from Mar 21, 1932, to Mar 23, 1932, that I last saw him alive on Jan 22, 1932, and that death occurred, on the date stated above, at 4:45 P.M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no What test confirmed diagnosis? Clinical Symptoms

(Signed) John T. Grant M.D.

, 19 (Address) 615 S. Paca St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Brooks Cem Calvert md

DATE OF BURIAL March 27 1932

20 UNDERTAKER Joseph A Lively

ADDRESS 1109 N. Mount St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AaCo. 5-41 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78123

CERTIFICATE OF DEATH

23 E 78123

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto City Hospitals 10-14 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cora Waters

(a) Residence: No. 1317 Ashland Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Mard

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm T Waters

6. DATE OF BIRTH (month, day, year) (?)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Caroline Co Va

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Phyllis Waters

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 3/27/38

19. UNDERTAKER Robt T Williams
(Address) 1515 McElderry St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-28, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-21, 1938 to 3-28, 1938

I last saw her alive on 3-23, 1938 death is said to have occurred on the date stated above, at 6.45 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	2 da.
Other contributory causes of importance:	
Acute Heart Failure	1 da
Anginal	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Reuben E. Fuller M. D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

78124

CERTIFICATE OF DEATH

141 E 78124

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 27-44 Ward 4) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Joseph A. France

(a) Residence: No. 200 Edmondson Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph France

6. DATE OF BIRTH (month, day, year) Jan 30, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Herman Schott

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Arendt

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Joseph France

(Address) 200 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL.

Place Holy Redeemer Cem. Date March 28, 1932

19. UNDERTAKER Henry Koch & Sons, Inc.

(Address) 1301 E Eager St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1932 to March 28, 1932

I last saw her alive on March 24, 1932 Death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Lobar Pneumonia	6 days

Other contributary causes of importance:

Spontaneous Miscarriage (3 mos)

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. P. Dunn, M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

78125 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3rd E 78125

1. PLACE OF DEATH Baltimore City Hospitals

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 20-10 (Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Biggs

(a) Residence: No. 563 S. Longwood St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown Md.

FATHER

13. NAME Jos. J. Biggs

14. BIRTHPLACE (city or town) (State or country) N. D.

MOTHER

15. MAIDEN NAME Isabella James

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Records of
(Address) Baltimore City Hospitals

18. BURIAL, CREMATION, OR REMOVAL London Park Date May 26, 1932

19. UNDERTAKER Chenoweth & Son
(Address) 3615 Edmondson Ave

20. FILED . 19 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/11/30, 19 , to 3/24/32, 19

I last saw h im alive on 3/24/32, 19 Death is said to have occurred on the date stated above, at 6:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene. Senile of foot	2 wks.
Arteriosclerosis, Senile	unknown
Bronchopneumonia	3 days
Lobar Pneumonia - Syphilis ???	unknown
Optic Atrophy	1929

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas. Glennon Jr. M. D.
City Hosp.
(Address)

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

78126

CERTIFICATE OF DEATH

59 E 78126

1. PLACE OF DEATH

Registered No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2111 McHenry St. 20-64 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME SOPHIA SMITH.

(a) Residence: No. 2111 McHenry St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William J. Smith.

6. DATE OF BIRTH (month, day, year) Nov. 2 - 1861

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
70	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME ? Kistan

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Annie ? ?

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Charles W. Smith (Address) 2743 W. Fairmount Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Lawlor's Date Nov. 28 1932

19. UNDERTAKER George L. Schmat. (Address) 2101 Pennsylvania Ave

20. FILED _____ 19____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24 1932

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1932 to March 24, 1932

I last saw her alive on March 24 1932 death is said to have occurred on the date stated above, at 4:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Nephritis Gangrene	
Carbuncle Edema Pulmonalis	

Other contributory causes of importance: Influenza Reduced

Name of operation _____ Date of _____

What test confirmed diagnosis: Clinical, Laboratory, Autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place.
Manner of injury —
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? — If so, specify _____

(Signed) Nathan C. Kistler M. D.
3/25/32 (Address) 251 Eutaw Pl

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78127

CERTIFICATE OF DEATH

234E 78127

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital 5-9 Ward)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME (William?) Thomas Green

(a) Residence: No. 1410 E. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Carrie Green

6. DATE OF BIRTH (month, day, year) 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) James City Co., Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Ella -------

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Carrie Green
(Address) ~~1611~~ Aesland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date 3-26 19 37

19. UNDERTAKER Boyle & Wright
(Address) 1117 E. Baltimore St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18/38

22. I HEREBY CERTIFY, That I attended deceased from
19 to 19
I last saw h alive on 19 Death is said to have occurred on the date stated above, at 4.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Odema	
Streptococcic Septicemia	

Other contributory causes of importance:
Tuberculosis left apex

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) O. H. Cullen M. D.
Coroner.
(Address) 508 E. North Ave.

INSTRUCTIONS ON BACK OF CERTIFICATE.

AACo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78128

CERTIFICATE OF DEATH

× 46 E 78128

1. PLACE OF DEATH (a) Hosp. Hospital

CITY OF BALTIMORE: (No. 4 Eastern Ave St. Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. 11 mos. 9 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Luther

(a) Residence: No. Ellwood City Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced (or) WIFE of Casper Luther

6. DATE OF BIRTH (month, day, year) April 6th 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Anton Wobbel

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Ridgley

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Casper Luther
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL.
Place New Cathedral Date 3-28-32

19. UNDERTAKER Geo. Weber & Son
(Address) 2503 Edmondson Ave

20. FILED ..... 19 32 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-25-32

22. I HEREBY CERTIFY, That I attended deceased from 3-17-32, 19 , to 3-25-32 19

I last saw h alive on 11-26-31 19 death is said to have occurred on the date stated above, at 11 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer Pyloric and Stomach	

Other contributory causes of importance:

Pulmonary embolism

Name of operation Gastroenterostomy Date of 3/25/32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. W. Hendrey M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

E 78129

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78129

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1109 W. Lakewood ave. St., 8-17 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds. 50 yrs or more

2. FULL NAME Anna Grochowska

(a) Residence: No. 1109 W. Lakewood ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced [redacted] (or) WIFE of Late John Grochowska

6. DATE OF BIRTH (month, day, year) Dec 12th 1863.

7. AGE	Years	Months	Days	If LESS than 1 day ...hrs. or ...min.
	68	3	12.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Hoffanski.

14. BIRTHPLACE (city or town) (State or country) unknown.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs. Anna Offutt Daughter

(Address) 1109 W. Lakewood ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Nicholas Cem. Date March 29 1932

19. UNDERTAKER George A. Weyer

(Address) 745 S. Linwood street

20. FILED ... 19... 16 K

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24th 1932

22. I HEREBY CERTIFY, That I attended deceased from March 3rd 1932 to March 24th 1932

I last saw her alive on March 24th 1932 Death is said to have occurred on the date stated above, at 6.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	March 3 32

Other contributory causes of importance:

Arteriosclerosis

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Caleb V. Athey ... M. D.

(Address) 100 S. Patterson Park ave.

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78130

CERTIFICATE OF DEATH

51 E 78130

Registered No.

1. PLACE OF DEATH Balto. City Hospitals

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 5-8 Ward)

Length of residence in city or town where death occurred 26 yrs. ? mos. ? ds. How long in U.S. If of foreign birth 26 yrs. ? mos. ? ds.

2. FULL NAME Vincent Mascari

(a) Residence: No. 416 Calvin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Mascari (Living)

6. DATE OF BIRTH (month, day, year) Not Known 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Storekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Joe Mascari

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Maria Medola

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT (Address) Hospital Records - Balto City Hospital

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Date 3/28/32

19. UNDERTAKER Gorsuch Bros. (Address) 1430 Eastern Ave.

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-24, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-18, 1931, to 3-24, 1932

I last saw him alive on 3-24, 1932 death is said to have occurred on the date stated above, at 9 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Carcinoma Left Kidney with Peritoneal Metastasis	1930
(2) Partial Intestinal Obstruction	1931

Other contributory causes of importance:

Uremia	Mar. 24-32

Name of operation Nephrectomy Date of 1930

What test confirmed diagnosis? Pathology Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Arthur E. Linke, M. D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 78131 93 E 78131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1746 Harford Avenue St., (9-18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John T. Shea

(a) Residence: No. 1746 Harford Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Catherine Treadwell

6. DATE OF BIRTH (month, day, year) May 13, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pa. R.R. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas U'd.

FATHER

13. NAME James Shea

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Johanna Shea

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John Shea

(Address) 1746 Harford Avenue

18. BURIAL, CREMATION, OR REMOVAL. Place St. Josephs Texas Date 3-28-1932

19. UNDERTAKER Geo. J. Roth & Son

(Address) [illegible]

20. FILED , 19 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1932 to March 25, 1932

I last saw h[illegible] alive on March 25, 1932 Death is said to have occurred on the date stated above, at 3:00 A.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset
about 2 years

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Samuel Wolfe M. D.

(Address) 1331 N. Eutaw Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78132

CERTIFICATE OF DEATH

94 E 78132

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2833-Pontebello Terrace St., 27th Ward)

Registered No. 27464

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Florence Lerch

(a) Residence: No. 2833-Pontebello Terrace St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Alexander P. Lerch

6. DATE OF BIRTH (month, day, year) July 3rd, 1861

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
70	8	20 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Hahn

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary O. Dorsey

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Milton R. Lerch

(Address) 2833-Pontebello Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date 3/28/32, 19

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED , 19 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/24, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/23, 1932 to 3/24, 1932

I last saw h alive on 3/24, 1932 death is said to have occurred on the date stated above, at 5:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

Angina Pectoris — Date of onset

Other **contributory causes** of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Were an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in **industry**, in **home**, or in **public place**

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 3703 Eastern Ave.

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 78133 108 E 78133

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospt St. 19-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Marlin Yoe

(a) Residence: No. 1800 W. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Isabelle Yoe

6. DATE OF BIRTH (month, day, year) Sept 24 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	6	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Henry Yoe

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret O'Donnell

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Augusta T. Farley
(Address) 1800 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 3/28 1932

19. UNDERTAKER George A. Feeney
(Address) Fulton & Fayette St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-24 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-22-32, 19..., to 3-24-32 19...

I last saw her alive on 3-24 1932 death is said to have occurred on the date stated above, at 11 P M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/22/32

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) George Gordon, M. D.

(Address) St. Agnes Hosp

OCCUPATION is very important. See instructions on back of certificate.

A4Co. 5-31 250B

E 78134

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78134

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Square Hospital

Registered No. 11-E 78134

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Fayette & Calhoun St., 9-16 Ward)

Length of residence in city or town where death occurred 57 yrs. 4 mos. 17 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Miles

(a) Residence: No. 1611 Oline St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Wid.

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Emma T. Miles

6. DATE OF BIRTH (month, day, year) 11-8-1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER FATHER

13. NAME George Miles
14. BIRTHPLACE (city or town) (State or country) Md.
15. MAIDEN NAME Margaret Krauss
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Miles (Address) 1611 Oline st.

18. BURIAL, CREMATION, OR REMOVAL Place Cod Hill Date 3/29 1932

19. UNDERTAKER J. Fred McCully (Address) 130 E Pratt.

20. FILED ..., 19... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1932, to March 25, 1932

I last saw him alive on March 25, 1932 death is said to have occurred on the date stated above, at 5:45P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia partially influenzal	3-10-25

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M B Kreitzer, M. D.

(Address) Franklin Square Hospital

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78135

87-002

E 78135

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital St., 17-24 Ward)

2-FULL NAME [redacted] Williams Willis

(a) RESIDENCE NO. 1212 Etting St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
abt 75	Unknown			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (City or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Nannie Willis

(Address) 1212 Etting St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1932

3-24

17 I HEREBY CERTIFY, That I attended deceased from 3-2, 1932, to 3-24, 1932, that I last saw h[illegible] alive on 3-24, 1932, and that death occurred, on the date stated above, at 2:05 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Softening probably Thrombosis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Unknown

(doration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Course

(Signed) Geo. J. McAnarney M. D.

3-25 1932 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Date of Burial

Natural Cemetery March 28 1932

20 UNDERTAKER ADDRESS

Archibald A. Gaddis 1848 McCulloh

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

E 78136

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106 E 78136

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital St. 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Addie Fisher

(a) RESIDENCE NO. 648 Booth St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE: Years 50 Months Days IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (City or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Hospital Record

(Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1932

3-24

17 I HEREBY CERTIFY, That I attended deceased from 3-20, 1932 to 3-24, 1932

that I last saw h[illegible] alive on 3-24, 1932

and that death occurred, on the date stated above, at 2:45 A. M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) George W. McDonald M. D.

3-26 1932 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. Date of Burial 3-26-32

20 UNDERTAKER Samuel Thomas Tyler ADDRESS 25

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MAR 26 1932

AACo. S-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78137 (HD)

23 E 78137

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital St. 16-22 (Ward)

Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 48 yrs. 11 mos. 7 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick A. Amrhein

(a) Residence: No. 907 N. Payson St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of [illegible] Blanche E. Amrhein

6. DATE OF BIRTH (month, day, year) April 22 - 1883

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	48	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Letter Carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Govt

10. Date deceased last worked at this occupation (month and year) 3/1932

11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Philip Amrhein

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Bantag ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Blanche Amrhein
(Address) 907 N Payson St

18. BURIAL, CREMATION, OR REMOVAL
Place London Pk Cem Date Mar 26 1932

19. UNDERTAKER Wm J Fichter & Sons
(Address) South Gate

20. FILED ..... 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1932, to March 24, 1932

I last saw h[illegible] alive on 3/24/32, 19... death is said to have occurred on the date stated above, at 2 00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis (Bilateral + Spinal)	?
Other contributory causes of importance: Pulmonary Hemorrhage on 3/21/32.	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? yes

28. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

31. Was disease or injury in any way related to occupation of deceased? ? If so, specify —

(Signed) Harry P Kelly, M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78138

CERTIFICATE OF DEATH

131 E 78138

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3814 Milford Ave ST. 28-64 WARD

2—FULL NAME Sarah E. Bentz

(a) RESIDENCE NO. 3814 Milford Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 4 mos. 14 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

a If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of: Wm H. Bentz

6 DATE OF BIRTH (month, day, and year): Nov. 8th 1856

7 AGE — Years: 75 — Months: 4 — Days: 17 — If LESS than 1 day, hrs or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Louis H. Hosford

11 BIRTHPLACE OF FATHER (city or town) (State or country): France

12 MAIDEN NAME OF MOTHER: Carol E. O'Farrell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md

14 Informant: Wm H. Bentz

(Address): 3814 Milford Av.

15 Filed ____, 19____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 25. 1932

17 I HEREBY CERTIFY, That I attended deceased from Mar. 9th, 1932, to Mar. 25th, 1932

that I last saw her alive on Mar. 25th, 1932

and that death occurred, on the date stated above, at 12.50 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrage

(Duration) ____ yrs. ____ mos. 3 ds.

CONTRIBUTORY (Secondary) Chr. Interstitial Nephritis (duration) 4 yrs — mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Physical Examination

(Signed) Paul Brown, M. D.

3/25. 1932 (Address) 1663 W. Fort Ave.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivette

DATE OF BURIAL: Mar. 28, 1932

20 UNDERTAKER: Geo. W. Tuttle

ADDRESS: 2700 Edmondson Ave.

A&Co. 5-31 2508

E 78139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

E 78139

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1702 N. Pat. Pk. Ave St. 8-16 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christina Jung

(a) Residence: No. 1702 N. Pat. Pk. Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Jung

6. DATE OF BIRTH (month, day, year) Jan 16/1861

7. AGE Years	Months	Days	If LESS than 1 day hrs or min
71	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME August Wackman

14. BIRTHPLACE (City or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary E. Brooks

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mary E. Ball

(Address) 1702 N. Pat. Pk. city

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date 3/24/32 19

19. UNDERTAKER Philip Abrutz

(Address) 2016 Eutaw St

29. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from February 6th 1932 to March 23rd 1932

I last saw h[illegible] alive on May. 23rd 1932 death is said to have occurred on the date stated above, at 2 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-18-32
Arterio-sclerosis	2.

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George E. Gross, M. D.

(Address) 28 W 25th St.

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

78140

CERTIFICATE OF DEATH

78140

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Baltimore and Calhoun St. 19-27 Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos 3 ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Albert S. Hammond

(a) Residence: No. Glenburnie Md St., Ward.

(If usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia L. Hammond

6. DATE OF BIRTH (month day year) July 11 1863

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	69	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME John J. Hammond

14. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

15. MAIDEN NAME Camsadel Hipsley

16. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

17. INFORMANT Mrs N Farrell

(Address) Glenburnie A. A. Co.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Date Mch 26 1932

19. UNDERTAKER John O. Mitchell & Son

(Address) 1900 Eutaw Place

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day year) March 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1932, to March 24, 1932

I last saw him alive on March 24 1932 death is said to have occurred on the date stated above, at 11 P M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	
Other contributory causes of importance: Hypertrophied Prostate Arteriosclerosis	

Name of operation None Date of

What test confirmed diagnosis? Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elbert Roberts M. D.

(Address) Franklin Square Hospital.

IF OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78141

CERTIFICATE OF DEATH

50 E 78141
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 3-51 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emily Newcome

(a) Residence: No. 130 W 24th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
About 70 yrs.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Staunton Va.

FATHER

13. NAME John T. Newcome

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Mary E. (?)

16. BIRTHPLACE (city or town) (State or country) Unknown (Unknown)

17. INFORMANT Rev. Benj. B. Sprott
(Address) 1409 Bolton St

18. BURIAL, CREMATION, OR REMOVAL
Place Bells Cem. Date March 28 1932

19. UNDERTAKER John C. Mitchell Son
(Address) 1900 Eutaw Place

20. FILED — 19— —
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-27- 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-1-19 1932 to 3-27 1932

I last saw h 4r alive on 3-27 1932 death is said to have occurred on the date stated above, at 4:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma L. Left Breast	6 mo?
c Metastasis to	
Arteriosclerotic Cardiovascular Renal Disease	1

Other contributory causes of importance:

Acute Heart Failure - Complicating

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Robert E. Tuttle M. D.
(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 78142 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78142

CERTIFICATE OF DEATH.

92-001

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 3462 Cadmus Ave ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George W. Brookhart

(a) RESIDENCE NO. 3462½ Cadmus Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary L. Brookhart

6 DATE OF BIRTH (month, day, and year): Sept 18 1860

7 AGE: Years 71 Months 11 Days 6. If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Roofer

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Wm Brookhart

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary French

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Cecelia M Donovan

(Address) 3462 Cadmus Ave

15 Filed ____ 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 24 1932

17

I HEREBY CERTIFY, That I attended deceased from March 9. 1932. to March 24 1932.

that I last saw him alive on March 24 at 1932 4.45 m

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Erysipelas (facial) 4d

Toxemia Caused by abrasion of skin over nose

(duration) — yrs — mos 5 ds.

CONTRIBUTORY (Secondary) Chron'c Endocarditis

(duration) — yrs. 6 mos. — ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) Wm Hamilton M. D.

3/26 1932 (Address) 1701 E Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — DATE OF BURIAL: Mar 28 1932

20 UNDERTAKER: Josiah Lyter — ADDRESS: 1600 W North Ave

TION is very important See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78143

E 78143

CERTIFICATE OF DEATH

131

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1420 W Mulberry ST. (WARD) 19-27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Cynthia Sudler

(a) RESIDENCE NO. 1420 W. Mulberry St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 5 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

a If married, widowed, or divorced: HUSBAND of (or) WIFE of Jacob Sudler

6 DATE OF BIRTH (month, day, and year): Aug 12 1869

7 AGE: Years 62. Months 7 Days 22 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic 037

(b) General nature of industry, business, or establishment in which employed (or employer): House work.

(c) Name of employer: not employed

9 BIRTHPLACE (city or town) (State or country): Prince Georges Maryland

PARENTS

10 NAME OF FATHER: Wesley Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Maria Boone

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Prince Georges Co Md

14 Informant: Viola Sudler Smith

(Address) 1420 W Mulberry St

15 Filed . 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 24th 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb 22nd, 1932, to Mar 24th, 1932, that I last saw her alive on Mar 24th, 1932, and that death occurred, on the date stated above, at 6.07 A. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis and Hemi Plegia or Paralysis

(duration) yrs 1 mos. 2 ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

(duration) yrs 1 mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? by clinical Laboratory

(Signed) J. T. Dunn, M. D.

19 (Address) 522 N. Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary, Annearundel Co Md.

DATE OF BURIAL: Mar 27, 1932

20 UNDERTAKER: Mrs. Katie R. Williams

ADDRESS 3221 Edmondson St.

1-30—M & T—100 B—50L

B 78144

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78144

CERTIFICATE OF DEATH

46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 528 Oxford, ST., 17-24 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence Price

(a) RESIDENCE NO. 528 Oxford ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced (write the word) married

5a If married ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Carrie Price.

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Odd
(c) Name of employer

9 BIRTHPLACE (city or town) Talbot Co
(State or country) Md

PARENTS

10 NAME OF FATHER Emory Price

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Wright

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Carrie Price
(Address) 528 Oxford

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Mar 24th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) Autopsy thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

1 6 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) H. C. Quick, M. D. Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cemetery

DATE OF BURIAL Mar. 26, 32

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 3224 Schroeder St

TION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 78145 | 107 E 78145

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 501 S Glover St., 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Wilfer

(a) Residence: No. 501 S Glover St., 1 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of: Michael Wilfer

6. DATE OF BIRTH (month, day, year): April 15 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	81	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Austria Germany

FATHER

13. NAME: John Kiel

14. BIRTHPLACE (city or town) (State or country): Austria Germany

MOTHER

15. MAIDEN NAME: Mathawn

16. BIRTHPLACE (city or town) (State or country): Austria Germany

17. INFORMANT: Marie Wilfer

(Address) 501 S Glover St

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Mch. 25, 1932

19. UNDERTAKER: Libby & Zeiler Inc.

(Address) 1 E Saratoga St

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h— alive on ..., 19... Death is said to have occurred on the date stated above, at 2.30 p. m.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia — Date of onset

Other contributory causes of importance:

senility

Name of operation ... Date of ...

What test confirmed diagnosis? Hist Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify?

(Signed) H. Hiers M.D. M. D. Coroner

(Address) 1305 N Patterson Park Ave.

M. D. B. 1268-9. See instructions on back of certificate.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78146 ✓ E 78146

E 78146

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 739 N. Kenwood Ave St., 7 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eugene P. West

(a) Residence: No. 739 N. Kenwood Ave St., 7 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M. West

6. DATE OF BIRTH (month, day, year) March 22-1871

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	61		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinest

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Federal Tin Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME Isaac West

14. BIRTHPLACE (city or town) Virginia
(State or country)

MOTHER

15. MAIDEN NAME Mary Heavey

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

17. INFORMANT Mary M. West
(Address) 739 N. Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Hill Date March 25, 1932

19. UNDERTAKER Fitzpatrick Bros
(Address) 1 Cook Court

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24 1932

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1932 to March 24, 1932

I last saw him alive on March 24, 1932 death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	March 23
Chronic Nephritis — about 1 yr ago	1932
Other contributory causes of importance: Emphysema & Bronchial Asthma	(?)

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Louis F. Krumeen, M. D.

(Address) 722 N. Kenwood Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 78147

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78147

CERTIFICATE OF DEATH

Registered No. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 300 Linden Ave St., 26 Ward)

Length of residence in city or town where death occurred ..yrs.. ..mos. ..ds. How long in U. S. if of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Elizabeth Bethmann

(a) Residence: No. 300 Linden Ave St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edward Bethmann

6. DATE OF BIRTH (month, day, year) Dec 3 1857

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Edward Bethmann
(Address) 300 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date March 26 1932

19. UNDERTAKER Lilly & Sons
(Address) 1123 Eutaw St.

20. FILED March 26 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24 1932

22. I HEREBY CERTIFY, That I attended deceased from 1/10/32 to 3/24/32
I last saw her alive on 3/23 1932 Death is said to have occurred on the date stated above, at 3:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis and interstitial nephritis with hypertension	
Other contributory causes of importance:	
Acute Cardiac dilatation	

Name of operation ..... Date of ....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. H. Grell M. D.

(Address) 1623 S. Conkling

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78148

CERTIFICATE OF DEATH

11-96

E 78148

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2614 St Benedict (St.) 20-14 (Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Heintz

(a) Residence: No. 2614 St. Benedict Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	American	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise F. Heintz

6. DATE OF BIRTH (month, day, year) August 1st 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (yedrs) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Mitchell

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) York Pa

17. INFORMANT Mrs Edna Reid

(Address) 2614 St Benedict St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 3/26/32

19. UNDERTAKER J. B. Rowland

(Address) 1850 W. Baltimore St

20. FILED ..... 19..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1932, to March 24, 1932

I last saw h[illegible] alive on March 23, 1932 death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
La Grippe	3/17/32
Bronchopneumonia	3/20/32

Other contributory causes of importance: Myocardial degeneration Dec 1931

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Eliot W. Johnson, M. D.

(Address) 3432 Gardenia Ave

AaCo. 5-11 250B

E 78149 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 78149

CERTIFICATE OF DEATH

Registered No. 151

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St. 20-60 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. 19 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Kempf

(a) Residence: No. 42 E. Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ... April 6th 1931

6. DATE OF BIRTH (month, day, year) ...

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (City or town) (State or country) Baltimore, Md

MOTHER FATHER

13. NAME Henry J. Kempf

14. BIRTHPLACE (City or town) (State or country) Baltimore, Md

15. MAIDEN NAME Mary J. Todd

16. BIRTHPLACE (City or town) (State or country) Baltimore, Md

17. INFORMANT Henry J. Kempf
(Address) 42 E. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Hill Park Date 3/26/ 1932

19. UNDERTAKER J. B. Wyatt & Co.
(Address) 1512 W. Baltimore St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25th 1932

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1932, to March 25, 1932

I last saw her alive on March 25 1932 death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hirschsprung's Disease	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Mildred H. Strecker M. D.

(Address) Univ. Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

2-5-71
E 78150

CERTIFICATE OF DEATH

+49 E 78150
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-4 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lucy Williams

(a) Residence: No. Warren, Ohio St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sam Williams

6. DATE OF BIRTH (month, day, year) June 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45?	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ia

MOTHER

13. NAME Mildred Mabel

14. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

15. MAIDEN NAME Neal Williams

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Germantown Ohio Nov. 26 1932

19. UNDERTAKER Mrs. R. G. Elliott
(Address) 1720 Eastlund Ave.

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24. 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 . 1932 to March 24 . 1932

I last saw her alive on March 24, 1932 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of vulva — Date of onset ?

Other contributory causes of importance:

Pyelitis, acute

Name of operation Vulvectomy Date of Jan. 1932

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?
If so, specify

(Signed) G. B. Hurd M. D.

(Address) Johns Hopkins Hosp

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

78151

E 78151

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

53

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 314 E. 26th ST. 12-50 WARD)

2-FULL NAME Virginia Georgetta Harris

(a) RESIDENCE NO. 314 E 26th ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Geo. W. Harris

6 DATE OF BIRTH (month, day, and year) Sept 21 1823

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	6	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 07

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Geo Elmer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Margaret Hunter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mrs Geo. Harris

(Address) 314 E. 26th St.

15 Filed APR 2 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-25-32.

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1931 to March 25 1932, that I last saw h[illegible] alive on 3-23- 1932, and that death occurred, on the date stated above, at 5:30 P.m.

The CAUSE OF DEATH* was as follows:

Hypernephroma of Left Kidney with probable metastasis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) A. Neal Cabeen M.D. M. D.

3/25/32 (Address) Windsor & Ophs

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fredericksburg Va.

DATE OF BURIAL 3-26-32

20 UNDERTAKER Harry H. Smith

ADDRESS 710 N Edmondson Ave

AaCo. 5-31 250B

E 7815 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78152

93-0

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 10-14 St. 10 Ward)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Catherine J. Gallagher.

(a) Residence: No. 643 Hanover St. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER FATHER

13. NAME Wm. McDermott
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Mary
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Carr
(Address) 124 S. Harford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place St. Josephs Md. Date 12-22 1932

19. UNDERTAKER Chas. Frederick
(Address) Lemmon Bldg.

20. FILED ... 19 12/K Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/25, 1932

I HEREBY CERTIFY, That I attended deceased from March 18, 1932 to March 25, 1932

I last saw h[illegible] alive on March 25, 1932 Death is said to have occurred on the date stated above, at 6:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Vascular Disease	4 Wks. History
Other contributory causes of importance: Chronic Myocardial Failure, Chronic Bronchitis	4 Wks. ?

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) [illegible] M. D.
(Address) Georges Hosp. Balto

AACo. 5-31 250B

78153 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 78153

CERTIFICATE OF DEATH

97-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 10-14 Ward)

Length of residence in city or town where death occurred yrs. mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME John Ebert

(a) Residence: No. Preston + Valley St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 10th 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
72	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None - Ret'd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Michael Ebert

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Elz. Rabarsan

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Little Sisters of the Poor
(Address) Preston + Valley St

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Mar 28 1932

19. UNDERTAKER Pius Undertaking Co
(Address) 1714 Pennsylvania Ave

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25th 1932

22. I HEREBY CERTIFY, That I attended deceased from March 11th 1932 to March 25 1932

I last saw him alive on March 24 1932 death is said to have occurred on the date stated above, at 2.A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Endocarditis	
Acute Dilatation of Heart	
Other contributory causes of importance:	
Bronchitis	2 wks

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. McCarthy M. D.

(Address) 1114 Hollins St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78154

CERTIFICATE OF DEATH

X 93 E 78154

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Patterson Park St. 8-45 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard Fumanus

(a) Residence: No. Fallston Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mary L Fumanus

6. DATE OF BIRTH (month, day, year): Sept 3 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter 05

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Harford Co Md

FATHER

13. NAME: Samuel C Fumanus.

14. BIRTHPLACE (city or town) (State or country): Hanford Co Md

MOTHER

15. MAIDEN NAME: Elizabeth Kornberger

16. BIRTHPLACE (city or town) (State or country): Harford Co Md

17. INFORMANT: Mary L Fumanus
(Address) Fallston Md

18. BURIAL, CREMATION, OR REMOVAL: Friendship Date Mch 28 1933

19. UNDERTAKER: Hopkins & Gross
(Address) Benson Md

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 7.00 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
Other contributory causes of importance: Acute Alcoholism	

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D Reese M D M. D.
Coroner

(Address) 130 N Fulton Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

78155 ✓ 78155

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 N. Bond St. 6-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Brown

(a) Residence: No. 108 N. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 6/1920

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ~~Balto. Co., Md.~~

FATHER

13. NAME ~~Frank A. Brown~~

14. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

MOTHER

15. MAIDEN NAME Carrie Barnes

16. BIRTHPLACE (city or town) (State or country) Balto Co., Md.

17. INFORMANT Carrie Barnes Brown
(Address) 108 N. Bond St

18. BURIAL, CREMATION, OR REMOVAL
Place Ashley Cemetery Date March 30

19. UNDERTAKER Gilbert Williams
(Address) 1515 McElderry St

20. FILED 19 Registrar.

(OCCUPATION is very important. See instructions on back of certificate.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 25/30 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 7.45 P. M.

The principal cause of death and related causes of importance were as follows:

Probably Lobar Pneumonia — Date of onset ?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. S. Mc Cann M. D.

(Address) 508 E Fort Avenue

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

78156

CERTIFICATE OF DEATH

82 E 78156

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2033 E. Balto St. 2nd Ward)

Length of residence in city or town where death occurred 27 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dora Isaacson

(a) Residence: No. 2033 E. Balto St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Late Rabbi Isaac B. Isaacson

6. DATE OF BIRTH (month, day, year) 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Julius Valenchik

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Leah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Julius Isaacson
(Address) 2603 Shirley Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Pikesville Date 3/27 1932

19. UNDERTAKER Sol Levinson & Bro
(Address) 1221 E. Balto St.

20. FILED ... 19 B.C.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from July-3- 1931 to March-25- 1932

I last saw her alive on March-25 1931. Death is said to have occurred on the date stated above, at 10 45 a. m.

The principal cause of death and related causes of importance were as follows:

Arterio-Sclerotic hypertensive disease, Cerebral hemorrhage — Date of onset about 12 yrs duration

Other contributory causes of importance:

Pyelo-nephritis

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) Herman Seidel M. D.

(Address) 2404 Eutaw Pl

AACo. 5-31 2108

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78157

CERTIFICATE OF DEATH

131 E 78157

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 Brentwood ave St., 10-15 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S. If of foreign birth, 55 yrs. mos. ds.

2. FULL NAME Harry Hallander

(a) Residence: No. 1110 Brentwood ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie B. Hallander

6. DATE OF BIRTH (month, day, year) 1865

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 25
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Feed Merchant
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

MOTHER FATHER

13. NAME Abraham Hallander
14. BIRTHPLACE (city or town) (State or country) Austria
15. MAIDEN NAME Wallis
16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Annie B. Hallander
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Lehner Herring Bur. Date 3-27-32, 19

19. UNDERTAKER Lloyd Leary Sr
(Address) 1437 E Baltimore St

20. FILED ... 19 ... Registrar. H.C.T.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25. 1932.

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1931, to March 25, 1932
I last saw h[illegible] alive on March 25, 1932 death is said to have occurred on the date stated above, at 11.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Cerebral Sclerosis.	
(2) chronic interstitial nephritis	

Other contributory causes of importance:
Broncho - pneumonia

Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) Chas. S. Herstadt M. D.
(Address) 1730 Linden ave.

AACo. 5-31 250B

Osie

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78158 ✓ E 78158

E 78158

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH 1619 Mulliken St 6-9

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred (7) yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Osie Brown

(a) Residence: No. 1619 Mulliken St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colord	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dollie Brown

6. DATE OF BIRTH (month, day, year) 1884

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
48	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Darlington S.C

FATHER

13. NAME Charley Brown

14. BIRTHPLACE (city or town) (State or country) Darlington S.C

MOTHER

15. MAIDEN NAME Clara Smooth

16. BIRTHPLACE (city or town) (State or country) Darlington S.C

17. INFORMANT Malasa Reed
(Address) 1307 Mulliken St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn County Date March 27 1932

19. UNDERTAKER Edward Bryan
(Address) 1081 Orleans St

20. FILED ..... 19..... ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-24 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-17- 1932 to 3-24 1932

I last saw h alive on 3-24 19.... death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	3-17-32
Other contributory causes of importance:	

Name of operation No Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

3-26-32 Address 50 Pinegrove

M. D. B. 1268-D

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78159

CERTIFICATE OF DEATH

93E 78159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., 5-8 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jack Ladson

(a) Residence: No. 134 Colvin St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of Unknown
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country) S. Carolina

FATHER

13. NAME John Ladson

14. BIRTHPLACE (city or town) Unknown
(State or country) S. Carolina

MOTHER

15. MAIDEN NAME Celia ?

16. BIRTHPLACE (city or town) Unknown
(State or country) S. Carolina

17. INFORMANT Records of
(Address) Baltimore City Hospitals

18. BURIAL, CREMATION, OR REMOVAL
Place Johnsons Cem. Date 3-28 19 32

19. UNDERTAKER Brown & Wright
(Address) 128 McElderry St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11/20/23, 19 ..., to 3/24/32, 19 ...

I last saw him alive on 3/24/32. Death is said to have occurred on the date stated above, at 9:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chr.	Feb 1931
Hypertension	unk
Arteriosclerosis	unk

Other contributory causes of importance:

Bronchopneumonia	2 days

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas. E. Ahrens M. D.

(Address)

AdCo. 5-31 250B

E 78160 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 78160

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd Gen. Hospital — Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St. 15-31 Ward) 8

Length of residence in city or town where death occurred ____ yrs. ____ mos. 34 ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Jacob Quietsky

(a) Residence: No. Baldwin Md. P.O. Box 42 St., ____ Ward. ____ (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	A. A.	Widower

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of unknown

6. DATE OF BIRTH (month, day, year) 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME unknown
14. BIRTHPLACE (city or town) (State or country) unknown
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Good Shepherd Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. Date Md 3-28 . 1932

19. UNDERTAKER Geo. E. Lee
(Address) 138 W. Lexington St.

20. FILED ____ 19__ 4/2 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/24 . 1932

22. I HEREBY CERTIFY, That I attended deceased from 2/20 . 1932 to 3/24 . 1932

I last saw him alive on 3/24 . 1932 death is said to have occurred on the date stated above, at 9:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Paresis	2/20/32
Terminal Bronchopneumonia	2 days

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Carson C. Hurst M. D.

(Address) 432 Baker street

M. D. B. 1268-9

E 78161

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 E 78161

Registered No. 6-4

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Thomas Jones

(a) Residence: No. 1620 E. Fayette St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 12, ? 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42		12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Concrete Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME ? Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Sarah Jane ?

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Records of
(Address) Baltimore City Hospitals

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 3-28 1932

19. UNDERTAKER Byron Wright
(Address) 128 McCulloh St

20. FILED ..... 19.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1/9/31 . 19 . to 3/24/32 . 19

I last saw him alive on 3/24/32 . 19 . Death is said to have occurred on the date stated above, at 11:10 A.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis chr.
Arteriosclerosis, gen.

Date of onset
Nov 1930

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis autopsy? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) ..... M. D.

(Address) City Hosp

AACo. 5-31 250B

E 78162

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78162

CERTIFICATE OF DEATH

82-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 702 W. Lake ave St. 27-53 Ward 3

Length of residence in city or town where death occurred 21 yrs. 11 mos. 25 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maurice Alvin Long, Jr.

(a) Residence: No. 702 W Lake Ave St., ... Ward. .....
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 31, 1910

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
21 yrs	11 Mo	25 da	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Statistician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Investment Broker

10. Date deceased last worked at this occupation (month and year) September 1931

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Maurice Alvin Long

14. BIRTHPLACE (city or town) (State or country) Middletown Ohio

MOTHER

15. MAIDEN NAME Anne May Morris

16. BIRTHPLACE (city or town) (State or country) Cincinnati Ohio

17. INFORMANT Froome Morris
(Address) Cincinnati, Ohio

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date 3-28 1932

19. UNDERTAKER Kenny W. Jenkins & Sons
(Address) Orchard & McCulloh

20. FILED ..... 19 ..... R. V. P. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1931 to Mar. 25, 1932

I last saw h. alive on March 24 1932 death is said to have occurred on the date stated above, at 5:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Rheumatic Fever	Sept 1931
Acute Endocarditis	Oct 2, 31
Cerebral Embolism	Mar 24, 32
Renal Infarction	Mar 24 32
Femoral Embolism	Mar 10 32

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Thyroid Basal Metabolism Autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. Hixson Forter, M. D.

(Address) 4822 Roland Ave

AACo. 5-31 250B

E 78163

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78163

CERTIFICATE OF DEATH

Registered No. 93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 W 40th St. 4-13-52 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ross Huff

(a) Residence: No. 822 W 40th St. St., Ward.

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Single

5a. If ~~married~~, ~~widowed~~, or ~~divorced~~ HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 1st 1845

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Co Md

FATHER

13. NAME Reuben F. Huff

14. BIRTHPLACE (city or town) (State or country) Jefferson Co Va

MOTHER

15. MAIDEN NAME Julina Johnson Ross

16. BIRTHPLACE (city or town) (State or country) Frederick Co Md

17. INFORMANT Miss Mary S. Pitts

(Address) 822 W 40th St

18. BURIAL, CREMATION, OR REMOVAL Frederick Md Cem Co Date March 28 1932

19. UNDERTAKER Henry Menkins Sons

(Address) Edmondson Ave-Catonsville Md

20. FILED , 19 G. P. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26th 1932

22. I HEREBY CERTIFY, That I attended deceased from March 13th, 1932 to March 26th, 1932

I last saw her alive on March 25th, 1932 death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Pulmonary Edema	March 12 '32
	March 25 '32

Other contributory causes of importance

Arteriosclerosis

Acute Bronchitis

Name of operation None Date of

What test confirmed diagnosis? ~ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased No If so, specify

(Signed) J. A. Chatard M. D.

(Address) 1301 Mosher St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

78164 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 78164

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 Wyndhurst Ave St. 27-53 Ward)

Length of residence in city or town where death occurred abt 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Jane Clark

(a) Residence: No. 710 Wyndhurst Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dr. J. Vernon Clark

6. DATE OF BIRTH (month, day, year) about 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Robert A. Grier

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Jane Susan

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs Jane Sale

(Address) Linthicum Md

18. BURIAL, CREMATION, OR REMOVAL

Place Edendale Md Date 3/28/32 19

19. UNDERTAKER Stuart & Brown Company

(Address) 108 N. North Ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25th 1932

22. I HEREBY CERTIFY, That I attended deceased from March 20 1932 to March 25 1932

I last saw h[illegible] alive on March 25 1932 Death is said to have occurred on the date stated above, at 8 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular disease	?
Cerebral Arteriosclerosis -	
Cerebral Thrombosis ?	3-25-31?

Other contributory causes of importance:

Diabetes Mellitus	
Bronchopneumonia (Terminal)	3 24 32

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No - If so, specify

(Signed) J. Nelson Carey M. D.

(Address) 1014 St Paul St

Spec.—1-30—M. & T.—250 Blks.

78165 HEALTH DEPARTMENT—CITY OF BALTIMORE 11-002 V E 78165

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3007 Belmont Ave ST.) 16-67 (WARD)

2-FULL NAME Electa H. Moore

(a) RESIDENCE NO. 3007 Belmont Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
fem.	white	single

6 If married, widowed, or divorced HUSBAND of or) WIFE of Wm Moore

DATE OF BIRTH (month, day, and year) Oct 1858

AGE	Years	Months	Days	If LESS than 1 day.... hrs. or ... min.
	73	5		

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ... None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

8 BIRTHPLACE (city or town) New Brunswick, N. J.
(State or country)

10 NAME OF FATHER Henry Hunt

11 BIRTHPLACE OF FATHER (city or town)
(State or country) N. J.

12 MAIDEN NAME OF MOTHER Emmaline Rogers

13 BIRTHPLACE OF MOTHER (city or town) N. J.
(State or country)

14 Informant daughter, Marie E. Moore
(Address) 3007 Belmont Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 26, 1932

17 I HEREBY CERTIFY, That I attended deceased from March 23, 1932, to March 26, 1932,

that I last saw her alive on March 26, 1932,

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Grippe

(duration) ... yrs. ... mos 4 ds.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Physical signs + symptoms

(Signed) J. F. Shemwell, M. D.

March 26, 1932 (Address) 3310 Tioga Parkway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Glenwood Cem. Washington D C

DATE OF BURIAL Mar 29 1932

20 UNDERTAKER George J. Smith

ADDRESS 1532 Hollins

M. D. B. 1265-9

E 78166

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

E 78166

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. #926 W Pratt St. 18-24 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. 1 da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Elizabeth Thorpe

(a) Residence: No. #926 W Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Geo W. Thorpe

6. DATE OF BIRTH (month, day, year) Dec 22 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland.

FATHER

13. NAME Patrick Mullen

14. BIRTHPLACE (city or town) (State or country) Scotland.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Scotland.

17. INFORMANT Mrs Nellie Coale

(Address) 926 W Pratt St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 3/28/ 1932

19. UNDERTAKER John J. Cowan & Son.

(Address) 901 Edmondson Ave.

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/24/ 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 20, 1932 to Mar. 24. 1932

I last saw h[illegible] alive on Mar. 24. 1932 Death is said to have occurred on the date stated above, at 8 30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Int. Nephritis.	1 yr.

Other contributory causes of importance:

None.

Name of operation None Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Chas. Norton, M. D.

(Address) 1501 McCulloh St

M. D. B. 1268-9

E 78167

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78167

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) St. 22-30 (Ward)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. 11 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mayy Israel

(a) Residence: No. 617 Washington Blvd. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William T. Israel

6. DATE OF BIRTH (month, day, year) April 1, ?1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42?	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Peter O'Laughlin

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Julie Dennis

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Records of Balto. City Hosp. (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Cem Date 3/29 . 19 32

19. UNDERTAKER John J. Cowan & Son (Address) 901 Madison Ave

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-25-32 . 19

22. I HEREBY CERTIFY, That I attended deceased from 3-22-32 . 19 to 3-25-32 . 19

Last saw her alive on 3-25-32 . 19 Death is said to have occurred on the date stated above, at 8:45 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	Unknown
Uremia	2 wks
Other contributory causes of importance: Arteriosclerosis and hypertension	about 1 year
Bronchopneumonia	2 days

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Jas. E. Carroll Jr . M. D.

3/26/32 (Address) Balto. City Hosp.

A&Co. 5-31 250R

78168 HEALTH DEPARTMENT—CITY OF BALTIMORE V E 78168

CERTIFICATE OF DEATH

1. PLACE OF DEATH Bd Gen Hosp St. 16-70 (Ward) Registered No. 56
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm. Chas. G. Schindhelm

(a) Residence: No. 3422 Edmondson Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs Linda E Schindhelm

6. DATE OF BIRTH (month, day, year) Sept 12, 1882

7. AGE: Years 49 | Months 6 | Days 13 | If LESS than 1 day hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bro RR
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R R Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

MOTHER
13. NAME Gustave Schindhelm
14. BIRTHPLACE (city or town) (State or country) Balto

FATHER
15. MAIDEN NAME Emma [redacted]
16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place London Park Date Mar 28 1932

19. UNDERTAKER Mr & Mrs John N Teufel & Son
(Address) 501 N Fayette St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/25/32

22. I HEREBY CERTIFY, That I attended deceased from 3/24/32, 19..., to 3/25/32, 19... I last saw h[im] alive on 3/25, 1932, death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute Arthritis	5 wks
Septicemia (staphylococcus)	?
(Other contributory causes of importance)	
~~Septicemia (Staphylococcus)~~	?

Name of operation None Date of
What test confirmed diagnosis? Clinical Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Robert F. Chenoweth M. D.
(Address) Md. General Hospital

Spec.—1-10-21—MAT—1500 Blks.

E 78169 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78169

CERTIFICATE OF DEATH.

93-004
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1211 (St.) Bolton (Ward) 11-24

2-FULL NAME Catherine Temperance Schnick

(a) RESIDENCE NO. 1211 Bolton ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 9 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George H Schnick

6 DATE OF BIRTH (month, day, and year): May 28/1864

7 AGE — Years: 67 Months: 9 Days: 27 Hours: 16 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife 37
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Henry J Ball

11 BIRTHPLACE OF FATHER (City or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Margaret A Black

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Ida M. Ball 1211 Bolton St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 25th 1932

17 I HEREBY CERTIFY, That I attended deceased from March 21, 1932 to March 25, 1932

that I last saw her alive on March 25th, 1932

and that death occurred, on the date stated above, at 6.10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocardial Insufficiency

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary): Cancer

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Geo. H. Lanenbach M. D.

3-25 1932 (Address) 2215 N Howard Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Mar 29 1932

20 UNDERTAKER: Harry H Amacost & Son — ADDRESS: 1204 Ridgewood Ave

THION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 78170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 78170

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3411 Callaway Ave St., 15-62 Ward) 120

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Elizabeth Fardwell

(a) Residence: No. 3411 Callaway Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles T. Fardwell

6. DATE OF BIRTH (month, day, year) June 19 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Northumberland Co Va.

FATHER

13. NAME Samuel Robyns

14. BIRTHPLACE (city or town) (State or country) Richmond Co Va

MOTHER

15. MAIDEN NAME Alice Pearson

16. BIRTHPLACE (city or town) (State or country) Northumberland Co Va

17. INFORMANT Frances F Wilstorf

(Address) 3411 Callaway Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date Mar 28 1932

19. UNDERTAKER Harry R Amoscato Son

(Address) 4206 Reisterstown Rd

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 26 1932

22. I HEREBY CERTIFY, That I attended deceased from March 11 1932 to March 25 1932

I last saw h alive on March 25 1932 Death is said to have occurred on the date stated above, at 3:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Gastro Enteritis.	

Other contributory causes of importance:

Hypertension

Name of operation — Date of

What test confirmed diagnosis? Physical Ex Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. M. Thompson M. D.

(Address) 3409 Callaway Ave

OCCUPATION is very important. See instructions on back of certificate.

1-20—M & T.—100 B—50L

E 78171

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78171

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-25 Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George E. Dell

(a) RESIDENCE NO 116 N. Paca St., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) June - 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	9		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman 66
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Retired

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER George Dell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Annette Stearns

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant John Paul Dell (Nephew)
(Address) 4009 Halstead Road.

15 Filed ..... 192 ..... Registrar

C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardio-vascular disease & Coronary Sclerosis.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy.

(Signed) Eugene J. Weber Coroner, M. D.

3/27, 19 32 (Address) 1739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 3/27 1932

20 UNDERTAKER Robert Brooks & Son

ADDRESS Baltimore

TION is very important See instructions on back of certificates.

M. D. B. 1268-9

78172

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 78172

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 26-37 Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Monroe Hattaway

(a) Residence: No. 408 S Eaton St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-6-1916

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
15	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Charleston S.C.
(State or country)

FATHER

13. NAME Frank Hattaway
14. BIRTHPLACE (city or town) S.C.
(State or country)

MOTHER

15. MAIDEN NAME Emma Clark
16. BIRTHPLACE (city or town) S.C.
(State or country)

17. INFORMANT Records Dept
(Address) Balto City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date March 29 1932

19. UNDERTAKER M. W. E. Deppish Inc
(Address) 321 Cook St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-26 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-7 1932 to 3-26 1932

I last saw him alive on 3-26 1932 Death is said to have occurred on the date stated above, at 8.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	2-29-32
Other contributory causes of importance:	
Pneumococcus meningitis	3-18-32
Mastoiditis	3-19-32

Name of operation Mastoidectomy Date of 3/20/32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Ed Stevens Sr M. D.

3/26 (Address) Balto. City Hosp.

1-30—M. & T.—100 B—50L

78173

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78173

CERTIFICATE OF DEATH

+165

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital. ST. 4-7 WARD)

2-FULL NAME Francis X. Kroenung.

(a) RESIDENCE NO. Margaret Ave. Essex Md. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or WIFE of) Frances Kroenung.

6 DATE OF BIRTH (month, day, and year) June 15, 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	9	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Chauffeur.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Bonaventure Kroenung.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Anna Basky.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Frances Kroenung. (wife)

(Address) Margaret Ave. Essex Md.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 22, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by hanging while temporarilly mentaly deranged.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. Central Police station

18 Where was disease contracted if not at place of death? March 22, 1932

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt Coroner, M. D.

8/24/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 3/28 1932

UNDERTAKER John J. Connelly

ADDRESS Essex Md

TION is very important See instructions on back of certificates.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE 78174

78174

CERTIFICATE OF DEATH

Registered No. 31

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Belvedere & Greenspring Ave. St., 27-5th Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth 60 yrs. mos. ds.

2. FULL NAME Nathan Plotnick

(a) Residence: No. Belvedere & Greenspring Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna Katnick

6. DATE OF BIRTH (month, day, year) 1841

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	91			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unk

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Levindale Date 3-27 . 1932

19. UNDERTAKER Jacob Levin & Co.
(Address) 1439 E. Baltimore St.

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-27 . 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-1 . 1931 to 3-27 . 1932

I last saw him alive on 3/27 . 1932 Death is said to have occurred on the date stated above, at 12 NN.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteris-Sclerosis	10 yrs
Chronic nephritis	?
Hypertension	?
Cardiac hypertrophy & dilation	?
Broncho-pneumonia	5 days

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Clinical was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H Edmund Levin M. D.
(Address) Levindale

Spec.—8-16-29—L. F. S.—100 Bks.

E 78175

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78175

CERTIFICATE OF DEATH

51

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2309 Annapolis Rd St. 25-77 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William H. March

(a) RESIDENCE NO. 2309 annapolis Rd WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie K. March

6 DATE OF BIRTH (month, day, and year) Aug 23 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	7	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Balto City

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Philip March

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto, Md.

12 MAIDEN NAME OF MOTHER Caroline Fillen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Mrs. Carrie Weaver,

(Address) 2626 Harlem ave.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 25-32

17 I HEREBY CERTIFY, That I attended deceased from Feb 29 1932, to Mar 25 1932, that I last saw h— alive on Mar 24 1932, and that death occurred, on the date stated above, at 7 40 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of bladder

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Intestinal hemorrhage

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Bernard L. Lynch M.D.

3/25 1932 (Address) 2329 Annapolis Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL March 28, 32

20 UNDERTAKER Margaret D. Flynn

ADDRESS 1422 Light St

AaCo. 5-31 2108

78176

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 E 78176

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 774 Carroll St. 21-26 Ward)

Length of residence in city or town where death occurred 64 yrs. 11 mos 22 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Schuler

(a) Residence: No. 774 Carroll N St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louis Schuler

6. DATE OF BIRTH (month, day, year) April 4 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME John H Abell

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Lentz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louis Schuler

(Address) 774 Carroll N

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 28 1932

19. UNDERTAKER Josephs Sons

(Address) 217 E Pacca

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/17/, 1932, to 3/26/, 1932

I last saw h[er] alive on 3/26/ 1932 death is said to have occurred on the date stated above, at 1 20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Hypertension	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) D. Wm. H. Perry, M. D.

(Address) 410 W. Lexington

OCCUPATION IS VERY important. See instructions on back of certificate.

1-30—M & T—100 B—50L

E 78177

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78177

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 227 S. Greene ST., 22-30 WARD)

2-FULL NAME Martha Ricklisky

(a) RESIDENCE NO 227 S. Greene ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martin Ricklisky

6 DATE OF BIRTH (month, day, and year) Apr. 10-1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	60	11	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lithuania

PARENTS

10 NAME OF FATHER Jacob Dirzunas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER Emma Stankawas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

14 Informant Mrs. M. Ricklisky
(Address) 227 S. Greene St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-23 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Gilbert M. D. Coroner

3/25 19 32 (Address) 239 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL 3/28/32

20 UNDERTAKER John Ramsdell Jr 1500 — ADDRESS Frederick

TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 78178

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+99

E 78178

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital. ST. 4-7 WARD)

2-FULL NAME Walter Francis Sheats.

(a) RESIDENCE NO 913 Kingston Rd. Stonleigh. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married HUSBAND of Katherine Sheats.

6 DATE OF BIRTH (month, day, and year): November 19, 1877

7 AGE: Years 54 | Months 4 | Days 5 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Real Estate,
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Thomas H. Sheats.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Frances A. Barrett.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md.

14 Informant: Thomas H. Sheats. (son)

(Address) 3703 Chatham Rd.

15 Filed , 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 24, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cortic Embolism.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Edward Reinhardt, M. D. Coroner

3/25/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem. DATE OF BURIAL: Mar 28 1932

20 UNDERTAKER: J. J. Tucker & Son ADDRESS: Balto

TION is very important See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78179 E 78179

CERTIFICATE OF DEATH

50

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2211 Elsinore Ave St., 15-61 (Ward)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Elizabeth Nickel

(a) Residence: No. 2211 Elsinore Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): Apl 19-1861

7. AGE: Years 70 | Months 11 | Days 17 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month and year): 1928

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Christian Nickel

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Elizabeth Feldmeier

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Chris F. Nickel

(Address) 4017 Arunah Ave

18. BURIAL, CREMATION, OR REMOVAL: Place London Park Date 3/28/32 19

19. UNDERTAKER: Frey Sindorf Bros

(Address) North & Fremont

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1931, to March 26, 1932

I last saw h... alive on March 25, 1932 Death is said to have occurred on the date stated above, at 12 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left breast - left lung and glands of neck	1930
Other contributory causes of importance:	
Carcinoma of Left breast	1930

Name of operation: Biopsy — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury ... 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter E Hulett M. D.

(Address) 2220 Harrison Ave

M. D. B. 1268-9

E. 78180

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 78180

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3308 Liberty Heights Ave Ward) 5-6-32 11-

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara Amanda Weikel

(a) Residence: No. 3308 Liberty Heights Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 4, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila. Pa

FATHER

13. NAME Geo. Wm Weikel

14. BIRTHPLACE (city or town) (State or country) Phila. Pa

MOTHER

15. MAIDEN NAME Sarah Ermentrout

16. BIRTHPLACE (city or town) (State or country) Pomeldor Pa

17. INFORMANT Mr Walter B Carpenter

(Address) 3308 Liberty Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Merchantville N.J. Mar 28 32

19. UNDERTAKER Wm Pickney & Sons

(Address) North & Paca

20. FILED . 19 MH Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 15 . 1932 to March 25 . 1932

I last saw h alive on March 25 . 19 Death is said to have occurred on the date stated above, at 8.45A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Influenza	March 15 1932
Broncho-pneumonia	3/20/32
Other contributory causes of importance: Arterio-sclerosis	1927

Name of operation none Date of

What test confirmed diagnosis? Physical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury none

Nature of injury none

21. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Howard Warner M. D.
Per. W.S. Willett

(Address) 2220 Gerrard St

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

78181 210-E 78181

CERTIFICATE OF DEATH

78181

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St., ... Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Granville Hamlett

(a) Residence: No. 4733 Amberly Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna M. Turner (nee)

6. DATE OF BIRTH (month, day, year) April 8, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Street Railway
10. Date deceased last worked at this occupation (month and year) 3/4/32
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Thomas Hamlett
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary E Wright
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs James E. Hamlett
(Address) 10 Tremont Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Arrington Va Date Mar 28 1932

19. UNDERTAKER Harry W. Fritzlen
(Address) 4101 Edmondson Ave

20. FILED ... 1932 KLL. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Inquiry 19 ... to ... 19 ...
I last saw h alive on Inquiry 19 Death is said to have occurred on the date stated above, at 6-15 A m.

The principal cause of death and related causes of importance were as follows:

Fractured skull — Date of onset 3/22/32
Ruptured Spleen

Other contributory causes of importance:

Struck by automobile

Name of operation Date of

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3/22 1932
Where did injury occur? Frederick Rd & Bentalou
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street accident
Manner of injury Ran into side of moving auto
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Joseph Pokorny Coroner M. D.
(Address) 2200 E Madison St

AaCo. 5-31 2508

E 78182

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78182

CERTIFICATE OF DEATH

12K

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 27-42 Ward)

Length of residence in city or town where death occurred 27 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs ... mos. ... ds.

2. FULL NAME Mr. Frank Eagan, Sr.

(a) Residence: No. 5408 Belair Rd. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~married~~ widowed, or ~~divorced~~
HUSBAND of ~~WIFE of~~ Mamie Eagan

6. DATE OF BIRTH (month, day, year) Nov 11th 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or ... min.
45	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Officer 61
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Police
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME Michael Eagan
14. BIRTHPLACE (city or town) (State or country) Balto md

MOTHER

15. MAIDEN NAME Katherine Rapp
16. BIRTHPLACE (city or town) (State or country) Balto md

17. INFORMANT Frank F. Eagan Jr
(Address) 5408 Belair Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date 3/29/1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/26 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-22, 1932, to 3/26, 1932
I last saw him alive on 3/26 1932 death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, right	3 days

Other contributory causes of importance:

Appendicitis, chronic	6 months ?
Duodenal ulcer.	

Name of operation appendectomy Date of 3/28/32
What test confirmed diagnosis? Clinically there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Andres E. Calas, M. D.
(Address) Bon Secours Hospital

M. D. B. 1268-0

Innwold

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78183

CERTIFICATE OF DEATH

89-E 78183

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) — Mercy Hosp. St., 27-43 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Marjorie Innwoldt

(a) Residence: No. 2813 Christopher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 29, 1924

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
7 yrs	10	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Scholar

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME — Howard C. Innwoldt

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Laura Mullen

16. BIRTHPLACE (city or town) (State or country) Balto. Md.,

17. INFORMANT — Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Parkwood Cemetery Date 3/30/1932

19. UNDERTAKER Wm Cook
(Address) 1219 St Paul St

20. FILED ... 19 ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/27/32 19

22. I HEREBY CERTIFY, That I attended deceased from 3/22/32 19 to 3/27/32 19

I last saw her alive on 3/27/32 19 Death is said to have occurred on the date stated above, at 6:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
— Acute Mastoiditis	6 days
Staphylococcus Hemolyticus Pneumonia Meningitis	14 days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify ...

(Signed) E. L. Chambers, M. D.

(Address) Mercy Hosp.

Spec.—1-30—M. & T.—250 Blks

E 78184

HEALTH DEPARTMENT—CITY OF BALTIMORE

160-0E 78184

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Square Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Fayette & Eutaw ST. 21-31 WARD)

2-FULL NAME Charles Edward Keenan

(a) RESIDENCE NO. 1037 Ridgley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 1 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 3-26-32

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Francis Edward Keenan

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Virginia Porter

13 BIRTHPLACE OF MOTHER (city or town) Dunmanway (State or country) Ire

14 Informant Mother (Address) 1037 Ridgley ave.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 27, 1932

17 I HEREBY CERTIFY, That I attended deceased from 3-26, 1932 to 3-27, 1932, that I last saw him alive on 3-27, 1932, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Prolapsed umbilical cord.
Posterior occiput
Version breech extraction

(duration) yrs. mos da.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Decapitation Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Thomas P Schweitzer M. D.

19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem

DATE OF BURIAL March 28 1932

20 UNDERTAKER Henry H Jenkins Sons Co

ADDRESS McCulloh & Orchard

AACo. 5-11 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78185

CERTIFICATE OF DEATH

107-001

E 78185

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1240 Orleans St. 5-8 (Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eliza E. Blake.

(a) Residence: No. 1240 orleans St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	col.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George B Blake.

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Samuel Hosken
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sara Beeson
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT George Blake
(Address) 1240 Orleans St

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cemetery Date 3-28, 1932

19. UNDERTAKER Edward Bryan
(Address) 1821 Orleans St

20. FILED ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-24-1932

22. I HEREBY CERTIFY, That I attended deceased from 3/16, 1932, to 3/23, 1932

I last saw h[illegible] alive on 3/23, 1932 death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchial Pneumonia	?

Other contributory causes of importance: —

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. H. Hornstein, M. D.

3/23 (Address) 733 Lexington St

AaCo. 5-31 250B

1812 E. Balt St.

E 78186 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78186

46

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1812 E. Balt St. 6-4 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? 56 yrs. mos. ds.

2. FULL NAME Anna Hander

(a) Residence: No. 1812 E. Balto St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louis Hander

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Israel

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rachel

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Albert Hander
(Address) 1812 E. Balto.

18. BURIAL, CREMATION, OR REMOVAL
Place Bnai Israel Date 3-28 1932

19. UNDERTAKER Jack Louis Sons
(Address) 1439 E. Balto St.

20. FILED ..... 10 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-27 1932

22. I HEREBY CERTIFY, That I attended deceased from January, 1932 to March 27, 1932

I last saw her alive on March 24, 1932 death is said to have occurred on the date stated above, at 9.4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Carcinomatosis	
Other contributory causes of importance Carcinoma of Cervix	
	9/24/30

Name of operation Mickulicz Date of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) A. Adler Southerman M. D.

(Address) 2311 Eutaw Pl

M. D. R. 1268-9

78187

HEALTH DEPARTMENT—CITY OF BALTIMORE

78187

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Belvedere & Greenspring Ave. Ward) Lerndale 97-54

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel C Roelbach

(a) Residence: No. Belvedere & Greenspring Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rumania
(State or country)

FATHER

13. NAME Unk

14. BIRTHPLACE (city or town) Unk
(State or country)

MOTHER

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) Unk
(State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Cemetery Date 3/29 1932

19. UNDERTAKER Jacob Lewis & Son
(Address) 1439 E Baltimore

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-27 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-2 1931 to 3-27 1932

I last saw him alive on 3-27 1932 Death is said to have occurred on the date stated above, at 1250 A m.

The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia — Date of onset 3 days
Senile Hypertrophy of Prostate
Fibrosis of Lungs

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) W Edmundsheim M. D.

(Address) Lerndale

A4Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

78188

CERTIFICATE OF DEATH

93-003 E 78188

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3204 Gwynn Falls Parkway 15 Ward)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Merryman

(a) Residence: No. 3204 Gwynn Falls Parkway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Quirk Merryman

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Supervisor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R.R. Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co Maryland

FATHER

13. NAME Harvey Merryman

14. BIRTHPLACE (city or town) (State or country) Baltimore Co Maryland

MOTHER

15. MAIDEN NAME Eliza Scott

16. BIRTHPLACE (city or town) (State or country) Baltimore Co Maryland

17. INFORMANT Joseph M. Coale

(Address) 330 E. Walbrook ave

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cemetery March 28 1932

19. UNDERTAKER Chas. G. Black

(Address) 714 W. Pratt ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1931, to March 26, 1932

I last saw h im alive on March 25, 1932 death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows: Uraemia — Date of onset 3/13/31

Other contributory causes of importance: Arteriosclerosis 1928
Hypertension 1928

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? papsed

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter L. Tublitt, M. D.

(Address) 2220 Harlem Ave

AACo. 5-31 250B

78189 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 78189

CERTIFICATE OF DEATH

1. PLACE OF DEATH Mt Hope Retreat Baltimore Md — Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St. ____ Ward) 28-63

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Edward F. Bales Sr

(a) Residence: No. Harrisburg Pa St., ____ Ward. (If not in an institution, give street and number or location)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Married

6. DATE OF BIRTH (month, day, year): Mar 6 79

7. AGE	Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
	52		22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Harrisburg Pa

FATHER

13. NAME: Edward F Bales

14. BIRTHPLACE (city or town) (State or country): Harrisburg Pa

MOTHER

15. MAIDEN NAME: Ellen Fenton

16. BIRTHPLACE (city or town) (State or country): Harrisburg Pa

17. INFORMANT (Address): Records of Mt Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL: Comet Harrisburg Pa Date Mar 31 1932

19. UNDERTAKER H J Rusk (Address) 908 N 2nd St

20. FILED ____, 19__ ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1932, to March 27, 1932

I last saw h... alive on March 27 1932 death is said to have occurred on the date stated above, at 12 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Arthrocele Rt Buttocks	8 days
Arteriosclerosis	12 years
Chronic interstitial Nephritis	10 years
Cyronic Tuberculous Ulcers	6 years
Cerebral Lues	6 years
Other contributory causes of importance:	
Septic cachexia	5 days

Name of operation Incision & drainage Buttock Date of 3/21/32

What test confirmed diagnosis? Path. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Nicholas M Boarman, M. D.

(Address) 33 W Frederick Rd Balto Md

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78190 — E 78190

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5201 Tramore Road St. 27-44 Ward)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick H. Touchton

(a) Residence: No. 5201 Tramore Road, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Julia D. Deroch

6. DATE OF BIRTH (month, day, year): Jan 3. 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Bank Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Commonwealth Bank

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 24

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Alfred M Touchton

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Annie R Ely

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs Julia D Touchton

(Address) 5201 Tramore Road

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Cem Date: March 30, 1932

19. UNDERTAKER: John Ulrich

(Address) 2008 Orleans St

20. FILED ..... 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1930, 19..., to March 27, 1932

I last saw h— alive on 3/27, 1932 death is said to have occurred on the date stated above, at 11:30 a m

The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset

(Other contributory causes of importance)

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical — Autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. W. Dolley M. D.

(Address) 5103 Hartford Rd

AaCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78191

E 78191

CERTIFICATE OF DEATH

92-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 N. Milton Ave St., 17 Ward)

Length of residence in city or town where death occurred 37 yrs. mos ds How long in U.S. If of foreign birth? 37 yrs. mos. ds.

2. FULL NAME Albert M. Slechta

(a) Residence: No. 721 N. Milton St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtle Modlecka

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Driver Gas
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Bakery Engineer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cumberland

FATHER

13. NAME Joseph Slechta
14. BIRTHPLACE (city or town) (State or country) Cumberland

MOTHER

15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) Cumberland

17. INFORMANT Albert Slechta
(Address) 721 N Milton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Mar. 29 1932

19. UNDERTAKER Frank Brack Son
(Address) 1924 Eastern Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 25 1932

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1932 to March 25, 1932
I last saw him alive on March 25, 1932 death is said to have occurred on the date stated above, at 4:25 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Myocarditis	
Acute cardiac failure.	
2.	
Other contributory causes of importance:	
Chronic Bronchitis	?

Name of operation none Date of

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Pokorny M.D. M. D.
(Address) 2200 E Madison St

A&Co. 5-31 250M

E 78192

HEALTH DEPARTMENT CITY OF BALTIMORE

E 78192

CERTIFICATE OF DEATH

Registered No. 82

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 N. Duncan St. 6-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? 50 yrs. mos. ds.

2. FULL NAME Frank Hudecek (Hudecka)

(a) Residence: No. 419 N. Duncan St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma Hudecek

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Joseph Hudecek

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Manova

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mary Hudecek

(Address) 419 N Duncan

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Mar 30 1932

19. UNDERTAKER Frank Brachon

(Address) 1906 Eutaw

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1932 to March 26, 1932

I last saw alive on March 26 1932 death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Mar 1-32

Other contributory causes of importance:

Cardiac Paralysis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) William J. Rysavy M. D.

(Address) 801 Mt Clare

AACo. 5-31 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78193

CERTIFICATE OF DEATH

108~E 78193

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. Gen. Hosp. St., 7-13 Ward)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Mrs. Mary Slavich

(a) Residence: No. 945 N. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Slavich

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia Europe

FATHER

13. NAME John Slavich

14. BIRTHPLACE (city or town) (State or country) Europe

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Andrew Slavich
(Address) 928 Robertson St

18. BURIAL, CREMATION, OR REMOVAL
Place Catalpa Date May 29, 1932

19. UNDERTAKER Frank Graceton
(Address) 1216 Collander

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/26, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-23, 1932 to 3-26, 1932

I last saw her alive on 3-26, 1932 death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/16/32
Cardiac Decompensation	
Pulmonary Edema	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ~ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. H. Truman, M. D.

(Address) South Balto Gen Hosp

AACo. 5 31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78194 ~108 E 78194

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Saint Joseph's Hospital St., 8-16 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Vacek

(a) Residence: No. 2325- E. Oliver Street Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Vacek

6. DATE OF BIRTH (month, day, year) Aug 27 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44.		18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Wholesale Grocery Dept
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME John Vacek

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Barbara Svec

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Elizabeth Vacek
(Address) 2325 E Oliver St

18. BURIAL, CREMATION, OR REMOVAL
Place St Mary Cemetery Date March 29 1932

19. UNDERTAKER Frank Groetzinger
(Address) 1911 E Baltimore

20. FILED ....., 19.... J.K. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-25- 1932

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1932 to March 25 1932

I last saw him alive on March 25 1932 death is said to have occurred on the date stated above, at 4.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Empyema	

Other contributory causes of importance:

Name of operation None Date Thoracentesis March 25

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, how? No.

(Signed) Wm Hendrickson M.D.
(Address) 1501 Druid Hill Ave

A4Co. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78195

CERTIFICATE OF DEATH

V 108

E 78195

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Baby Mabel Phaneuf

(a) Residence: No. 2618 Bernard St St., Ward Baltimore, Md.
(Usual place of abode) (If not resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 18 1930

7. AGE

Years	Months	Days	If LESS than 1 day hrs or min.
1 yr	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Phaneuf, Edgar

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Cooper, Mary

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Mass Cathedral Date May 20 19 32

19. UNDERTAKER Raymond Thomas
(Address) 3616 Edmondson Ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27 1932

22. I HEREBY CERTIFY, That I attended deceased from May 24 1932 to May 27 1932

I last saw h[illegible] alive on 3:45 P.M. 1932 death is said to have occurred on the date stated above, at 3:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Circulatory failure of Lobar Pneumonia (2)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) R Trance M. D.

(Address) Union Memorial Hosp

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78196

CERTIFICATE OF DEATH

E 78196

Registered No. 79

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-30 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Birchman

(a) Residence: No. Nursery Road St., ... Ward. Raynor Heights
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 2nd 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	16	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co

MOTHER FATHER

13. NAME Henry C. Birchman
14. BIRTHPLACE (city or town) (State or country) Baltimore Md
15. MAIDEN NAME Emma S. Ay
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Henry C Birchman
(Address)

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cem Date Mch 29 1932

19. UNDERTAKER E. Schlosman & Son
(Address) 1039 Hanover St

20. FILED ..., 19... E.J. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1932, to March 26, 1932

I last saw him alive on Mar. 26 1932 death is said to have occurred on the date stated above, at 2:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcic Meningitis	Mar 22, 32
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harry A. Mueller, M. D.
(Address) Under-sheriff's House

Spec.—2-29-28—L. F. S.—500 Bks.

9 Kinner

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78197

CERTIFICATE OF DEATH

108 ✓ E 78197

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 616 Hanover a ST., 22-30 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry M Kinner

(a) RESIDENCE NO. 616 Hanover St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 19, 1902

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	6	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer,

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: John W Kinner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Lettie Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Rebecca Kinner

(Address) 616 W Hanover St

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 25/1932

17 I HEREBY CERTIFY, That I attended deceased from March 10, 1932, to March 25, 1932, that I last saw h[illegible] alive on March 2 1932 and that death occurred, on the date stated above, at 7.20 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) As Thrombosis

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? Characteristic Symptoms

(Signed) Charles D Fowlkes, M. D.

March 29 1932 (Address) 712 S. Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Ct — DATE OF BURIAL: 3/27/32

20 UNDERTAKER: Isaiah L Brown Son — ADDRESS: 138 N Monroe St

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78198

CERTIFICATE OF DEATH

161-001

E 78198

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Sylvester Goldsboro

(a) RESIDENCE NO. Provident Hospital St. Ob.t Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 3-14-32

7 AGE Years Months Days: 8 days

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) md

PARENTS

10 NAME OF FATHER Daniel Bratcher

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Millington Md

12 MAIDEN NAME OF MOTHER Edna Goldsboro

13 BIRTHPLACE OF MOTHER (city or town) Queen Anne

(State or country) County, Md

14 Informant Edna Goldsboro, Mother

(Address)

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

3-22-32

17 I HEREBY CERTIFY, That I attended deceased from 3-14-32, 19, to 3-22-32, 19,

that I last saw h[illegible] alive on 3-22-32, 19,

and that death occurred, on the date stated above, at 5-10 A m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis of Lung

Since Birth (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Hos Autopsy

(Signed) M. D.

3/26, 19 32 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cremat mical purposes.

Date of Burial 19

20 UNDERTAKER

ADDRESS

DEATH in plain terms, so that it may be properly classified. Give statement of OCCUPATION in very important. See instructions on back of certificates.

AACo. 5-11 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

78199

CERTIFICATE OF DEATH

93-003

E 78199

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2014 Fleet street St. ..... Ward) 0-4

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? 52 yrs. ..... mos. ..... ds.

2. FULL NAME Marianna Lorek

(a) Residence: No. 2014 Fleet street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced ~~HUSBAND of~~ WIFE of Late John Lorek

6. DATE OF BIRTH (month, day, year) May 10-1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Szymon Nawrocki

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs Sophie Sachczynska

(Address) 2014 Fleet street

18. BURIAL, CREMATION, OR REMOVAL

Place Ft. Hamilton Cem. Date March 30th 1932

19. UNDERTAKER George F. Weber

(Address) 245 S. Ann street

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27th 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 27, 1932 to Mar. 27, 1932

I last saw her alive on Mar 27, 1932 death is said to have occurred on the date stated above, at 2½ p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	Mar. 25

Other contributory causes of importance:

Myocarditis	
Senile changes	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. D. Lipsey, M. D.

(Address) 437 S. Patterson Park.

Spec. -7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

78200

CERTIFICATE OF DEATH

108

E 78200

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital St. 16-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bessie Coleman

(a) RESIDENCE NO. 801 Harlem Avenue St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Coleman

6 DATE OF BIRTH (month, day, and year): 1894

7 AGE: Years 38 Months Days

If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Lexington

(State or country): Va.

PARENTS

10 NAME OF FATHER: Nathaniel Wilson

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Va.

12 MAIDEN NAME OF MOTHER: Lena

13 BIRTHPLACE OF MOTHER (City or town)

(State or country): Va.

14 Informant: Chas. Coleman

(Address) 711 Harlem Ave.

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1932

3 — 26

17 I HEREBY CERTIFY, That I attended deceased from 3-15, 1932, to 3-26, 1932, that I last saw h ER alive on 3-26, 1932, and that death occurred, on the data stated above, at 2 00 A m.

The CAUSE OF DEATH* was as follows:

Bi Lateral Pneumonia

(duration) yrs. mos. 4 da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Georgia McDonald, M. D.

3-26, 1932 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reversa side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lexington Va

Date of Burial: 3/28 1932

UNDERTAKER: Samuel Handley

ADDRESS: 1238 Madison

Of Death in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS very important. See instructions on back of certificates.

M. D. B. 1268-9

E 78201

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

E 78201

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1322 Aisquith St. 9-18 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Alimony

(a) Residence: No. 1322 Aisquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 1843

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

FATHER

13. NAME John Alimony

14. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

MOTHER

15. MAIDEN NAME Raechel Lowe

16. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

17. INFORMANT Miss Anna McNamee
(Address) 1322 Aisquith St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cemetery Date . 19

19. UNDERTAKER Perry Woertz & Bro. Inc.
(Address) 1201 E. Eager St.

20. FILED . . 19 . . Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 26/32 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 . I last saw h alive on inquiry 19 . Death is said to have occurred on the date stated above, at 8 P. M. of

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Other contributory causes of importance: General Arteriosclerosis (Senile)	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) . . M. D. Coroner

(Address) 508 E Fayette

Spec.—9-30—A. & Co.—250 Bks.

E 78202

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 E 78202

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 628 Baker ST. 15-21 WARD)

2-FULL NAME Susan Carter

(a) RESIDENCE NO. 628 Baker ST. ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Thomas Carter

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic ?

(b) General nature of industry, business, or establishment in which employed (or employer) In 0?

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Nathaniel Gardner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Gould

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Henrietta Johnson
(Address) 632 Baker St

15 Filed ....., 19.... 1/16 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 24/32

17

I HEREBY CERTIFY, That I attended deceased from Mar 20, 1932, to Mar 24, 1932

that I last saw h[illegible] alive on Mar 23, 1932

and that death occurred, on the date stated above, at 5:20 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 1 ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) D. Wilbram Frey M. D.

3/26, 1932 (Address) 1727 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Mar 27 1932

20 UNDERTAKER Thomas E. Kelem

ADDRESS 1303 Pennsylvania Ave

Spec.—9-30—A. & Co.—250 Bks.

E 78203

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 E 78203

1. PLACE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 1527 Cregyle ave 14-70 ST. 7 WARD)

2 FULL NAME John B. Gould

(a) RESIDENCE NO 1527 Cregyle ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced (HUSBAND of (or) WIFE of): Mary E. Gould

6 DATE OF BIRTH (month, day, and year): Dec 20 1864

7 AGE: Years 67 | Months 11 | Days 5 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Benj. Gould

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary Marsh

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mary F. Short
(Address) 1527 Cregyle Ave

15 Filed , 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 25-1932.

17 I HEREBY CERTIFY, That I attended deceased from Dec 5, 1930, to Mar 25, 1932
that I last saw him alive on Mar 25, 1932
and that death occurred, on the date stated above, at 6.25 A. m.
The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary): Cystitis insufficiency

(duration) — yrs. 10 mos. 2 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) H. K. Pelletreau M. D.
19 (Address) 817 Hamilton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Mar 28 1932

20 UNDERTAKER: Thomas E. Kelam

ADDRESS 1303 Pennsylvania Ave

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78204

E 78204

CERTIFICATE OF DEATH

v 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 N. Enlow St. 11-24 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna C. Moore

(a) Residence: No. 721 N. Enlow St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Moore

6. DATE OF BIRTH (month, day, year) May 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grate Tender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Emma Moore
(Address) 721 N. Enlow

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date 3-28 , 1930

19. UNDERTAKER John W. Johnson
(Address) 2338 Madison Ave.

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-27-30

22. I HEREBY CERTIFY, That I attended deceased from Jan. 22 1930 to 3-27-30

I last saw her alive on 3-26-30 Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abdominal Pneumonia — Stomach	1-22-30

Other contributory causes of importance:

Fracture of left femur upper 3rd

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. Lee [illegible] M. D.

(Address) 722 Enlow

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 78205 | 21 E 78205

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE; (No. 12-50 St., Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3017 Abell Ave Balt Ward.

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma M. Kennedy

6. DATE OF BIRTH (month, day, year): 3-5-1874

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	58	0	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poughkeepsie N.Y.

FATHER

13. NAME: James Kennedy

14. BIRTHPLACE (city or town) (State or country): [illegible] Ireland

MOTHER

15. MAIDEN NAME: Catherine J. O'Neill

16. BIRTHPLACE (city or town) (State or country): [illegible] Ireland

17. INFORMANT: Edward J. Kennedy

(Address) 3017 Abell Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Cem. Date: 3-29 1932

19. UNDERTAKER: Leonard J. Roche

(Address) 5305 Belair Rd

20. FILED [illegible] 19-[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-26, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1932 to March 26, 1932

I last saw him alive on March 26, 1932 death is said to have occurred on the date stated above, at 6:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus Peritonitis of undetermined Origin	March 22 32
Coronia	3 ds

Other contributory causes of importance:

Name of operation: Appendectomy & Drainage Date of: 3/24/32

What test confirmed diagnosis: Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm Bryan Gardner M. D.

(Address) 1 Mosher, corp Balt

AAC Form 2508

78206

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 78206

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Thos.)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 13 St. ..... Ward)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U.S. if of foreign birth? 40 yrs. ..mos. ..ds.

2. FULL NAME Frank Wayer

(a) Residence: No. 801 S. Glover st. St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Dec. 18, ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sea food

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME August Wayer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Dr. Stanislaus Cem Date March 29 1932

19. UNDERTAKER Stephen Fiallozwski & Co
(Address) 1800 E. Ellwood Ave

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1931 to March 24, 1932

I last saw h ill alive on March 24, 1932 death is said to have occurred on the date stated above, at 8.05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unknown

Other contributory causes of importance:
Il

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Laurence A. Sena, M. D.

(Address) Baltimore City Hospitals

Spec.—1-30—M. & T.—250 Bks.

E 78207. HEALTH DEPARTMENT—CITY OF BALTIMORE E 78207

23

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Balto Md

CITY OF BALTIMORE: (No. 405 N. Schroeder St. WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arnold Griffis

(a) RESIDENCE NO. 405 N Schroeder ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mattie Griffis

6 DATE OF BIRTH (month, day, and year) Feb 9 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	7	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Machinist 031
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Penn

PARENTS
10 NAME OF FATHER Wm Griffis
11 BIRTHPLACE OF FATHER (city or town) (State or country) Penn
12 MAIDEN NAME OF MOTHER Sophronia Jones
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penn

14 Informant Mattie Griffis
(Address) 405 N. Schroeder St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25, 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1932, to March 25, 1932, that I last saw him alive on March 24, 1932, and that death occurred, on the date stated above, at 8.30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary Tuberculosis

(duration) 1 yrs. 4 mos — ds.

CONTRIBUTORY (Secondary) Endocarditis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical, Lab-

(Signed) H Marco Williams M. D.
3-25 1932 (Address) 1530 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Penn — DATE OF BURIAL 3/28 1932

20 UNDERTAKER Chas S. Cooper — ADDRESS 501 E Fayette St

A&Co. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78208 CERTIFICATE OF DEATH 25 E 78208

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH West Baltimore General Hospital
CITY OF BALTIMORE: (No. ..... St. 520 Ward)
Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Lillian Campbell

(a) Residence: No. 208 Monastery Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Fred Campbell

6. DATE OF BIRTH (month, day, year) June 3, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	9	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Toronto Canada

FATHER
13. NAME James Lloyd
14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER
15. MAIDEN NAME [illegible] Liana
16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Fred Campbell
(Address) 208 Monastery Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Interment Date 3/28, 1932

19. UNDERTAKER John D. Mitzel
(Address) 401 Edmondson Ave

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/26, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/20, 1932 to 3/26, 1932
I last saw h[illegible] alive on 3/26, 1932 death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/20/32
Cerebral Arteriosclerosis	
Other contributory causes of importance:	
Paralytic Ileus	3/22/32

Name of operation Exploratory Laparotomy Date of operation 3/25/32
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Harry Landman, M. D.
(Address)

1-20—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 78209 — 107 — 001 — E 78209

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

E 78209

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 665 Vine ST. 7 WARD)

2-FULL NAME Marion Gertrude Johnson

(a) RESIDENCE NO. 665 Vine ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 25-31

7 AGE — Years — Months: 8 — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Bernard Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Dorothy Dixon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Mrs. D. Johnson

(Address) 665 Vine St.

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 25 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Primary Broncho-pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Eugene Zeller, M. D. Coroner

3/28, 1932 (Address) 2734 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: Mar. 28, 1932

20 UNDERTAKER: Miss Katie R. Williams

ADDRESS 3224 Eastern Ave.

THIS is very important. See instructions on back of certificates.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH

E 78210 82-001 E 78210

Registered No. 17-50

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3229 Abell Ave. St., 15 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martin W.Dorp.

(a) Residence: No. 3229 Abell Ave. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sallie W.Dorp.

6. DATE OF BIRTH (month, day, year) Dec. 26. 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt. of ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hanson Oil Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

FATHER

13. NAME Victor P.Dorp.

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT C. Albert Hanson

(Address) 3229 Abell Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date MAR 30 1932 19

19. UNDERTAKER Geo H. Little

(Address) 2700 Edmondson Ave.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 28 1932

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1932 to March 28, 1932

I last saw h... alive on March 28 1932 death is said to have occurred on the date stated above, at 3:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	March 27, 1932

Other contributory causes of importance:

Arteriosclerosis & Hypertension	?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) Henry C. Wilson M. D.

(Address) 3 W. Biddle St. Balto.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78211

CERTIFICATE OF DEATH.

97-001 ✓

97 E 78211

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2211 Rogers Ave ST. 27-54 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Wheeler

(a) RESIDENCE NO. 2211 Rogers Ave ST., — WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, or ~~Divorced~~, (write the word): ~~Single~~ Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): Oct 7. 1846

7 AGE: Years 85 | Months 5 | Days 20 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of Industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer: ✓

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: John Sneed.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Centerville Md.

12 MAIDEN NAME OF MOTHER: Lydia Mitchell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Harford County Md.

14 Informant: E Starr Cuddy

(Address) 2211 Rogers Ave

15 Filed ..., 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 27 1932

17 I HEREBY CERTIFY, That I attended deceased from March 2, 1932, to March 27, 1932.

that I last saw her alive on Mch 26, 1932,

and that death occurred, on the date stated above, at 5.30a m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) — yrs. ✓ mos — ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical Methods

(Signed) Geo. B. Shannon, M. D.

3/28. 1932 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery — DATE OF BURIAL: Mar 29 1932

20 UNDERTAKER: George J Smith — ADDRESS: Hollins

TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

78212 E 78212

CERTIFICATE OF DEATH

93-003 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St. [illegible] Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George A Jordan

(a) Residence: No. 1918 Orleans St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Wid

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lucy Jordan

6. DATE OF BIRTH (month, day, year) May 27 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 50

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) [illegible]

11. Total time (years) spent in this occupation [illegible]

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Jordan

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Livingston

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Record of Balto City Hosp
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date 3/30/32, 19

19. UNDERTAKER Philip Stewart
(Address) 2016 Eden St

20. FILED , 19 MK Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-26, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-10, 1909, to 3-26, 1932

I last saw h[illegible] alive on 3-26, 1932. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	Unknown
Atherosclerosis and hypertension	

Other contributory causes of importance:

Profuse epistaxis year prior to death

Name of operation — Date of

What test confirmed diagnosis? Clin exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.

3/31/32 (Address) Balto City Hosp

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78213

CERTIFICATE OF DEATH

E 78213

Registered No. 157

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2714 Boone St., 9-46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Knight

(a) Residence: No. 2714 Boone St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 26/32

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Walter Knight

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Mamie Gunning

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Walter Knight
(Address) 2714 Boone St

18. BURIAL, CREMATION, OR REMOVAL,
Place Greenmount Date 3/28/32 19

19. UNDERTAKER
(Address)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 27/32 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Probable Congenital Heart

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. J. O'Connor M. D.
Coroner

(Address) 508 Eutaw

M. D. B. 1268-9

E 78214

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78214

CERTIFICATE OF DEATH

16-67 95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3020 Belmont Ave. St., ... Ward)

Length of residence in city or town where death occurred Life mos..... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles P. Horn

(a) Residence: No. 3020 Belmont Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Dorn

6. DATE OF BIRTH (month, day, year) April 30, 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Police

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) Abt. 20 years

11. Total time (years) spent in this occupation 29 yrs

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME John A. Dorn

14. BIRTHPLACE (city or town) France
(State or country)

MOTHER

15. MAIDEN NAME Miss Dicabauch

16. BIRTHPLACE (city or town) France
(State or country)

17. INFORMANT Mr. Charles W. Dorn
(Address) Randallstown, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Mar. 29 1932

19. UNDERTAKER Joseph Cook
(Address) 1003 W. Baltimore St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26 1932

22. I HEREBY CERTIFY, That I attended deceased from March 21 1932 to March 26 1932

I last saw him alive on March 25 1932. Death is said to have occurred on the date stated above, at 1.15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio vascular disease	Indefinite
Other contributory causes of importance: Cardiac dilatation	3/25/32

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Herbert F. Stillman, M. D.

(Address) 6 E. Biddle St.

M. D. B. 1268-8

E 59244
E 78215

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78215

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 6-9 Ward) 119

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Simpson

(a) Residence: No. 1647 E Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-26-32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Charles Simpson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rachel Simpson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ..... 19..

19. UNDERTAKER .....
(Address)

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1932 to March 26, 1932

I last saw her alive on March 26, 1932 Death is said to have occurred on the date stated above, at 11a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Infant	3-26-32

Other contributory causes of importance:

Prematurity	Birth

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. L. Anderson M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1265-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78216

CERTIFICATE OF DEATH

E 78216

Registered No. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., (18-26) Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Paulson

(a) Residence: No. 918 Ft. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	—

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 26 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
4 weeks	—	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Paulson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Helen Terry

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date 19

19. UNDERTAKER
(Address)

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-28-1937

22. I HEREBY CERTIFY, That I attended deceased from 2-26-1937 to 3-23-1937

I last saw her alive on 3-23-1937. Death is said to have occurred on the date stated above, at 9:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Dunc Kuttner, M. D.

(Address) H. L. H. Johns Hopkins Hosp.

M. D. B. 1268-9

E 5-75-9 E 78217 E 78217

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

114-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 5-6 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Turner

(a) Residence: No. 312 E. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced WIFE of (or HUSBAND of) Emma

6. DATE OF BIRTH (month, day, year) 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind—

FATHER

13. NAME John H Turner

14. BIRTHPLACE (city or town) (State or country) Md—

MOTHER

15. MAIDEN NAME Victoria Britt

16. BIRTHPLACE (city or town) (State or country) Ky—

17. INFORMANT Wards

(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Date . 19

19. UNDERTAKER

(Address)

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1931, to Mar. 22, 1932

I last saw him alive on Mar 22, 1932 Death is said to have occurred on the date stated above, at 3 D m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	Dec. 14
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in and tell the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Caroline C. Bedell M. D.

(Address) Johns Hopkins Hospital

JOHNS HOPKINS HOSPITAL MAR 28 1932

M. D. H. 1268-0

E 78218

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78218

CERTIFICATE OF DEATH

87-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 11-24 St., Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Hill

(a) Residence: No. 1029 Pennsylvania Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Records of Baltimore City Hospitals

18. BURIAL, CREMATION, OR REMOVAL

Place Date MAR 26 1932 19

19. UNDERTAKER

(Address)

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1932 to March 25, 1932

I last saw h[illegible] alive on March 25, 1932 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 days
Other contributory causes of importance:	
Myocarditis, chronic	Unknown
Little's disease	

Name of operation Date of

What test confirmed diagnosis? Clin. Diag. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Jas. S. Arnold Jr. M. D.

(Address)

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

78219 | 159 E 78219

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1614 Meadowview St., 14-20 Ward)
Length of residence in city or town where death occurred yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Baby Ferld
(a) Residence: No. 1614 Meadowview St., Ward.
(If non-resident give city or town and State)
(usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	S

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-23-32

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
			2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Samuel Ferld

14. BIRTHPLACE (city or town) (State or country) S C

MOTHER
15. MAIDEN NAME Carrie Walters

16. BIRTHPLACE (city or town) (State or country) Brad

17. INFORMANT Samuel Ferld
(Address) 1614 Meadowview St

18. BURIAL, CREMATION OR REMOVAL
Place Date 19

19. UNDERTAKER
(Address)

20. FILED 19 , Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-25-32

I HEREBY CERTIFY, That I attended deceased from 3-23-32 to 3-25-32, 19

I last saw him alive on 3-25-32, 19 Death is said to have occurred on the date stated above, at 2 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity Debility	
Mong Wk Heart	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopay?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) , M. D.
(Address) 325

AACo. 5-31 2500

78220

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78220

CERTIFICATE OF DEATH

Registered No. 57-003

1. PLACE OF DEATH West Baltimore General Hospital St. 22-36 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred yrs mos 3 hrs dys If how long in U. S. If of foreign birth? yrs mos dys

2. FULL NAME Baby Girl McAdams

(a) Residence: No. 603 Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 26, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, 3 hrs. or min.
	—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Baby Harry MacAdams

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Agnes Cressman

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date 19

19. UNDERTAKER
(Address)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1932 to March 26, 1932

I last saw her alive on March 26, 1932 death is said to have occurred on the date stated above, at 5:10 A.m.

The principal cause of death and related causes of importance were as follows:

Premature Birth (7 mo.)
Congenital Heart Disease

Date of onset

Other contributory causes of importance:

Delivered by Caesarean Section March 26, 1932
Pre-eclamptic toxemia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Philip F. Lerer, M. D.
(Address) West Baltimore General Hosp.

MAR 28 1932

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

Dr. Norris

46 E 78221

78221

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 E Fayette St., 2nd Ward)

Length of residence in city or town where death occurred 5 yrs mos ds. How long in U. S. if of foreign birth? yrs mos ds.

2. FULL NAME Jose M. H. Call

(a) Residence: No. 410 E. Fayette St., 2nd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	64?	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Wm. H. Call
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Bridget McCloskey
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Annie A. Russell
(Address) 410 E. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 3 IV 1932

19. UNDERTAKER Chas. Grapeful Sons
(Address) 318 E. Fayette St.

20. FILED ..... 19.... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/26/1932

22. I HEREBY CERTIFY, That I attended deceased from 2.10.32, 19.., to 3.25.32, 19..

I last saw her alive on 3.25.32 19.., death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Gastrica

Date of onset Immediate to Death.

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis Physical Exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) J. Edward Norris, M. D.

(Address) 107 East West street

Spec.—7-17-26—A Co.—200 Bks.

E 78222

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78222

CERTIFICATE OF DEATH

59

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital St. 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Regina Dailey Usual Place

(a) RESIDENCE NO. 1521 Shell St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 22 Months Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): St Marys County, Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (City or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Mamie Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address)

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1932 3-26

17 I HEREBY CERTIFY, That I attended deceased from 3-19, 1932 to 3-26, 1932

that I last saw her alive on 3-26, 1932

and that death occurred, on the date stated above, at 11:45 A m.

The CAUSE OF DEATH* was as follows:

~~Diabetes Mellitus~~

Acute Endocarditis

(duration) 1 yrs. mos. 3 da.

CONTRIBUTORY (Secondary) Diabetes Mellitus

unknown

(duration) yrs. mos. da.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) George M Donald M. D.

3-26, 1932 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Date of Burial MAR 28 1932 19

20 UNDERTAKER: Baltimore City Health Dept

ADDRESS

Per Wm B Wood

UNIVERSITY OF MARYLAND
G. HUDSON JAMES M.D.
1932

very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

78223 ✓ 92-E 78223

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1709 Park Avenue 14-20 (Ward)

Length of residence in city or town where death occurred 40 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME James Polk Streett

(a) Residence: No. 1709 Park Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Louisa Ramsay

6. DATE OF BIRTH (month, day, year): April 16, 1845

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	86	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Harford County Maryland

FATHER

13. NAME: James Streett

14. BIRTHPLACE (city or town) (State or country): ------ Maryland

MOTHER

15. MAIDEN NAME: Elizabeth Slade

16. BIRTHPLACE (city or town) (State or country): ------ Maryland

17. INFORMANT: Dr. H. Hayward Street
(Address) 1709 Park Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place: Woodlawn Cemetery Date: 3/29 . 1932

19. UNDERTAKER: Henry U. Mears & Son
(Address) 805 N. Calvert St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 27 . 1932

22. I HEREBY CERTIFY, That I attended deceased from March 24 . 1932 . to March 29th . 1932

I last saw him alive on March 26 . 1932 Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

Cystitis, urinary bladder, and pyelitis.-
Myocardial collapse. gradual from onset of fever & chills.

Date of onset: Jan-32

Other contributory causes of importance:
Vascular disease incident upon age.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. H. Hayward . M. D.

(Address) 1129 N Calvert St.

Spec—9-30—A & Co—250 Blks

E 78224 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78224

CERTIFICATE OF DEATH

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1912 Park Ave ST. (NAME) 14-20

2 FULL NAME Elizabeth Caughy Thompson

(a) RESIDENCE NO. 1912 Park Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. 4 mos. 9 ds. How long in U. S. if of foreign birth? 63 yrs. 4 mos. 9 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of William A Thompson

6 DATE OF BIRTH (month, day, and year) November Nov 13 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	4	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none do

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Charles Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Alvesta Caughy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Miss Alvesta C. Moore (sister)

(Address) 1912 Park Ave.

15 Filed —, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 27 1932

17

I HEREBY CERTIFY, That I attended deceased from Mar 1, 1932, to March 27, 1932

that I last saw h e alive on March 27, 1932

and that death occurred, on the date stated above, at 2, P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

my attendance

(duration) yrs. mos. 27 ds.

CONTRIBUTORY (Secondary) Ch. Valvular Heart

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Urinary —

(Signed) Edward H. Condon M. D.

1932 (Address) 3707 Calloway Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Mount Cemetery DATE OF BURIAL 3/29 1932

20 UNDERTAKER Stewart Moore Co ADDRESS Balto

M. D. B. 1268-9

78225

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3-5 93 E 78225

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 3-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Barrett

(a) Residence: No. 413 S. High St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 31, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) Phila.
(State or country) Pa.

FATHER

13. NAME Thomas K.

14. BIRTHPLACE (city or town) Gloucester
(State or country) Pa.

MOTHER

15. MAIDEN NAME Mary Bowen

16. BIRTHPLACE (city or town) Cape Co
(State or country) N.J.

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 3/29, 1932

19. UNDERTAKER [illegible]
(Address) 1212 St Paul St

20. FILED ..., 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-6-32, 19 ... to 3-27-32, 19 ...

I last saw him alive on 3-27-32, 19 ... Death is said to have occurred on the date stated above, at 6:25 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, General	unknown
Myocarditis, chr.	2 months

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) Thos E Jones M. D.

(Address) Balto. City Hosp.

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

78226

CERTIFICATE OF DEATH

95-E 78226

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St., 7-13 (Ward)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Stewart

(a) Residence: No. 2004 Ashland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 3, 1921

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student 6th

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D. C.

FATHER

13. NAME Charles Stewart

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER

15. MAIDEN NAME Irma Holland

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Father - Charles Stewart
(Address) 2004 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 3/29/ 1932

19. UNDERTAKER Wm Cook
(Address) 1207 St Paul St

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26. 1932

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1932 to March 26, 1932

I last saw him alive on March 26, 1932 Death is said to have occurred on the date stated above, at 5:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Cardio-Vascular Disease	10 wks
Acute Pericarditis & Effusion	7 days

Other contributory causes of importance: 0

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. F. Burns M. D.

(Address) Mercy Hospital

AaCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78227

E 78227

CERTIFICATE OF DEATH

115

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 8-17 Ward)

Length of residence in city or town where death occurred 4 yrs. 1 mos. 16 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herbert Manock

(a) Residence: No. 2527 E. Biddle St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/10/28

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

MOTHER FATHER

13. NAME Fred Manock
14. BIRTHPLACE (city or town) Balto. Md. (State or country)
15. MAIDEN NAME Ricka Lindeman
16. BIRTHPLACE (city or town) Balto. Md. (State or country)

17. INFORMANT Mrs. Fred Manock
(Address) 2527 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date 3/29 19 32

19. UNDERTAKER W. M. Coyle & Son
(Address) 1212 E. Fayette St.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/26/32 19

22. I HEREBY CERTIFY, That I attended deceased from 3/26/32, 19, to 3/26/32, 19

I last saw h[illegible] alive on 3/26/32 19 death is said to have occurred on the date stated above, at 7:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcic tonsillitis	3/19/32
Streptococcic pharyngitis and tracheitis	

Other contributory causes of importance:

Acute myocarditis	3/25/32

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. J. Jackson M. D.
(Address) Sydenham Hospital.

M. D. B. 1266-9

Coroner Potter

E 78228 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78228

CERTIFICATE OF DEATH

Registered No. 93-004

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 806 Whitmore Ave (Ward) 46-18

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm R. Robinson

(a) Residence: No. 806 Whitmore Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~married~~ widowed, or ~~divorced~~ HUSBAND of (or WIFE of) Sarah A. Robinson

6. DATE OF BIRTH (month, day, year) Mar 22nd 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Talbott Co Md.

FATHER

13. NAME Geo. W. Robinson

14. BIRTHPLACE (city or town) (State or country) Talbott Co Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Talbott Co Md

17. INFORMANT Harry C. Robinson
(Address) 806 Whitmore Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Spring Hill Cemetery Easton Md Date 3/29/. 193

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 27th . 1931

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	

Other contributory causes of importance:
Genl Arteriosclerosis (Senile) ?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. K. Potter Coroner, M. D.

(Address) 108 E. Lexington

M. D. H. 1268-9

Dr Potter E. North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78229

CERTIFICATE OF DEATH

E 78229

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 Woodbourne Ave., 24th Ward) 48

Length of residence in city or town where death occurred yrs. 1 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella V. Kennedy

(a) Residence: No. 604 Woodbourne Ave., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, or ~~divorced~~ (or) WIFE of John D. Kennedy

6. DATE OF BIRTH (month, day, year) About 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME John Armstrong

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Margaret M. Chesney

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Walker O. Kennedy

(Address) 604 Woodbourne Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Staunton Va Date 3/28/ 192

19. UNDERTAKER Wm Cook

(Address) 1217 E Paul St

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 26th 192

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on inquiry Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cardiac Embolus	
Other contributory causes of importance:	
Uterine Carcinoma	?

Name of operation Clinical history Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John H Wagner Coroner, M. D.

(Address) 108 E Lexington

A&Co. 5-31 250B

78230 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 78230

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 10-14 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Cramer

(a) Residence: No. Preston & Valley St., ... Ward. ...
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none.
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Jasper Cramer

14. BIRTHPLACE (city or town) (State or country) ...

MOTHER

15. MAIDEN NAME Mary " "

16. BIRTHPLACE (city or town) (State or country) ...

17. INFORMANT Little Sisters of the Poor
(Address) Preston & Valley Sts

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Mar 29. 1932

19. UNDERTAKER Rita Weidefeld
(Address) 914 Eutaw Place

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27th 1932

22. I HEREBY CERTIFY, That I attended deceased from March 7th, 1932 to March 29th, 1932
I last saw him alive on March 26th, 1932 death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Arterio Sclerosis	
Other contributory causes of importance:	
Cerebral Hemorrhage	1 week.

Name of operation Physical Date of ...
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) L. McCahan M. D.
(Address) 114 Hamilton

M. D. R. 1268-9

E 78231

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78231

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 20-28 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louise Amos

(a) Residence: No. 705 Mt. Holly St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of Frank Amos ~~Unknown~~

6. DATE OF BIRTH (month, day, year) Oct. 24, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm. ~~Unknown~~ Amos

14. BIRTHPLACE (city or town) (State or country) ~~Unknown~~ Md.

MOTHER

15. MAIDEN NAME Mary E. ?

16. BIRTHPLACE (city or town) (State or country) ~~Unknown~~ Md.

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Cemetery Place Scarborough, Md. Date 3/27/ 32

19. UNDERTAKER C. J. Fanning, Inc.
(Address) 936 E. Lafayette Ave.

20. FILED 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-26-32 19

22. I HEREBY CERTIFY, That I attended deceased from 3-22-32 19 to 3-26-32 19

I last saw her alive on 3-26-32 19 Death is said to have occurred on the date stated above, at 4:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic	Nov. 1931
Arteriosclerosis	Unknown
Other contributory causes of importance:	
Chronic arthritis	Unk.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto Schmeisser M. D.

(Address) Balto. City Hosp.

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

78232

95-002 ✓ E 78232

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH — If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. Pronounced dead at Hopkins Hospital ST. 7-9 WARD)

2-FULL NAME Frank Williams

(a) RESIDENCE NO 1532 Jr. Elderly St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Sallie Williams

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Sparrows Point Ind
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S. C.

PARENTS

10 NAME OF FATHER Geo. Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Mary Read

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

14 Informant Sallie Croslin

(Address) 11 Dew St Dundalk

15 Filed . 192 S.C.H Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 28 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Cardio-Vascular Disease

(duration) ? yrs. ? mos ? ds

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. H. Weiss, M. D. (Coroner)

March 28 1932 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Binnsboro S. C.

DATE OF BURIAL: March 30 '32

UNDERTAKER: Jas. Jr. Skinner

ADDRESS: 16 ex. E. Mad 80

M. D. B. 126840

HEALTH DEPARTMENT—CITY OF BALTIMORE

78233

E 78233

CERTIFICATE OF DEATH

210-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 12-50 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth 50 yrs. mos. ds.

2. FULL NAME Mrs. Catherine Gormley

(a) Residence: No. 337 Whitridge Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: James Gormley

6. DATE OF BIRTH (month, day, year): Dec. 8, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69		18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: Patrick Flynn

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Anne Clark

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: James Gormley

(Address): 337 Whitridge Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: New Cathedral Date: 3/29 19 32

19. UNDERTAKER: F. A. Krause & Son

(Address): 703 Hanover St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Inquiry to . 19

I last saw h alive on Inquiry 19 Death is said to have occurred on the date stated above, at 1400 A m.

The principal cause of death and related causes of importance were as follows:

Fractured right ribs 2-3-4-5-6 & 7th punctured rt lung, hemothorax

Date at onset: 3/24/32

Other contributory causes of importance:

struck by automobile.

Name of operation: none Date of

What test confirmed diagnosis? X ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 3/24 1932

Where did injury occur? St Paul nr. 28th St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: street accident

Manner of injury: walked into side of moving auto.

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Sokorny Coroner M. D.

(Address) 2200 E Madison St

AACo. 5-31 250B

E 78234 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓

131 E 78234

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3713 E. Pratt St. 26 Ward) about 4-37

Length of residence in city or town where death occurred about 20 yrs. mos. ds. How long in U.S. if of foreign birth? 20 yrs. mos. ds.

2. FULL NAME Mary Vice

(a) Residence: No. 3713 E. Pratt St., 26 Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Vice

6. DATE OF BIRTH (month, day, year) April 19-1884

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
48	11	25 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Fortunato Lordo

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Domborosio Lee

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT John Vice (Address) 3713 E. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date [illegible] 19[illegible]

19. UNDERTAKER [illegible] (Address) [illegible]

20. FILED [illegible], 19[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1931, to March 25, 1932

I last saw h[illegible] alive on March 25 1932 death is said to have occurred on the date stated above, at 8:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Lobar Pneumonia	9/9/31
Nephritis	9/10/31
Thrombosis	

Other contributory causes of importance:

Mitral Regurgitation	9/10/31

Name of operation none Date of none

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 19.....

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury none

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify no

(Signed) M. Hollander, M. D.

(Address) 337 E. Baltimore St.

AaCo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

78235 E 78235

CERTIFICATE OF DEATH

92-001

Registered No. 10-14

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 10-14 Ward)

Length of residence in city or town where death occurred about 40 yrs. mos. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John R Cunningham

(a) Residence: No. Preston & Valley St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Cunningham

6. DATE OF BIRTH (month, day, year) 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80 79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME James Cunningham

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridgit Murphy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Little Sisters of the Poor
(Address) Preston & Valley

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Mar. 29 1932

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. Wolfe St.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27th, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1932, to March 27, 1932

I last saw him alive on March 26, 1932 death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Endocarditis	
Arteriosclerosis	

Other contributory causes of importance Acute dilatation Heart

Name of operation Physical Date of No

What test confirmed diagnosis? Was there an antopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leonard McCusker, M. D.

(Address) 111 Harrison

A4Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

78236

CERTIFICATE OF DEATH

131 E 78236

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1812 Dover St. St. 14-26 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary I. Hinkle

(a) Residence: No. 1812 Dover St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wilbur W. Hinkle

6. DATE OF BIRTH (month, day, year) Feb. 19, 1854.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	1	8 7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W. 87

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER

13. NAME Elisha Miller

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Wilbur W. Hinkle
(Address) 1812 Dover St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 3/29/32. 19

19. UNDERTAKER [illegible]
(Address) 4101 Edmondson Ave.

20. FILED ....., 19.....

[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 26. 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 20. 1932 to Mar. 26 1932

I last saw h[illegible] alive on Mar. 26 1932 death is said to have occurred on the date stated above, at. 5 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Int. Nephritis	2 Mo.
Other contributory causes of importance:	
None	

Name of operation None, Date of .....

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

3/31/32 (Address) 1812 Dover St.

AACo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78237

CERTIFICATE OF DEATH

46 E 78237

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1828 Lindenvue St. (Ward) 41-20

Length of residence in city or town where death occurred yrs. mos ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John M Lynch

(a) Residence: No. 1828 Linden Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Minnie L Lynch

6. DATE OF BIRTH (month, day, year): Feb 28 1870

7. AGE: Years: 62 | Months: 1 0 | Days: 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Motorman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Rapid Transit
10. Date deceased last worked at this occupation (month and year): Dec 15 1931
11. Total time (years) spent in this occupation: 16

12. BIRTHPLACE (city or town) (State or country): Howard Co Md

FATHER

13. NAME: Daniel Lynch
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Mary Lynch
16. BIRTHPLACE (city or town) (State or country): Howard Co

17. INFORMANT: Minnie L Lynch
(Address): 1828 Lindenvue

18. BURIAL, CREMATION, OR REMOVAL: St Ignatius Hickory Md Date 3/30/1932

19. UNDERTAKER: Wm Cook
(Address): 1217 St Paul St

20. FILED ..... 19..... Registrar.

O.K. C.H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1931, to March 27, 1932

I last saw him alive on March 26, 1932 death is said to have occurred on the date stated above, at 10.20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hubert Cottingham, M. D.

(Address) 1216 E. Preston St

Spec.—2-29-28—L. F. S.—500 Blks.

E 78238

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78238

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 N. Linwood Ave) ST. (WARD) 7-11

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary E. McCullough

(a) RESIDENCE NO. 717 N. Linwood ave. ST.

(Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 7 mos. 21 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Aug 6th 1881

7 AGE: Years 50 | Months 7 | Days 21 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: John McCullough

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Margaret Gourley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs Mattie McCullough

(Address): 717 N. Linwood Ave.

15 Filed ..... 19 ..... R. 317. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 27th 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1st, 1932, to Mar 27th, 1932, that I last saw h alive on Mar 26th, 1932, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of lung and metastases

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X Ray & Laboratory Examination

(Signed) Paul Brown, M. D.

3/27 1932 (Address) 1663 W. Mount Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: 3/30 1932

20 UNDERTAKER: W M Cook

ADDRESS: 1217 St Paul

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54 E 78239

E 78239

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Winifred Waters

(a) Residence: No. 2036 McCullough St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	col	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 25/1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	39	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thomas J. Waters

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Annie Williams

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Edna L. Finney

(Address) 2036 McCullough St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 3/29/32 19

19. UNDERTAKER Mrs. Geo. H. Pollard

(Address) 1611 Druid Hill Ave.

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 25/32 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 , to . 19

I last saw h alive on inquiry . 19 Death is said to have occurred on the date stated above, at 8.30 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

Shock-Addominal Hemorrhage — Date of onset ?

Other contributory causes of importance:

Secondary Anemia ?

Old retro-peritoneal Hemorrhage ?

Cystic mass rt ovary ?

Name of operation Laparotomy Date of 3/24/32

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) Jos. H. Carter Coroner . M. D.

(Address) 5086 York Rd

AACo. S-H 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 78240 | E 78240

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 705 Lafayette Ave (St.) (Ward) 7-24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edna Johnson

(a) Residence: No. 705 Lafayette Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Johnson

6. DATE OF BIRTH (month, day, year) June 4 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
33	33	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Royal Sims

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Sarah James

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Grace Johnson

(Address) 705 Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 3-29-32

19. UNDERTAKER Mrs. Wm. H. Holland

(Address) 1210 Druid Hill Ave

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-26, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-17, 19, to 3-26, 1932

I last saw h alive on 3-26 1932 death is said to have occurred on the date stated above, at 5:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Acute Lobar Pneumonia	3-16-32

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edgar S. Alley, M. D.

327 (Address) 701 Augusta Ave

Spec.-7-17-26—A Co.—200 Bks.

78241

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 ✓

E 78241

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Provident Hospital St. 17-24 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Willie Simmons

(a) RESIDENCE NO. 1231 Argyle Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Simmons

6 DATE OF BIRTH (month, day, and year) ? 1892

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work do

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (City or town) Unknown

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

14 Interment (Address) Mt. Evergreen 4511 York Rd.

15 Filed 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1932 3-27

17 I HEREBY CERTIFY, That I attended deceased from 3-25, 1932 to 3-27, 1932

that I last saw him alive on 3-27, 1932

and that death occurred, on the date stated above, at 12 40 P. M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Laboratory

(Signed) George W. Arnold M. D.

3-28 1932 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary

Date of Burial 3/30/1932

ADDRESS

30 UNDERTAKER Mrs. Geo. H. Holland sec'y Druid Hill Ave

very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78242

CERTIFICATE OF DEATH

E 78242

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4023 Belle Ave St., 15-63 Ward)

Registered No. 82-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. 6 mos. 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Amelia McMurray

(a) Residence: No. 4023 Belle Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Sept. 3, 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	80	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME John F. McMurray

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Isabella Esenler

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Alice Wright
(Address) 4023 Belle Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem. Date May 28, 1932

19. UNDERTAKER C. M. Fickinger & Sons
(Address) 1011 E. Penna Ave.

20. FILED ... 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mch 15, 1932 to Mch 27, 1932

I last saw h. alive on Mch 26 1932 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	Mch 9
Other contributory causes of importance:	
Arterio Sclerosis	several yrs

Name of operation none Date of ...

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) M Bernard Lord, M. D.

(Address) 2216 Garrison Blvd

78243

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 78243

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3907 N Rogers Ave St., 27-55 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Lee Coard.

(a) Residence: No. 3907 N Rogers ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 12, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	36	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Thomas E. Coard.

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Celia M. Kellen

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs. Florence Allender

(Address) 3907 N. Rogers Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Mar. 29 1932

19. UNDERTAKER Wm. McKeever Sons

(Address) Roper & Pa ave

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 27. 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec-1 . 1931. to Mar.-27 . 1932

I last saw her alive on Mar.-26 . 1932 Death is said to have occurred on the date stated above, at 1010 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix Uteri	Sept 1931
Uremia. Prostration	

Other **contributory causes** of importance:

Name of operation Date of

What test confirmed diagnosis Clin. Ex. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public** place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify.

(Signed) Wesley Cole M. D.

(Address) 1202 Garrison Blk.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78244

CERTIFICATE OF DEATH

3 E 78244

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3835 Hanover St., 25-13 Ward) 25

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John F. Stroh

(a) Residence: No. 3835 Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Stroh

6. DATE OF BIRTH (month, day, year) March 11 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	50	----	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pattern-Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Crown Cork & Seal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brooklyn, Md.

FATHER

13. NAME John Stroh

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary M. Fisher

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Gertrude Stroh (Wife)

(Address) 3835 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem. Date 3/30/32. 19

19. UNDERTAKER John F. Denny

(Address) 715 Light St

20. FILED . 19 . Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 27 1932

22. I HEREBY CERTIFY, That I attended deceased from July 27 . 1931 to Mar 27 . 1932

I last saw him alive on Mar 27, 1932 Death is said to have occurred on the date stated above, at 9.10 m. P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Coma	3/27/32
Chronic Nephritis	3/1/30

Other contributory causes of importance

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. J. Hayes M. D.

(Address) 16 Randall St

1-30—M & T—100 B—60L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78245

E 78245

CERTIFICATE OF DEATH

REGISTERED NO. 21433

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. South Baltimore General Hospital ST. 14 WARD)

2-FULL NAME Robert A. Powers.

(a) RESIDENCE NO 259 E. Hamburg St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. --- mos --- ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6 DATE OF BIRTH (month, day, and year) December 20, 1919

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
✓	12	4	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer None.

9 BIRTHPLACE (city or town) (State or country) Richmond, Va.

PARENTS

10 NAME OF FATHER Wilbur F. Powers.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Richmond, Va.

12 MAIDEN NAME OF MOTHER Mary N. Kirby.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia.

14 Informant Wilbur F. Powers. (father)

(Address) 259 E. Hamburg St.

15 Filed ---, 192 --- Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 26, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Streptococcus Cellulitis of the neck,
Toxemia, Cardiac collapse.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 259 E. Hamburg St.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Heinhardt, M. D. Coroner

3/28/32, 19 (Address) 1019 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem.

DATE OF BURIAL Mar 30 1932

20 UNDERTAKER John F. Denny

ADDRESS 715 Light St

TION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78246

CERTIFICATE OF DEATH

E 78246

107-061

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St. 15-64 Ward

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hyman Waskins

(a) Residence: No. 4009 Springdale Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bertha

6. DATE OF BIRTH (month, day, year) 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pool Room

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Abraham Waskins

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Joseph Waskins - Son
(Address) 4009 Springdale ave

18. BURIAL, CREMATION, OR REMOVAL
Place Washington Mem Park Date 3-29 1932

19. UNDERTAKER Jack Levin Inc
(Address) 1439 E. Baltimore St

20. FILED ..... 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/28 1932

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1932, to March 28, 1932

I last saw him alive on March 28, 1932 death is said to have occurred on the date stated above, at 10.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Type ?)	2 days
Asthma	4 mos
Pulmonary emphysema	
Chronic bronchitis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Wm. B. Kirsh, M. D.

(Address) Sinai Hospital.

M. D. B. 1265-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

83 E 78247

78247

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1415 Eutaw Place St. 14-20 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel H. Shriver

(a) Residence: No. 1415 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lee Kirk Shriver

6. DATE OF BIRTH (month, day, year) Nov. 9, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	73	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

FATHER

13. NAME Rev. Samuel S. Shriver

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Caroline McCluskey

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT George M. Shriver
(Address) Pikesville, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem'ty Mar. 27, 1932

19. UNDERTAKER John C. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27 . 1932

22. I HEREBY CERTIFY, That I attended deceased from March 26 . 1932 to March 27 . 1932
I last saw him alive on March 27 1932 Death is said to have occurred on the date stated above, at 12 M p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tabo paresis	1910
Arterio sclerosis	1925
Other contributory causes of importance: Agranulocytic angina	3/20/32

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased
If so, specify

(Signed) Charles F. Sussman M. D.

(Address) 1417 Eutaw Place

M. D. B. 1268-9

E 78248

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 E 78248

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2225 St. Pulaski St., 15-59 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nina B. Mitchell

(a) Residence: No. 2225 N. Pulaski St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph E. Mitchell

6. DATE OF BIRTH (month, day, year) June 1 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

FATHER

13. NAME Thomas Brown

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md

MOTHER

15. MAIDEN NAME Elizabeth Brown

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md

17. INFORMANT Joseph E. Mitchell

(Address) 2225 N. Pulaski St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date March 29 1932

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1901 Eutaw Place

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26 1932

22. I HEREBY CERTIFY, That I attended deceased from May 19 32 to March 26 1932

I last saw deceased alive on March 26 1932 Death is said to have occurred on the date stated above, at 4.50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes, Chronic Interstitial Nephritis & Myocarditis	1915
Other contributory causes of importance: Pneumonia	3/24/32

Name of operation None Date of

What test confirmed diagnosis? Clinical diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. B. Futterhouse M. D.

(Address) 1901 Eutaw Place

M. D. R. 1268-9

78249

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 78249

Registered No. 10-1482-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St.) Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Wright

(a) Residence: No. 718 Ajax Alley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Wright

6. DATE OF BIRTH (month, day, year) Nov. 5, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer - odd jobs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wakefield, Va.

FATHER

13. NAME George Wright

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Henrietta Pierce

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records of Balto. City Hosp

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date Mar. 29, 1932

19. UNDERTAKER M. R. A. Elliott (Address) 1725 Ashland ave.

20. FILED Apr. 4, 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-26-, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-11-, 1930, to 3-26-, 1932

I last saw him alive on 3-26, 1932. Death is said to have occurred on the date stated above, at 3:58 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Recurrent cerebral hemorrhages with resulting hemiplegia	1928
Hypertensive heart disease	Unknown
Other contributory causes of importance: Bronchopneumonia	3-20-32

Name of operation Clin exam Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) Balt. City Hospitals

AaCo. 5-11 250B

E 78250 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78250

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital (Tbc.) St. 44-20 (Ward)

Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... Life

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bessy B. Adrer

(a) Residence: No. 251 Robert st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Leroy O. Adrer

6. DATE OF BIRTH (month, day, year) Jan. 31, 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
36	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER FATHER

13. NAME Robert L. Jefferson

14. BIRTHPLACE (city or town) Virginia
(State or country)

15. MAIDEN NAME Jane Smithson

16. BIRTHPLACE (city or town) Virginia
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Nov. 29th 1932

19. UNDERTAKER Mrs. K. J. Elliott
(Address) 1725 Eastlund Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1932 to March 26, 1932

I last saw her alive on March 26, 1932 death is said to have occurred on the date stated above, at 2.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulm. Tuberculosis	unknown

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Lawrence H. Sena M. D.

(Address) Baltimore City Hospitals

AACo. 5-H 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78251

E 78251

CERTIFICATE OF DEATH

13 V

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2813 W. Mosher St. 16-64 Ward) 42

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lillie Munderloh,

(a) Residence: No. 2813 W. Mosher St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Herman G. Munderloh,

6. DATE OF BIRTH (month, day, year) June 8, 1974

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
✓	57	9 7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Delaware

FATHER

13. NAME John H. Hickman,

14. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER

15. MAIDEN NAME Harriett Joseph,

16. BIRTHPLACE (city or town) (State or country) Delaware

17. INFORMANT Herman G. Munderloh,
(Address) 2813 W. Mosher St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date MAR 29 1932 19

19. UNDERTAKER Geo. W. Little
(Address) 2700 Edmondson Ave.

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1932 to March 26, 1932

I last saw h[illegible] alive on March 26, 1932 death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia. Hypostatic Lung

Date of onset: Month 23 1932

Other contributory causes of importance: Chr. Nephritis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

3/28/32 (Signed) Jno. J. McCann M. D.

(Address) 4000 Roland Ave.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78252

CERTIFICATE OF DEATH

108-E 78252

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital St. 18-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Lawson

(a) RESIDENCE NO. 1215 Edmondson St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred last yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1905

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
✓	27	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter

(b) General nature of industry, business, or establishment in which employed (or employer) Mission

(c) Name of employer

9 BIRTHPLACE (city or town) Va

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (City or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant John H. Jones

(Address) 1215 Edmondson ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 32

3-27

17 I HEREBY CERTIFY, That I attended deceased from 3-22 19 32 to 3-27 19 32

that I last saw him alive on 3-22 19 32

and that death occurred, on the date stated above, at 6.45 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 da.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Geo. M. McDermott M D

3-27 19 32 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery

Date of Burial 3-30 1932

20 UNDERTAKER James Carlon

ADDRESS 916 Pa ave

very important. See instructions on back of certificates.

MAR 29 1932

AACo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 E 78253

78253 OF DEATH St. Agnes' Hospital

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Eaton + Kilkenny Ave St., 1-6-65 Ward 6

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rev. John Mennies Johnson

(a) Residence: No. 2412 Harlem Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura E. Johnson

6. DATE OF BIRTH (month, day, year) 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Missionary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M.E. Church

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Delaware

FATHER

13. NAME John Mennies Johnson

14. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Wife Mrs. J. E. Johnson
(Address) 2412 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Olivet Date 3-29 1932

19. UNDERTAKER David Easton
(Address) 916 E. Eaton Ave.

20. FILED ..., 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-25, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-12, 1931, to 3-25, 1932

I last saw him alive on 3-20, 1932 death is said to have occurred on the date stated above, at 5-55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis with Decompensation	11-12-31
Other contributory causes of importance: Cardio Vascular Renal Disease	3/1/31

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ..., 19...

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Augustine P. Vondersmith M. D.

(Address) 4818 Edmondson Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78254

CERTIFICATE OF DEATH

E 78254

Registered No. 1084

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 6-11 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? 15 yrs. mos. ds.

2. FULL NAME Battista Ferrari

(a) Residence: No. 121 N. Potomac St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Thersa Ferrari

6. DATE OF BIRTH (month, day, year) Sept 3/1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	43	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cement Worker 085

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Italy

FATHER

13. NAME: Francesco Ferrari

14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME: Thersa --------

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT: Thersa Ferrari

(Address): 121 N. Potomac

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: March 30 1932

19. UNDERTAKER: Frank V. Civitone

(Address): 2818 E. Baltimore St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27/32 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on inquiry , 19 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/23/32 ?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Price M. D.

(Address) 508 E Monument

AACo. 5-31 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

78255 E 78255

CERTIFICATE OF DEATH

V131

Registered No. .....

1. PLACE OF DEATH (If death occurred in hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto City Hospitals St. ..... Ward) 26-4

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Otto

(a) Residence: No. 4404 Powell St., ... Ward. .....
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married (?)

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary M Otto (?)

6. DATE OF BIRTH (month, day, year) Oct 16-1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist (?)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired (?)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md (?)

FATHER

13. NAME John F Otto (?)

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary A Ruffing (?)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary M Otto
(Address) 4404 Powell Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date May 29 1932

19. UNDERTAKER Wm. Cook
(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-26, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-20, 1932 to 3-26, 1932

I last saw him alive on 3-26 1932 death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Cardio Vascular Renal Disease — Date of onset unknown

Chronic Nephritis — 1 Day

Other contributory causes of importance:

Anemia — 1 Day

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Curtis E Mateer M. D.

(Address) Balto City Hospitals

A&Co. 5-31 250B

E 78256 HEALTH DEPARTMENT—CITY OF BALTIMORE 23E 78256

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3726 Claremont Ave., St., 23 Ward) Registered No. 37

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Geo. F. Bauernschub

(a) Residence: No. 3726 Claremont Ave., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of: Catherine Bauernschub

6. DATE OF BIRTH (month, day, year): Jan 25 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Lor Bar Co

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: — Bauernschub

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Caroline Rice

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: Catherine Bauernschub

(Address) 3726 Claremont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Nov 1 1932

19. UNDERTAKER: Philip Henry

(Address) 206 William St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 28. 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 1932, to May 28, 1932

I last saw h[illegible] alive on May 28 1932 death is said to have occurred on the date stated above, at 7.45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance: Ruptured Gastric ulcer	

Name of operation Exploratory Date of 11/31/32

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Dwight Tousley M. D.

(Address) 800 N. Ellwood Ave

Spec.—1-12-33—MAT—500 Blks.

E 78257 (James Aukard) E 78257

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

112

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 E. Ware ST. 12-50 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Aukard

(a) RESIDENCE NO. 11 E. Ware ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Elizabeth Aukard

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
72				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stone 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bath Co Va

PARENTS

10 NAME OF FATHER Elijah Aukard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bath Co Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bath Co Md

14 Informant (Address) Mrs Mary Green 9 Richard St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/26 1932

17 I HEREBY CERTIFY, That I attended deceased from Mar 22 1932 to Mar 26 1932

that I last saw him alive on 3/26 1932

and that death occurred, on the date stated above, at 10:20 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Asthma

(Duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Renal Acidosis

(duration) yrs. 2 mo mo ds.

18 Where was disease contracted if not at place of death? 11 E. Ware

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W. A. Boyking, M. D.

, 19 (Address) 1512 N Gilmor

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Comty

DATE OF BURIAL: March 28 1932

20 UNDERTAKER: Robert F. Williams

ADDRESS: 1515 N. Eutaw St

AaCo. 5-31 250B

Charles Martin

78258 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78258

CERTIFICATE OF DEATH

✓ 34

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Baltimore Gen. Hosp. St. 19-28 Ward)

Length of residence in city or town where death occurred 29 yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Charles Martin

(a) Residence: No. 1850 Lemmon St St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Negro	Single

5a. If married, widowed or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 27 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
✓	42	2	2925	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER FATHER

13. NAME Isaac Martin

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Mary Wickliffe

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Deceased

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Mar 29th 1932

19. UNDERTAKER Thomas E. Nelson

(Address) 1803 Pennsylvania Ave

20. FILED ..... 19 Mar 29 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/26 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/12 1932 to 3/25 1932

I last saw him alive on 3/25 1932 death is said to have occurred on the date stated above, at 20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/14/32
Cardiac Decompensation	2/14/32
Chronic Wild Cirrhosis	3/14/32

Other contributory causes of importance:

Luetic Vascular Disease	?
Arteritis	?
Nephritis with edema	5 weeks

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. E. Lemon M. D.

(Address) South Balto Gen Hosp

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 78259

931 E 78259

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1920 Etting St. 14-20 Ward)

Length of residence in city or town where death occurred 31 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Thomas Curtis

(a) Residence: No. 1920 Etting St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col	married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Amelia Curtis

6. DATE OF BIRTH (month, day, year) Dec 26/1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	59	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Mary's Co., Md.

FATHER

13. NAME Willie Curtis

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Amelia Jones

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT John Curtis

(Address) 1920 n. Fremont St

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Cemetery Date Mar 30, 1932

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pressman st

20. FILED , 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 26/32, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	
(Found dead on coach)	

Other contributory causes of importance:

Md.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. S. H. Cain M. D.

(Address) 508 E Lanvale St Coroner

M. D. B. 1268-9

78260 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1001 107 E 78260

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1702 Mosher St., 16-22 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Epps

(a) Residence: No. 1720 Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	col	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sep 28/31

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓		6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER FATHER

13. NAME ~~Dennis Parker~~

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Addren Epps

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Dennis Parker
(Address) 1702 Mosher St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date Mar 29 1932

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pennsylvania ave

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 28/32, 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on inquiry, 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3/24/32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. H. Fallon, M. D.
Coroner

(Address) 508 E. Fremont Ave.

M. D. B. 1265-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78261 — 23 E 78261

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-4 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Gibbs

(a) Residence: No. Morton Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Earl

6. DATE OF BIRTH (month, day, year) Nov-16-1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36 37		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Clarence Brown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rosey Brown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Bel Air Md Date March 29 1932

19. UNDERTAKER H. A. Henderson

(Address) 1502 E. Baltimore St

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1932, to March 23, 1932

I last saw her alive on March 23, 1932 Death is said to have occurred on the date stated above, at 11:21 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tbc	1930
Miliary Tbc	3-1-32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. H. Nicholson M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78262

CERTIFICATE OF DEATH

46 E 78262

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 802 N. Washington St. 7-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julius Moeller

(a) Residence: No. 802 N. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Margaret Moeller

6. DATE OF BIRTH (month, day, year) Dec. 2, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	3 6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cab

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Christian Moeller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Margaret Moeller
(Address) 802 N. Washington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Mar. 31 . 19 32

19. UNDERTAKER Frederick Lansdowne
(Address) 7401 Belair Road

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/28/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from 11/5/31 . 19 to 3/28/32 . 19

I last saw h (e) alive on 3/25/32 . 19 Death is said to have occurred on the date stated above, at 3:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	11/5/31

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Lauer, M. D.

(Address) Medical Arts Bldg

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78263

CERTIFICATE OF DEATH

97-601 E 78263

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1657 N. Milton Ave. St.) 8-16 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Walkemeyer

(a) Residence: No. 1657 N. Milton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry F. Walkemeyer

6. DATE OF BIRTH (month, day, year) Sept. 7, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	71	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Peter Schaaf

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Hamlin

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Mr. Bernard Walkemeyer
(Address) 1657 N. Milton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Immanuel Cem. Date Mar. 30, 19 32

19. UNDERTAKER Frederick Lassahn & Son
(Address) 7401 Belair Road

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from October 15, 1931, to March 27, 1932
I last saw her alive on March 27, 1932 Death is said to have occurred on the date stated above, at 1.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Arteriosclerosis & Cerebral Hemorrhage	1930

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Robert G. Singwald M. D.

(Address) 613 S. Wolfe St

A&Co. 5-11 250B

E 78264

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-E 78264

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St Agnes Hospital
CITY OF BALTIMORE: (No. Caton & Wilkens Ave St. 20-69 Ward)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Katherine Cunningham
(a) Residence: No. 2634 Frederick Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Isaac Lemmy Cunningham

6. DATE OF BIRTH (month, day, year) June 4 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	9	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

MOTHER FATHER
13. NAME John H Darrell
14. BIRTHPLACE (city or town) Ulster
(State or country) Lycoming
15. MAIDEN NAME Mandy M Brown
16. BIRTHPLACE (city or town) Ulster
(State or country) Lycoming

17. INFORMANT 54 Frey
(Address) Lancaster Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lancaster Pa Date 31 Mar 1932

19. UNDERTAKER H. Tuckerman Sons
(Address) North Penna Ave

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-28, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 9th, 1932 to 3-28, 1932
I last saw her alive on 3-28 1932 death is said to have occurred on the date stated above, at 5 35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gen arterio sclerosis	1926
Myoc. degr Decomp	

Other contributory causes of importance:

Name of operation Surgical Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Nathaniel S Anderson M. D.
(Address) St Agnes Hospital

A&Co. 5-31 250B

Greenwell

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78265 E 78265

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hosp. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles F. Greenwell

(a) Residence: No. 3407 Mandeville Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Nov 26 1911

7. AGE: Years: 20 | Months: 4 | Days: 1 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Sales
10. Date deceased last worked at this occupation (month and year): 3 Mo
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto

MOTHER FATHER
13. NAME: Robt Ellsworth Greenwell
14. BIRTHPLACE (city or town) (State or country): Leonardtown
15. MAIDEN NAME: Marie Tenwick
16. BIRTHPLACE (city or town) (State or country): Home

17. INFORMANT (Address): Hospital Record

18. BURIAL, CREMATION, OR REMOVAL Place: Red Cathedral Date: May 30 1932

19. UNDERTAKER (Address): John J. Mother Son North & Paca Sts

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/27/1932

22. I HEREBY CERTIFY, That I attended deceased from 3/26/32 19..., to 3/27, 1932
I last saw h[e] alive on 3/27 1932 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	?
Diabetes Mellitus	6 yrs

Other contributory causes of importance:

diabetic acidosis	3 days

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert V. Chenowith M. D.
(Address) Md. General Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 E 78266

E 78266

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital Ward) 29

Registered No. ....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. 4 mos. 16 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David J. Murphy

(a) Residence: No. # 904 Ramsey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 10th 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER
13. NAME Cornelius Murphy
14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER
15. MAIDEN NAME Ellen O'Connell
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr William J. Murphy
(Address) 904 Ramsey St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 3/30/ 1932

19. UNDERTAKER John J. Cowan & Son
(Address) 961 Hollins St.

20. FILED , 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/26/ 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 23. 1932. to Mar. 26. 1932.
I last saw h[illegible] alive on Mar. 26. 1932. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation.	3/23/
Other contributory causes of importance:	
None	
	coma

Name of operation None Date of

What test confirmed diagnosis? Phy. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

3/ (Signed) Chas. O'Donnell, M. D.
24/32 (Address) 878 N. Eutaw St.

Spec.—1-30—M. & T.—250 Bks.

78267

E 78267

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2607 Francis St. 13-59 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Borisch

(a) RESIDENCE NO. 2607 Francis St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of William Borisch

6 DATE OF BIRTH (month, day, and year) Sept. 7th 1873

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
58	6	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress 69

(b) General nature of industry, business, or establishment in which employed (or employer) Sewing

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER August Borker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant John H. Davis (Address) 2607 Francis St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 28th 1932

17 I HEREBY CERTIFY, That I attended deceased from March 1st 1931, to March 28th 1932, that I last saw h.. alive on Mar. 28 1931, and that death occurred, on the date stated above, at 8:45 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ....yrs. mos 1 ds.

CONTRIBUTORY (Secondary) .....

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Usual Routine

(Signed) Elbert C. Neiswanger M. D.

3/29. 1932 (Address) 2221 E. Fallsway Balto. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL 4/1/1932.

20 UNDERTAKER John J. Bowan & Son — ADDRESS 901 Hollins St

AdCo. 5-31 250B

78268

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 78268

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., N-37 Ward) Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? 45 yrs. ..... mos. ..... ds.

2. FULL NAME Christian Koenig

(a) Residence: No. 5218 Fait Ave. St., 1 Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta

6. DATE OF BIRTH (month, day, year) Oct 13 1853

7. AGE: Years 78 | Months 5 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Linbraum 60

10. Date deceased last worked at this occupation (month and year) Unknown | 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME Johannis Koenig

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaretta Kanack

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Patient
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date May 5th, 1932

19. UNDERTAKER Lilly-Miller Inc.
(Address) 1 W. Mt. St.

20. FILED ..... 19 32 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-26-32 19

22. I HEREBY CERTIFY, That I attended deceased from 2-27-32, 19, to 5-26-32, 19
I last saw him alive on 5-25 32, 19 death is said to have occurred on the date stated above, at 2.45A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio vascular renal disease	4
Other contributory causes of importance: Bronchopneumonia	5-23-32
Cellulitis of Thigh	2-27-32

Name of operation None Date of —
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Luther E. Linthicum M. D.
(Address) Balto City Hospitals

A&Co. 5-11 250B

78269

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78269

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 516 Oakland Ave St. 7-46 (Ward)

Length of residence in city or town where death occurred 39 yrs. 5 mos. 16 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Horn

(a) Residence: No. 516 Oakland Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Alice Horn

6. DATE OF BIRTH (month, day, year): Oct. 12-1892

7. AGE — Years: 39 | Months: 5 | Days: 16 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Watch & Clock
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Repairing 039
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country): Baltimore Md.

MOTHER FATHER

13. NAME: William G. Horn
14. BIRTHPLACE (city or town) (State or country): Maryland
15. MAIDEN NAME: Mary Ellen Speckells
16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Mrs. Alice Horn 516 Oakland Ave.

18. BURIAL, CREMATION, OR REMOVAL. Place: St. Mary's Cemetery March 31-1932

19. UNDERTAKER (Address): Horace T. Burgee 3631 Falls Road

20. FILED ..... 19 ..... Registrar. C. F. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 28- 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 9th, 1931, to March 27th, 1932. I last saw h[illegible] alive on March 24, 1932. Death is said to have occurred on the date stated above, at 7:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis	Dec 9/31

Other contributory causes of importance: Unknown

Name of operation ..... Date of .....
What test confirmed diagnosis? Personal observation Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm Conrad Borden, M. D.
(Address) 1900 Maryland Ave.

A&Co. 5-31 250B

78270

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78270

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH At Jewish Hospital

CITY OF BALTIMORE: (No. Caroline St., 1 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mathur Mary Fridoline Hochador

(a) Residence: No. 1421 N. Caroline St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, year) 3-3-1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	0	24	0

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 65

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Religious

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME John P. Hochador

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Gyllka Maar

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Ronald Reed
(Address)

18. BURIAL, CREMATION OR REMOVAL Mt. Calvary Date 3-31-32 19

Place

19. UNDERTAKER Geo. J. Roth & Son
(Address) 1125 E. Baltimore St.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-27-32 19

22. I HEREBY CERTIFY, That I attended deceased from 3-14-32, 19..., to 3-27-32, 19...

I last saw her alive on 3-27-1932 death is said to have occurred on the date stated above, at 10:15 P m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis and Pneumonia — Date of onset

Other contributory causes of importance:

Uremia

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Wm. Handley, M. D.

(Address) Jewish Hospital

APR 2 1932

M. D. B. 1268-9

78271

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78271

Hoerner. Jr

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 1-10-121 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Hoerner Jr

(a) Residence: No. 618 N Luzerne St., Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male.	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 29, 19[illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	3	[illegible]	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George A Hoerner

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Elizabeth Doerr

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Hospital Records

(Address) George A Hoerner

18. BURIAL, CREMATION, OR REMOVAL 3/30/32 19

Place Holy Rosary Date

19. UNDERTAKER George J Roth Inc

(Address) [illegible]

20. FILED 19 R. C. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1932 to March 27, 1932

I last saw h[illegible] alive on March 27, 1932 Death is said to have occurred on the date stated above, at 6 28 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Perforated Appendicitis	[illegible]

Other contributory causes of importance:

Peritonitis	1/[illegible]/32

Name of operation Appendectomy Date of 3/[illegible]/32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Simon Rizza M. D.

(Address) Mercy Hospital

AaCo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

78272 E 78272

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1017 Stiles St. 3-5 Ward)

Registered No. 82-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs mos da How long in U.S. If of foreign birth? 46 yrs mos da

2. FULL NAME Frances Josephine Petrella

(a) Residence: No. 1017 Stiles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph

6. DATE OF BIRTH (month, day, year) Jan 28 1869

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
✓	63	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

MOTHER FATHER

13. NAME Joseph Petrella
14. BIRTHPLACE (city or town) (State or country) Italy
15. MAIDEN NAME Palma ?
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Fedrick Petrella
(Address) 1017 Stiles St

18. BURIAL, CREMATION, OR REMOVAL
Place Nat. Cedar Hill Date March 31 1932

19. UNDERTAKER M. H. E. Deppal Inc
(Address) 33 E. Lanvale St

20. FILED 10 H. F. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28 1932

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1932, to March 28, 1932

I last saw her alive on March 22, 1932 death is said to have occurred on the date stated above, at 10 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	March 22 32
Lobar Pneumonia	March 26 32
Other contributory causes of importance:	
Exhaustion	1

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) Fred J. Miltenberger, M. D.

(Address) 1038 Druid Park Drive

M. D. H. 1268-9

E 78273

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78273

CERTIFICATE OF DEATH

210-001

Registered No. 25-32

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Folland

(a) Residence: No. St Agnes Hospital St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 10, 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	25	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer .030

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steam Engine

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Richmond Virginia (State or country)

FATHER

13. NAME Thomas Folland

14. BIRTHPLACE (city or town) Camden N.J. (State or country)

MOTHER

15. MAIDEN NAME Mollie Lett

16. BIRTHPLACE (city or town) Richmond Va. (State or country)

17. INFORMANT Thomas Folland (Address) 722 Laurel St Richmond Va

18. BURIAL, CREMATION, OR REMOVAL Richmond Va Date Mar 30. 32

19. UNDERTAKER Hoss & Stenton (Address) Light & Ingram

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28 1932

22. I HEREBY CERTIFY, That I attended deceased from Inquiry 19 to 19

I last saw him alive on Inquiry 19 Death is said to have occurred on the date stated above, at Inquiry m 1200 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull (compound)	3/26/32
Intra Cranial hemorrage	

Other contributory causes of importance:

Struck by automobile

Name of operation none Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 3/26 1932

Where did injury occur? Wilkens Ave nr Primrose (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by automobile

Nature of injury When running for street car

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Sokorny Coroner M. D.

(Address) 226 E Madison St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78274

CERTIFICATE OF DEATH

E 78274

210-02

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., [illegible] Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Braun Unknown

(a) Residence: No. [illegible] St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	91			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unknown

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Essex Police Station Records.
(Address) Eastern Ave, Balto. Co.

18. BURIAL, CREMATION, OR REMOVAL
Place Date 19

19. UNDERTAKER
(Address)

20. FILED 19 Nov 15 32 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis, chronic myocarditis	?

Other contributory causes of importance:

Arteriosclerosis, hypertrophied prostate prairie st. forum

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of Injury Nov. 13, 1931

Where did injury occur? North Pt Rd & Jamieson Rd
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Struck by auto

Manner of injury Struck by automobile

Nature of injury Left injury to entire [illegible]

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Joseph Young M. D.
Coroner

(Address) 20 E Madison St

UNIVERSITY OF MARYLAND

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78275 ✓ E 78275

CERTIFICATE OF DEATH

Registered No. 210-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1st Royal Terrace & Newington Ave St. 13-5-4 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Unknown

(a) Residence: No. Unknown St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col.	Unknown

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Unknown

6. DATE OF BIRTH (month, day, year) — Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Unknown

FATHER

13. NAME — Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME — Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date . 19

19. UNDERTAKER
(Address)

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12 . 1932

22. I HEREBY CERTIFY, That I attended deceased from . 19 to . 19

I last saw h alive on March . 19 Death is said to have occurred on the date stated above, at 9:15 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Compound depressed fracture left parietal region of skull, intracranial hemorrhage	3-11-32

Other contributory causes of importance:

Probable internal injuries

Name of operation None Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3-11 . 1932

Where did injury occur? Mount Royal Terrace & Newington Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Struck by automobile

Manner of injury Street accident

Nature of injury Run over by auto

24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify

(Signed) Joseph Pokorny Coroner M. D.

(Address) 220 E. Wilkens Ave

VERIFIED BY STATE OF MARYLAND MAR 25 1932

20 MAR 1932 MARYLAND M. D.

THE MORGUE

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-001 ✓ E 78276

E 78276

CERTIFICATE OF DEATH

REGISTERED NO. E 78276

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. City Hospital St. 19-27 Ward)

2-FULL NAME Ida Robinson

(a) RESIDENCE NO. 523 N Mount St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) — 1872

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
60	60			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 070
(c) Name of employer

9 BIRTHPLACE (city or town) Unknown
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant
(Address)

15 Filed ..., 19... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 18 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 523 N Mount St

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. P. Benzon M.D. M. D.

3/23, 1932 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL MAR 29 1932 19...

20 UNDERTAKER

ADDRESS

Important. See instructions on back of certificate.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

78277 ✓ + 48 E 78277

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No.) Wilkens & Caton Aves (Ward) 25-72

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 16 ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Zenobia Whitehouse

(a) Residence: No. 1740 K St. N.W. Wash. D.C. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation Old,

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Frank Whitehouse
(Address) Friendly Hall apts "26

18. BURIAL, CREMATION, OR REMOVAL Mar 31 1932
Place Wash Mt Vernon Cem. D.C.

19. UNDERTAKER W. W. Chambers
(Address) 1400 Chapin St. N.W.

20. FILED ..... 19..... Registrar. RH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1932 to Mar 29, 1932

I last saw her alive on March 27, 1932 death is said to have occurred on the date stated above, at 3.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma uterus	Oct. 1927
Generalized metastatic carcinoma liver, Skull, femora, abdomen	Jan. 1932

Other contributory causes of importance:

Name of operation Exploratory lap. Date of 3-15-32

What test confirmed diagnosis? OP. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Robt Bevan M. D.

(Address) St. Agnes Hosp. - Balto.

AaCo. 5-31 250E

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78278 ✓ E 78278

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 E. 20th St. St., 9-46 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah E. Taylor

(a) Residence: No. 922 E. 20th St. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late George W/ Taylor

6. DATE OF BIRTH (month, day, year) Nov. 9, 1848.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Andrew Jackson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ann Louise Airey

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Emmett Loane

(Address) 922 E. 20th St.

18. BURIAL, CREMATION, OR REMOVAL 3/31/32.

Place Greenmount Date 4/1/32 19

19. UNDERTAKER Harry Hunter

(Address) 4101 Edmondson Ave.

20. FILED ..... 19 ..... Registrar. APH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/29/ 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/19/ 1932 to 3/29/ 1932

I last saw h.. alive on 3/24/ 1932 death is said to have occurred on the date stated above, at 1.40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/19/32
Cerebral Thrombosis	3/19/32

Other contributory causes of importance:

Myocarditis	3/27/32
Auricular fibrillation	3/27/32

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James F. Hoke M. D.

(Address) 532 Eastern Ave.

1-30—M & T—100 B—601

E 78279

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78279

CERTIFICATE OF DEATH

34

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 769 W. Lexington ST. 18-Ho (WARD)

2-FULL NAME Margie Mary Errsole

(a) RESIDENCE NO 769 W. Lexington ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Errsole

6 DATE OF BIRTH (month, day, and year) Sept 27-1912

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
✓	19	6		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): 037
(c) Name of employer

9 BIRTHPLACE (city or town) ... (State or country) Ohio

PARENTS

10 NAME OF FATHER Wm. Daugherty

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Victoria Keller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14 Informant Mrs. Wm. Errsole

(Address) 769 W. Lexington St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 27 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocardial Insufficiency

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Syphilis

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ... Date of ...

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Geiger, M. D. Coroner

3/28, 1932 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cem

DATE OF BURIAL: March 30 1932

20 UNDERTAKER: John O'Neill & Sons

ADDRESS: 1901 Eastern Ave

Place

TION is very important. See instructions on back of certificates.

AdCo. 5-11 250R

78280 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

7-13-E 78280

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1[illegible] Caples Retreat St. 28-63 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 8 mos. 25 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Lewis Baker

(a) Residence: No. 2 Trappe Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Living

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Own Farm

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Trappe Md

FATHER

13. NAME John W. Baker

14. BIRTHPLACE (city or town) (State or country) Talbot Co Md

MOTHER

15. MAIDEN NAME Henrietta Adams

16. BIRTHPLACE (city or town) (State or country) Talbot Co Md

17. INFORMANT Records of this office
(Address) Records

18. BURIAL, CREMATION, OR REMOVAL
Place Easton Md Date March 30 1932

19. UNDERTAKER John O. Mitchell Sons
(Address) 1900 Eastern Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1931 to March 26, 1932

I last saw h[illegible] alive on March 27 1932 death is said to have occurred on the date stated above, at 5.45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	10 years
Interstitial Nephritis	8 years
Arterio Sclerosis	20 years
Senile Depression	35 years
Other contributory causes of importance:	
Broncho Pneumonia	10 day.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Nicholas W Donelli M. D.

(Address) 336 Frederick Ave Baltimore

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

78281 126 E 78281

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Mulberry & Caton Ave St. 13-52 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Helen Royston

(a) Residence: No. 4138 Roland Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Maurice Royston

6. DATE OF BIRTH (month, day, year) May 22 - 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	36	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St Agnes Hospital

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Md
(State or country)

FATHER

13. NAME John Hebb

14. BIRTHPLACE (city or town) Hagerstown Md
(State or country)

MOTHER

15. MAIDEN NAME Anna M. Heil

16. BIRTHPLACE (city or town) Hagerstown Md
(State or country)

17. INFORMANT Mr Maurice Royston
(Address) 4138 Roland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Hagerstown Md Date May 30, 1932

19. UNDERTAKER George L. Lehnert
(Address) 2401 Frederick Ave.

20. FILED ..... 19 .....
H. F. L. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/28, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1932 to March 28, 1932

I last saw h er alive on March 28 1932 death is said to have occurred on the date stated above, at 3:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute hemorrhagic pancreatitis	
Cholelithiasis	

Other contributory causes of importance:

Name of operation Cholecystotomy Date of 3/25/32

What test confirmed diagnosis Autopsy? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so specify .....

(Signed) Robt Hebb M. D.

(Address) St. Agnes Hospital

3-28-1932 PROFESSOR JAMES M. H

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78282

CERTIFICATE OF DEATH

E 78282

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital ST. [illegible] WARD)

2-FULL NAME Robert F. Smith

(a) RESIDENCE NO 665 Hillcrest Blvd ST., Phillipsburg N.J. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. / ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Dec. 31, 1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	8	2	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School pupil
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Easton, Pa.

PARENTS

10 NAME OF FATHER Paul R. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hamilton Mass.

12 MAIDEN NAME OF MOTHER Helen O Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Boston Mass.

14 Informant Mr. Paul R. Smith

(Address) Phillipsburg N.J.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest & autopsy (inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy & inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Compound depressed fracture of skull (duration) ..... yrs. mos 1 da.

CONTRIBUTORY (Secondary) Intracranial Hemorrhage (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Laurel on Washington Rd

Did an operation precede death? No Date of 3/29/32

Was there an autopsy? Yes 3/29/32

What test confirmed diagnosis? Autopsy

(Signed) Edith Johnny M. D. Coroner

, 19 (Address) 2200 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Phillipsburg N.J. DATE OF BURIAL April 2 1932

20 UNDERTAKER W. J. Technow Sons ADDRESS Nutley Pa

IMPORTANT—See instructions on back of certificates.

M. D. B. 1268-9

78283

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 78283

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 9-18 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isaac Brewer

(a) Residence: No. 1619 Aisquith St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anna R.

6. DATE OF BIRTH (month, day, year) Feb 17 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Furniture Polisher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Brewer
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Anna E West
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Ida M Adelung
(Address) 1619 Aisquith St

18. BURIAL, CREMATION, OR REMOVAL Date 3/31/32 19
Place Woodlawn Cem

19. UNDERTAKER George J Roth & Son
(Address) 1125 Hollins St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 11 40 a m.

The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage — Date of onset

Other contributory causes of importance:

Lobar Pneumonia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) E F Herzog M. D.
Attorney

(Address) 1305 N Patterson Park Ave

A4Co. 5-11 250B

Dr Block, mon - 3509 Fait Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78284

CERTIFICATE OF DEATH

159 NE 78284

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 Wheeler Ave St., 20-69 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Gray

(a) Residence: No. 110 Wheeler Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 29th 1932

7. AGE	Years	Months	Days	If LESS than 1 day, 5 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER FATHER

13. NAME Oalevia Gray

14. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

15. MAIDEN NAME Ethel Mester

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md

17. INFORMANT Oalevia Gray
(Address) 110 Wheeler Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Brewers Calvert Co Md Date 3/30/1932

19. UNDERTAKER Wm Cook
(Address) 1217 E Paul St

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 29th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 29, 1932 to Mar 29, 1932

I last saw her alive on Mar 29, 1932 death is said to have occurred on the date stated above, at 1:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	
Atelectasis - Pulmonary	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Edward Bruce, M. D.

(Address) 3509 Fait Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

8285

CERTIFICATE OF DEATH

2 19-001

C 78285

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital St., 116 (Ward) 22

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William Warren Lindsay

(a) Residence: No. 1109 N. Appleton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Susan M. Lindsay

6. DATE OF BIRTH (month, day, year) May 28, 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81 yrs ~~mos~~	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marketman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Poultry

10. Date deceased last worked at this occupation (month and year)? 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Lewis J. Lindsay

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Susan Cowlin

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Susan M. Lindsay

(Address) 1109 N. Appleton St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 3/30, 1932

19. UNDERTAKER Wm Cobb

(Address) 1217 St. Paul St

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Ingury, 19 to , 19

I last saw h alive on Ingury, 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Fractured ribs, crushed chest, hemothorax, punctured lungs. — Date of onset 3/26/32

Other contributory causes of importance:

Compound fracture of both bones of both legs. — Date of onset 3/26/32

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 3/26, 1932

Where did injury occur? Monroe St nr. Lawrens (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Struck by automobile while

Manner of injury crossing Monroe St Bridge

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph P. Carey, M. D. Coroner

(Address) 226 E. Madison St.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

78286

CERTIFICATE OF DEATH

131

Registered No. B 78286

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 S Caroline St. 3-4 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph H. White

(a) Residence: No. 110 S Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary L. White

6. DATE OF BIRTH (month, day, year) Aug 25, 1866

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	65	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER FATHER

13. NAME Daniel White

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Estelle White (daughter)
(Address) 110 S Caroline St

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date [illegible] 31 19[illegible]

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] 19[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1932 to March 28, 1932

I last saw him alive on March 27, 1932 death is said to have occurred on the date stated above, at 5:15 A.m.

The principal cause of death and related causes of importance were as follows:

Chr. Pulmonary tuberculosis Nyfluent — Probably 2 mos — Date of onset

Other contributory causes of importance:

Uremia, Hypertension

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 17 W Monument St

AACo. 5-31 2500

E 78287 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 46E 78287

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1146 W. Lombard St. St., 18-24 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rose Mcquinn

(a) Residence: No. 1146 W. Lombard, St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm. G. Mcquinn

6. DATE OF BIRTH (month, day, year) Dec. 5th, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John P. Schultheis

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Metzler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm. G. Mcquinn
(Address) 1146 W. Lombard, St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 3/30, 1932

19. UNDERTAKER Frederick A. Pole
(Address) 1200 W. Lombard St.

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-26, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-24, 1932, to 3-26, 1932

I last saw h... alive on ..., 19... death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	
Ileum	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ..., M. D.

(Address) ...

Spec.—1-12-33—M&T—500 Blks.

E 78288 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78288

CERTIFICATE OF DEATH.

161-604

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 439 Whitridge Ave St.) (WARD)

2-FULL NAME Baby Girl Beet.

(a) RESIDENCE NO. 439 Whitridge Ave St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	baby

3a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 28 1932

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or 5 min.
Stillborn				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER George Belt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Bertha McElroy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant George Belt

(Address) 439 Whitridge Ave

15 Filed . 19 JC Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-28 1932

17 I HEREBY CERTIFY, That I attended deceased from 3/28 .1932. to 3/28 .1932.

that I last saw her alive on 3/28 .1932.

and that death occurred, on the date stated above, at 8 05 m

The CAUSE OF DEATH* was as follows:

Asphyxia Neonatorum

at birth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Paul Miller, M. D.

3/28 1932 (Address) 1520 Bolton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem	Mar 30 1932
20 UNDERTAKER Thomson & Son	ADDRESS 3615 Eastern Ave

AACo. 5-31 250R

E 78289

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78289

CERTIFICATE OF DEATH

93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 10-14 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Joyner

(a) Residence: No. Preston + Valley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 18, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	61	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Thomas Joyner
14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Julia Gately
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Little Sisters of the Poor Preston + Valley St.

18. BURIAL, CREMATION, OR REMOVAL. Place Western Date Mar 31, 1932

19. UNDERTAKER Pete Wiedefeld
(Address) 914 Greenmount Ave

20. FILED ..... 19... Keefe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 21 22, 1931, to March 28, 1932

I last saw him alive on March 28, 1932, and death is said to have occurred on the date stated above, at 4. p. m.

The principal cause of death and related causes of importance were as follows:

Chr Myocarditis
Arterio Sclerosis

Date of onset
9 mos

Other contributory causes of importance:

Lymphatica

Name of operation Autopsy Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. McCahan, M. D.
(Address) 111 W Saratoga

Form No. 5-41 2508

1117 St Paul St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78290

78290

CERTIFICATE OF DEATH

Registered No. 12-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1217 Patapsco. St. 23-33 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel V Harbaugh.

(a) Residence: No. 1217 Patapsco. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie E Harbaugh

6. DATE OF BIRTH (month, day, year) Oct 28 1881

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
50	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. G. W. Crook Co. Iron

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mamie E Harbaugh

(Address) 1217 Patapsco St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem Date 3-31 1932

19. UNDERTAKER E & B Earle

(Address) 1115 N Gay St

20. FILED , 19 H H Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from November 1, 1931, to March 26 1932

I last saw h~~im~~ alive on March 26 1932 death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Myelogenous Leukemia	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Charles S Cook M. D.

(Address) 117 St Paul St

M. D. B. 1269-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

78291

CERTIFICATE OF DEATH

48 E 78291

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3105 Clifton Ave. St. 15-67 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nellie Norris Lukens

(a) Residence: No. 3105 Clifton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George W. Lukens

6. DATE OF BIRTH (month, day, year) May 27, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lancaster, Pa.

FATHER

13. NAME John B. Norris

14. BIRTHPLACE (city or town) (State or country) Clarke County Va.

MOTHER

15. MAIDEN NAME Nattie C. Bitzberger

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mr. George W. Lukens
(Address) 3105 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem'ty Date Mar., 30., 1932

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feby 23, 1932 to March 28, 1932

I last saw her alive on March 27, 1932 Death is said to have occurred on the date stated above, at 11 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix	

Other contributory causes of importance:

Name of operation Bi Pelvic condotomy Date of 24, 1932

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ✓ 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Louis wright M. D.

(Address) 9 E. Chase St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

75 E 78292

Registered No. 78292

B. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 12-51 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel T. Nichols

(a) Residence: No. 2731 Bernard St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Catherine Nichols

6. DATE OF BIRTH (month, day, year) June 9/1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thomas Nichols

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Laura Hasse

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Laura Hasse Nichols
(Address) 2731 Bernard St

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cemetery Date Mar 31 . 1932

19. UNDERTAKER Thos. J. Wilson & Son
(Address) 3615 Chestnut Ave.

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 28/32 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on inquiry . 19 Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Alcoholism	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. J. Walsh Coroner . M. D.

(Address) 508 E. Monument

1-20—M. & T.—100 B—501.

E 78293

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001
E 78293

25-15

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital. WARD)

2-FULL NAME George L. Reinhardt.

(a) RESIDENCE NO 829 Patapsco Ave. Brooklyn. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 3 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

5a If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of Catherine Reinhardt.

6 DATE OF BIRTH (month, day, and year) December 22, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	3	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Machinist.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Charles Reinhardt.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary Schramm.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Louis Reinhardt. (son)
(Address) 405 Patapsco Ave. Brooklyn.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 28, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) and inquest find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of 6th. Cervical Vertebrae ana laceration of the cord Accidental Fall

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Shore, St. of Race St. March 27, 1932

Did an operation precede death? No. Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy & Inquest.

(Signed) Otto M. Reinhardt, M. D. Coroner

8/29/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — DATE OF BURIAL: March 30 1932

20 UNDERTAKER: J. Fenn McCully — ADDRESS: 130 E. Fort Ave.

TION is very important. See instructions on back of certificates.

AaCo. 5-31 2508

78294 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 78294

CERTIFICATE OF DEATH

95-002

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 E Fedual St. 8-17 (Ward)

Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Roselva Cunningham

(a) Residence: No. 1711 E. Fedual St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm H Cunningham

6. DATE OF BIRTH (month, day, year) Feb 29/1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	0	1928	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Geo. Cunningham

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Anna Edwards

16. BIRTHPLACE (city or town) (State or country) Ga.

17. INFORMANT Wm H Cunningham

(Address) 1711 E. Fedual St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Mar 30 1932

19. UNDERTAKER Philip Henry

(Address) 2016 Eutaw St.

20. FILED ... 19... Apr 2 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 28. 1932

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1932, to March 28, 1932

I last saw her alive on March 23 1932 death is said to have occurred on the date stated above, at 11 30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Disease.	2 a
Other contributory causes of importance: Probably Acute Pulmonary Edema	Mar 28

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Hubert Mahaffey, M. D.

(Address) 1216 E. Preston St.

Dr. Bolli 508 E. North Ave

1-30—M & T—100 B—50L

E 78295

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78295

108

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 710 N. Bruce St. 16-27 (WARD)

2-FULL NAME James Mathews

(a) RESIDENCE NO. 710 N. Bruce St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER James Mathews

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Eliza Mathews

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant James Mathews (Informant)
(Address) 710 N. Bruce St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 27 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Lobar Pneumonia

(duration) yrs. mos. ? ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) ..... M. D. Coroner

3/27, 1932 (Address) 508 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem. DATE OF BURIAL 3-30 1932

20 UNDERTAKER James Eaton ADDRESS 916 Ga

FORM IS VERY IMPORTANT. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78296

E 78296

CERTIFICATE OF DEATH

Registered No. 108 E 78296

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Kenneth Szambucki

(a) Residence: No. 1935 Hudson St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 17 1931

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 500

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Albert Szambucki

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Sidransky

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Hazzas Cem. Date March 30 1932

19. UNDERTAKER John M. Gilroy
(Address) 401 N. Charles St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 28 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 24 1932 to Mar 28 1932

I last saw h[illegible] alive on Mar 28 1932 Death is said to have occurred on the date stated above, at 2:25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - lobar	
Other contributory causes of importance:	
Otitis media - bilateral	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. J. Anderson, M. D.

(Address) Johns Hopkins Hospital

Spec.—9-30—A. & Co.—250 Blks

E 78297 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78297

CERTIFICATE OF DEATH

131

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1612 W. Franklin St. (WARD) 19-27

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Anna Maria Schmidt

(a) RESIDENCE NO. 1612 N. Franklin ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

6a If married, widowed or divorced — HUSBAND of (or) WIFE of: Fred W. Schmidt

6 DATE OF BIRTH (month, day, and year): April 6 1863

7 AGE — Years: 69 Months: 11 Days: 11 If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer): Work

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Henry Dankmeyer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Engel Paul

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Frederick W. Schmidt
(Address) 1612 W. Franklin St.

15 Filed ..., 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 27 1932

17 I HEREBY CERTIFY, That I attended deceased from March 24, 1932 to March 26, 1932

that I last saw h[illegible] alive on March 26, 1932

and that death occurred, on the date stated above, at 7:30 P. M.

The CAUSE OF DEATH* was as follows:

Chr. Parenchymatous Nephritis

Uremia (Duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary): Malaria Coma (duration) 1 yrs. 6 mos. 5 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Chemical

(Signed) Milton P. Hull M. D.

19 (Address) 4531 Reisterstown Rd

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood

DATE OF BURIAL: 3/30 19 32

20 UNDERTAKER: H. J. Eichenlaub

ADDRESS: North Ave.

[illegible] 1932 FRANCIS JONES, M. D.

AACo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78298

E 78298

CERTIFICATE OF DEATH

X 49

Registered No. 5-65

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3116 Walcott ave Ward 5)

Length of residence in city or town where death occurred yrs. 4 mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Mary K. Fowble

(a) Residence: No. Fowblesburg Balto Co. Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ WIFE of John T. Fowble.

6. DATE OF BIRTH (month, day, year) March 24-1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	—	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) 3 15 31

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Elijah T. Hoffacker

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Joanna Hare

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT John T. Fowble

(Address) Upperco Md

18. BURIAL, ~~CREMATION~~, OR REMOVAL

Place St Lambs Balto State Apr 1. 1932

19. UNDERTAKER Edw C Tipton

(Address) Hampstead Md

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb - 13, 1932, to March 30, 1932

I last saw her alive on March 29, 1932 death is said to have occurred on the date stated above, at 5 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Ovary Rt-	Oct '31
Carcinosis	

Name of operation Ovary removed Date of 11-4-'31

What test confirmed diagnosis? Mic. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? ✓ Date of injury ✓, 19

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury ✓

Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John S. Bishop, M. D.

(Address) 12 E-25th St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78299

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

E 78299

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 7633 Falls Road St. 27 Ward 3

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Jasper Webster

(a) Residence: No. 7633 Falls Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 20. 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver grocery store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 023

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation 5 years

12. BIRTHPLACE (city or town) (State or country) Gloucester Co Virginia

MOTHER FATHER

13. NAME Charles F. Webster.

14. BIRTHPLACE (city or town) (State or country) Sandy Spring Maryland

15. MAIDEN NAME Louise Sapp

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Charles F. Webster

(Address) 7633 Falls Road.

18. BURIAL, CREMATION, OR REMOVAL. Place Mt. Auburn Cemetery Date March 30 1932

19. UNDERTAKER Archibald A. Gaddis

(Address) 1840 Mc Culloh St

20. FILED 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27. 1932

22. I HEREBY CERTIFY, That I attended deceased from March 23. 1932. to Mar. 27. 1932. Death is said to have occurred on the date stated above, at 6-15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scratch by auto seat on right wrist March 24. 1932	3/23/32
Infection of wrist and arm	3/25/32
Septic Pneumonia	
Other contributory causes of importance: Chronic Arthritis Deformans	3 years

Name of operation Application Sure Cure

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Yes Date of injury 3/24. 1932

Where did injury occur? In yard of home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Working on automobile in back yard

Manner of injury Stooping I cut hand on wrist

Nature of injury Upholstery Tack in old car.

24. Was disease or injury, in any way related to occupation of deceased? Yes. If so, specify Stooping Fixing worn car

(Signed) M. D.

(Address) 4822 Roland Ave Balto

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78300 E 78300

CERTIFICATE OF DEATH

93-003

Registered No. 27-53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5017 Falls Road St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME Charles R. Vinup

(a) Residence: No. 5017 Falls Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dora M. Vinup

6. DATE OF BIRTH (month, day, year) February 19, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	74	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing Co

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John F. Vinup

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Charlotte Frohmitter

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Dr. Frederick H. Vinup

(Address) 5017 Falls Road

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date March 31, 1932

19. UNDERTAKER Isabel Cook

(Address) 1002 E. Baltimore St.

20. FILED ____ 19____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 28, 1932 to Mar. 29, 1932

I last saw him alive on Mar. 28, 1932 death is said to have occurred on the date stated above, at 11.25 A.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset Mar 24, 32

Other contributory causes of importance:

Cardiac Insufficiency — Mar. 23, 32

Name of operation no Date of

What test confirmed diagnosis? Clinical Findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ____, 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John A. Buchness M. D.

(Address) 37 S. Stricker St.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78301

CERTIFICATE OF DEATH

1 PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 19-26 St., 19 Ward)

Registered No. 1932 E 78301

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Delahanty

(a) Residence: No. 322 S. Paca St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 16, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				7 hrs. 55 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME William E Delahanty

14. BIRTHPLACE (city or town) New York State
(State or country)

MOTHER

15. MAIDEN NAME Katherine Clifford

16. BIRTHPLACE (city or town) Cardiff
(State or country) Wales

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19...

19. UNDERTAKER
(Address)

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 16, 1932 to Mar. 16, 1932

I last saw him alive on Mar. 16, 1932 death is said to have occurred on the date stated above, at 7:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atelectasis	3-16-32

Other contributory causes of importance:

Premature 4 lbs 14 ozs.
Placenta Previa

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph D Corrigan, M. D.

(Address) Univ Hosp

1-30—M. & T.—100 B—50L

E 78302

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78302

CERTIFICATE OF DEATH

REGISTERED NO. 181

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital ST. 24 33 WARD)

2-FULL NAME Levin Joseph Badger.

(a) RESIDENCE NO Hammond Rd. & Main Ave. A. A. Co. Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) May 17, 1916

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	10	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Mechanic helper.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia.

PARENTS

10 NAME OF FATHER Levin F. Badger.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia.

12 MAIDEN NAME OF MOTHER Afinthia Bundy.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia.

14 Informant Levin F. Badger. (father)

(Address) Painter's Virginia.

15 Filed ____, 192 ____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental burns of face and body. Igniting of gasoline while at work

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

Hammond Rd. & Main Ave. G. A. Co. Md.

18 Where was disease contracted if not at place of death? March 28, 1932

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D. Coroner

3/30/32 19 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Painter's Accomac County Va.

DATE OF BURIAL March 31 1932

20 UNDERTAKER Henry Handley & Son Inc.

ADDRESS Pall Bradley.

TION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78303

CERTIFICATE OF DEATH

E 78303

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 3 N. East Ave St., 76-11 Ward)

2-FULL NAME Charles J. Cook

(a) RESIDENCE NO. 3 n East Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed or Divorced. (write the word): single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 7 1931

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	1		22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town): Balto
(State or country) Md

PARENTS

10 NAME OF FATHER: Joseph Cook

11 BIRTHPLACE OF FATHER (city or town): Balto
(State or country) Md.

12 MAIDEN NAME OF MOTHER: Anna E. White

13 BIRTHPLACE OF MOTHER (city or town): Balto
(State or country) Md

14 Informant: Joseph Cook
(Address)

15 Filed , 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 29 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Whooping Cough

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? History

(Signed) C. G. Herzog M.D. M. D.

3/30 1932 (Address) 1205 N Patterson Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	March 31 1932
20 UNDERTAKER	ADDRESS
H. Hun J. Featherstone	1000 E. Fenwood Ave

important. See instructions on back of certificate.

AACo. 5-31 2500

E 78304

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121 E 78304

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1673 Darley Ave 8-45 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. 10 mos. 28 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Keil.

(a) Residence: No. 1673 Darley Ave St., [redacted]
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Keil

6. DATE OF BIRTH (month, day, year) April 29th 1849

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
82	10	28 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Falls Md.

MOTHER FATHER

13. NAME Mr. Karl Miller
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Miss Minnie Keil
(Address) 1673 Darley Ave

18. BURIAL, CREMATION, OR REMOVAL.
Place London Park Date 3-31 1932

19. UNDERTAKER Mrs Chas A G Rohde
(Address) 2327 Edmondson Ave

20. FILED ... 19 ... Registrar.

APB

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28th 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 13th 1932 to Mar 28th 1932

I last saw h.. alive on Mar 28th 32 death is said to have occurred on the date stated above, at 3.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis. Cerebral arteriosclerosis	1918
Other contributory causes of importance: Pulmonary edema & Heart Failure	3/27/32

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J E Poulton M.D.
(Address) 3909 Gamson Blvd

1-30—M. & T.—100 B—50L

E 78305

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78305

CERTIFICATE OF DEATH

1-PLACE OF DEATH Warrington Apartments

CITY OF BALTIMORE: (No. 3908 N. Charles ST., 17-49 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 9a.)

2-FULL NAME Frederick B. Janning Jr.

(a) RESIDENCE No. 3908 N. Charles ST., ... WARD ..... New York City, N. Y.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Janning

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	0	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Professor of Pathology
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Johns Hopkins University

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Janning

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER .....

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Dr. John J. Morrissey

(Address) 3632 Roland Ave.

15

Filed ..... 192 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/29 193

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia and Pneumonia

Sepsis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) ..... M. D.
Coroner

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bennington, Vermont — DATE OF BURIAL March 30, 32

20 UNDERTAKER E. Leroy Stifflar, Inc. — ADDRESS 125 E. North Ave

HAYDEN JONES, M. D.

APR 4 1932

RP 4

THIS IS VERY IMPORTANT. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78306 E 78306

CERTIFICATE OF DEATH

159

Registered No. 13-59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 215 Druid Hill Ave St., (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Duke

(a) Residence: No. 215 Druid Hill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 29, 1932

7. AGE Years	Months	Days	If LESS than 1 day... 2 hrs. or min.
—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

FATHER

13. NAME John Frazer

14. BIRTHPLACE (city or town) Baltimore Md
(State or country)

MOTHER

15. MAIDEN NAME Ethel Duke

16. BIRTHPLACE (city or town) Baltimore Md
(State or country)

17. INFORMANT Ethel Duke
(Address) 215 Druid Hill Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL.
Place Date . 19

19. UNDERTAKER
(Address)

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from
on March 29, 1932 to — . 19....
I last saw her alive on March 29, 1932. Death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Maternal Syphilis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Alexander Towey M. D.

(Address) 1516 Madison Ave

UNIVERSITY OF MARYLAND MAR 30 1933

M. D. B. 1268-9

78307 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78307

CERTIFICATE OF DEATH

93-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3105 Dillon St.) (St.) (Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bridget M. Elsner

(a) Residence: No. 3105 Dillon St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George M. Elsner

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Patrick Mc Andrew

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Hanora Mc Andrew

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT William Elsner
(Address) 3105 Dillon St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Mar 31, 32

19. UNDERTAKER John A. Moran
(Address) 3000 E. Balto St.

20. FILED ... 19... Registrar.

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 25, 1932 to Mar 28, 1932

I last saw her alive on Mar 28, 1932 Death is said to have occurred on the date stated above, at 8 30 m. Pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Endless

Other contributory causes of importance:

Acute Myocarditis	3/25/32

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

21. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) x H. B. Tilson M. D.

(Address) 315 S. Highland Ave

Spec.—1-10-21—M&T—1500 Bks.

E 78308

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

E 78308

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2223 E Biddle ST. 8-12 WARD)

2-FULL NAME Catherine Fick

(a) RESIDENCE NO. 2223 E Biddle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If ~~married~~, widowed, or ~~divorced~~ (or) WIFE of John Fick

6 DATE OF BIRTH (month, day, and year) Feb 12, 1850

7 AGE — Years: 82 — Months: 1 — Days: 17 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Conrad Bausch

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER:

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?

14 Informant (Address): Mrs Moore 2223 E Biddle st

15 Filed , 19 R. P. H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 29 1932

17 I HEREBY CERTIFY, That I attended deceased from Mar. 19, 1932, to Mar. 29, 1932

that I last saw her alive on Mar 29, 1932

and that death occurred, on the date stated above, at 1+0 P. m.

The CAUSE OF DEATH* was as follows:

Hypertension, arteriosclerosis

Chronic myocarditis

Chronic nephritis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Hypostatic pneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical data

(Signed) Leo Schlenger, M. D.

, 19 (Address) 3034 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Schwartz's Cemetery

DATE OF BURIAL: April 1 1932

20 UNDERTAKER: Henry Lutz

ADDRESS 1203 N. Broadway

TION is very important See instructions on back of certificates.

2739 Eastern Ave

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

78309

CERTIFICATE OF DEATH

E 78309

Registered No. 002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4 30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bruce W Gates

(a) Residence: No. Marriottsville Md., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Barbara M. Gates

6. DATE OF BIRTH (month, day, year) Dec. 4th 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lgt 873

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad, Brd.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James M. Gates

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Annie Bennett

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Harry Mrr

(Address) Sykesville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Springfield Md Date 4/2 1932

19. UNDERTAKER Cooks

(Address) 1417 St Paul St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/30, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/30, 1932 to 3/30, 1932

I last saw h im alive on 3/30, 1932 death is said to have occurred on the date stated above, at 3.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3 hrs?
Other contributory causes of importance: Acute congestive heart failure	12 hrs?

Name of operation ... Date of ...

What test confirmed diagnosis? Signs, Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J H Stonebraker M. D.

(Address) University Hosp.

O.K. Eagle Sykesville Md. W.D.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78310 — 107-001 — E 78310

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital ST. 26-41 WARD)

2-FULL NAME Julia Weigel

(a) RESIDENCE NO 5203 Green Hill Ave. ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If ~~married~~ widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of John Weigel

6 DATE OF BIRTH (month, day, and year) Nov. ? 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	4	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife at Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hungary

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Louis Weigel

(Address) 5205 Green Hill Ave.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.), thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Guy M. Cromwell M. D. Coroner

3/30 1932 (Address) 203 Stapleton Dr. Ply.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

20 UNDERTAKER J. H. Cook

DATE OF BURIAL 3/31 1932

ADDRESS 1217 E. Fayette

THIS IS VERY important. See instructions on back of certificates.

A&Co. 5-31 250B

Dr Laibl 1226 Hanover St

78311

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 78311

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1445 Light St. 24-34 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Warren Murphy

(a) Residence: No. 1445 Light St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Mae Murphy

6. DATE OF BIRTH (month, day, year) Jan 5th 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Juice & Extract
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas

MOTHER FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Mae Murphy
(Address) 1445 Light St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 3/31 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 28th 1932

22. I HEREBY CERTIFY, That I attended deceased from January 23rd 1932 to March 28th 1932
I last saw him alive on March 28 1932 death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1929
Mycerantilis	Jan 1932
Other contributory causes of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edwin Klassing M. D.
(Address) 1226 Hanover St.

A&Co. 5-31 250B

78312 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-95 L 78312

1. PLACE OF DEATH Md Gen Hosp. 15-67 Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St. ____ Ward) ____

Length of residence in city or town where death occurred 75 yrs ____ mos ____ ds How long in U.S. If of foreign birth? ____ yrs ____ mos ____ ds.

2. FULL NAME Miss Mattie Thrasher

(a) Residence: No. 3109 Presbury St., Ward. ____
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
f. Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ? ? 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Companion

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME John Thrasher

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Rebecca Jay

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Crawfordsville, Ind. March 31 19 32

19. UNDERTAKER Joseph H. Cook
(Address) 1003 W. Baltimore St.

20. FILED ____ 19 ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/29/32

22. I HEREBY CERTIFY, That I attended deceased from 3-18, 1932, to 3-29, 1932

I last saw h er alive on 3/29, 1932 death is said to have occurred on the date stated above, at 4:55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
acute Nephritis	
Other contributory causes of importance:	
uremia	3 days

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? ____ Date of injury ____ 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Robert J. Clements M. D.

(Address) Md. General

AACo. 5-H 2508

E 78313 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 78313

CERTIFICATE OF DEATH

Registered No. 122-44

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Bon Secours Hospital St. (Ward)

Length of residence in city or town where death occurred yrs mos 7 ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Mrs. Wm. H. Williams

(a) Residence: No. Washington D.C. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Wm. H. Williams

6. DATE OF BIRTH (month, day, year) Dec 2, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Dec 1931

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER FATHER

13. NAME William A. Williams

14. BIRTHPLACE (city or town) (State or country) Georgia

15. MAIDEN NAME Mary Ella Carter

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT (Address) Wm. H. Williams Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL. Place Washington DC Date April 2 1932

19. UNDERTAKER (Address) Stewart & Mowen Co 108 W. North ave

20. FILED 19 R.B.H. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1932 to March 30, 1932

I last saw h[illegible] alive on March 30 1932, death is said to have occurred on the date stated above, at 7:40 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Postoperative Ileus	March 27 1932

Other contributory causes of importance: Laparotomy; exploratory (Dr. H. T. Mooney) Duodenal ulcer of descending colon March 25 1932
Release of adhesions Laparotomy

Name of operation Release of adhesions Date of March 25, 32

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis F. Hartmayer M. D.

(Address) 1207 Eutaw Place

M. D. B. 1265-b

E 78314

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78314

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. 157

CITY OF BALTIMORE: (No. ..... St., 7-9 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Helen Klos.

(a) Residence: No. Ruth Ave Box 72 St., ... Ward. Sparrows Pt Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 26 1931

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Martin Klos

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Julia Jankowski

16. BIRTHPLACE (city or town) (State or country) Del

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart of Mary Date March 31 1932

19. UNDERTAKER John F. Kelly

(Address) 1401 E. Chase St

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29 1932

22. I HEREBY CERTIFY, That I attended deceased from March 9 1932 to March 29 1932

I last saw her alive on March 29 1932 Death is said to have occurred on the date stated above, at 10:16 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysentery - Chronic	Dec 1931
Other contributory causes of importance: Congenital Malformation of Brain	Birth

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) John F. Hawkins M. D.

(Address) Johns Hopkins Hosp.

Spec.—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

78315

CERTIFICATE OF DEATH

31 E 78315

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No) 703 E. 21 St. ST. 9-46 WARD

2 FULL NAME Amelia Louise Rosenthal

(a) RESIDENCE NO. 703 E. 21 St. ST. WARD (If non-resident give city or town and State) (Usual place of abode)

Length of residence in City or Town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 12, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	6	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Wm. C. Rosenthal

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Kreiffer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs C. Maihl.
(Address) 703 E. 21 St.

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 30 1932

17

I HEREBY CERTIFY. That I attended deceased from March 18, 1932 to March 30, 1932

that I last saw her alive on March 30, 1932

and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Hypertension Cardio Vascular Renal Disease

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation c Cyanosis (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Chas. Wm. Edmunds M. D.

19 (Address) 2746 Alameda Blvd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery.

DATE OF BURIAL 4/1 1932

20 UNDERTAKER C. Vernon Lemmon.

ADDRESS 401 Park Heights Ave.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78316 — CERTIFICATE OF DEATH — X 54 E 78316

1. PLACE OF DEATH University Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 4-30 ..... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Daniel Remmello

(a) Residence: No. Corkeysville Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma J Remmello

6. DATE OF BIRTH (month, day, year) May 7. 1858

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	73	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John H Remmello
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ann Mat Favours
16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Mr. John H Remmello
(Address) 752 W. Lexington St Balto.

18. BURIAL, CREMATION, OR REMOVAL
Place Joppa-Cockeysville Date April 2 1932

19. UNDERTAKER Wm C. Brooks & Son
(Address) Bgater md

20. FILED ... 19 Left — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/31 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/29/32, 19..., to 3/31/32, 19... I last saw h.. alive on 3/31/32, 19... death is said to have occurred on the date stated above, at 12:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/28/32

Other contributory causes of importance:

Diabetes Mellitus	2 y.

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Harry S Shelley M. D.
(Address) University Hospital

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78317 CERTIFICATE OF DEATH Hospt 107-001 E 78317

1 PLACE OF DEATH Baltimore City Hospt REGISTERED NO.

CITY OF BALTIMORE: (No. Baltimore Md ST 1622 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Susan Mabel

(a) RESIDENCE No. 1510 W Lafayette Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: ✓ | Years: 69 | Months: | Days: | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Record (Address): Balto City Hospitals

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/26/32

17

I HEREBY CERTIFY, That I attended deceased from 4/26, 1929, to 3/26/32, that I last saw her alive on 3/26/32, and that death occurred, on the date stated above, at 10.30 A m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchio Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Pancreas + Cerebral Cortex Sclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) Harry C. Knight M. D.

3/28 1932 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cemetery

DATE OF BURIAL: Mar 31, 1932

20 UNDERTAKER: Mrs. Katie R. Williams

ADDRESS 3221 Schroeder St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78318

CERTIFICATE OF DEATH

11-002

E 78318

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hodpital St. 14-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph lewis McPherson

(a) Residence: No. 330 N. Bruce St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 7/31

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Samuel McPherson

14. BIRTHPLACE (city or town) (State or country) Orangeburg, S.C.

MOTHER

15. MAIDEN NAME Annie Lee Adams

16. BIRTHPLACE (city or town) (State or country) York, S.C.

17. INFORMANT Samuel McPherson
(Address) 330 N. Bruce St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Cemetery Date Mar 31, 1932

19. UNDERTAKER Mrs Katie R Williams
(Address) 2221 Pennsylvania Ave

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28/32

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 7.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis	3/28/32
Other contributory causes of importance: Influenza	? 3/21/32

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John Allen Coroner, M. D.

(Address) 508 E Fayette

1-30—M. & T.—100 B—50L

78319

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78319

CERTIFICATE OF DEATH

1-PLACE OF DEATH Warrington Apartments

REGISTERED NO. ____

CITY OF BALTIMORE: (No. 2908 W. Charles ST. 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie Rittenhouse

(a) RESIDENCE No 506 N. Broadway ST., ____ WARD ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. 9 mos. ____ ds. How long in U. S., if of foreign birth? 15 yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 23, 1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	27	3	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Nurse
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Dr. Frederick Jennings

9 BIRTHPLACE (city or town) Dunnville
(State or country) Ontario

PARENTS

10 NAME OF FATHER John Rittenhouse

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ontario

12 MAIDEN NAME OF MOTHER Hattie Dohn

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ontario

14 Informant John Dohn
(Address) Buffalo, New York

15 Filed ____, 192 ____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/29 - 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ____ (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ____ (Inquest, autopsy or inquiry.) find that said deceased came to ____ death on the day stated above.

The CAUSE OF DEATH* was as follows:

(Pneumonia Lobar Croupous)
(Suicide)

(duration) ____ yrs. ____ mos ____ ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? Date of ____

Was there an autopsy? ____

What test confirmed diagnosis? ____

(Signed) ____, M. D.
Coroner
____, 19 ____ (Address) ____

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Buffalo, New York	May 31, 1932
20 UNDERTAKER E. Leroy Stiffler, Inc	ADDRESS 125 E. North Ave

FROM A VERY important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78320

CERTIFICATE OF DEATH.

E 78320

127-002

REGISTERED NO. 16-32

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Volunteers Hospital ST., (or) WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Verna D. Snitcher

(a) RESIDENCE NO. 1016 N. Fulton ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Snitcher

6 DATE OF BIRTH (month, day, and year) Aug 19th 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
✓	65	7	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home 037

(b) General nature of industry, business, or establishment in which employed (or employer) home work

(c) Name of employer -

9 BIRTHPLACE (city or town) (State or country) Templeville Maryland

PARENTS

10 NAME OF FATHER John Hay

11 BIRTHPLACE OF FATHER (city or town) (State or country) Templeville Maryland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Nancy Fitz

(Address) 1016 N. Fulton Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-30-32

17 I HEREBY CERTIFY, That I attended deceased from 3-30, 1932, to 3-30, 1932

that I last saw h W alive on 3-30, 1932

and that death occurred, on the date stated above, at 11 45 P m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Obstruction

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Absorption of Toxins

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) A. J. Conery, M. D.

3/30/1932 (Address) Volunteers Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chester Cemetary Chester Town Md

DATE OF BURIAL Apr 2nd 1932

20 UNDERTAKER Wm Cook 1217 St Paul St

ADDRESS

TION is very important. See instructions on back of this

APR 1 1932 HARRY J. GRAVES, M.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78321

CERTIFICATE OF DEATH

78321

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 745 N. Gay St. 10-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Pitzinger

(a) Residence: No. 745 N. Gay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Elizabeth M. Pitzinger

6. DATE OF BIRTH (month, day, year) July 2nd 185[illegible]

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Elizabeth M. Pitzinger
(Address) 745 N. Gay St

18. BURIAL, CREMATION, OR REMOVAL Mar 31 1932
Place Mt Olivet Cemetery Date
1124 Cook

19. UNDERTAKER
(Address) 217 St Paul St

20. FILED [illegible] 19[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 30th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1932 to March 30, 1932

I last saw h[illegible] alive on March 25 1932 death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	Unknown
Ch. Valv. Endocarditis	
Other contributory causes of importance: Arteriosclerosis	

Name of operation None Date of

What test confirmed diagnosis? ~ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ~ Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ~
Manner of injury ~
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ~ If so, specify

(Signed) Jefferies Buck M. D.
(Address) 5 Chase St E

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

78322

CERTIFICATE OF DEATH

154 E 78322

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 9-46 Ward)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Boy Taylor

(a) Residence: No. 601 Gutman Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 30/32

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Louis J. Taylor

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Pauline A. Davis

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Louis J. Taylor
(Address) 601 Gutman Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Cemetery Date 3-31 1932

19. UNDERTAKER Albert L. Nitz Jr
(Address) 1606 N Chester St

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 30/32 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19
I last saw h alive on inquiry 19 Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity- about 6 months gestation	

Other contributory causes of importance:

Maternal Tuberculosis Pneumonia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. S. A. Cullen Coroner, M. D.

(Address) 508 E. North Ave

1-30—M. & T.—100 B—50L

E 78323

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78323

CERTIFICATE OF DEATH

82-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3818 Falls Road ST. 13-59 WARD

2-FULL NAME Joseph E. Hoffnagle

(a) RESIDENCE NO. 3818 Falls Road ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rosie E. Hoffnagle

6 DATE OF BIRTH (month, day, and year) March 19, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	0	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) md

PARENTS

10 NAME OF FATHER Reinhart Hoffnagle

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany.

12 MAIDEN NAME OF MOTHER Martha Zink

13 BIRTHPLACE OF MOTHER (city or town) md.
(State or country)

14 Informant Rosie E. Hoffnagle
(Address) 3818 Falls Road.

15 Filed ..... 192... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/29 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to h... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Chas. Monroe, M. D.
Coroner

3/30, 1932 (Address) 3632 Roland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Millers Carroll Co

DATE OF BURIAL April 1932

20 UNDERTAKER Chenoweth Bros

ADDRESS 3615 Chestnut St

FROM A very important See instructions on back of certificate.

APR 1 1932 BALTIMORE, MD.

1-30—M. & T.—100 B—50L

E 78324

Burley

E 78324

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-004

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 726 Bradley ~~St.~~ AVE. (or) WARD 19-26

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benj Burley

(a) RESIDENCE NO 726 Bradley ~~St~~ AVE WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Burley

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
66	66	—		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Odd
(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Lillie Sanders

(Address) 726 Bradley St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 28 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) J. J. Bacon, M. D. Coroner

3/29 1932 (Address) 508 E Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel Cem	3-31 1932
20 UNDERTAKER	ADDRESS
Daniel Easton	916 Pa ave

FILED MAR 31 1932 BALTIMORE, MD.

FOR IS very important. See instructions on back of certificate.

M. D. H. 1268-9

E 78325

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78325

CERTIFICATE OF DEATH

v 109

Registered No. 13-59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2715 Penna Ave St. Ward)

Length of residence in city or town where death occurred 95 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen Kelly

(a) Residence: No. 2715 Penna. Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Thomas Kelly

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 81; Months; Days; If LESS than 1 day, hrs. or min.: 1 week

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: Mc Cabe

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Mulgrew

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Chas. J. Kelly

(Address): 2715 Penna Ave

18. BURIAL, CREMATION, OR REMOVAL? Place: New Cathedral Cem. Date: April 1, 1932

19. UNDERTAKER: H. Cumm...

(Address): ...more

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1931, to March 29, 1932

I last saw h[illegible] alive on March 25, 1932. Death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

Senile Pneumonia — Date of onset March 16

Other contributory causes of importance:

old age — 1926

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo W. Hepperlen, M. D.

(Address) 3002 Fairmount Blvd

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 Dr. Ewalt 2945 St. Paul St E 78326

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78326

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto Md — Registered No. 97

CITY OF BALTIMORE: (No. 2528 W Balto St St.) 30-24 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME Phebe Augusta Smith

(a) Residence: No. 2528 W Balto St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: white
5. Single, Married, Widowed, or Divorced (write the word): widowed
5a. If married, widowed, or divorced — (or) WIFE of: Lynch Guston Smith
6. DATE OF BIRTH (month, day, year): March 5 1850
7. AGE — Years: 82 — Months: 0 — Days: 25 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: (037)
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER
13. NAME: James Francis Bayne
14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER
15. MAIDEN NAME: Mercilla Winchester
16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Anna B. Walstrum
(Address) 2528 W. Balto St

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Date: April 2 1932

19. UNDERTAKER: H. Maurice Poulson
(Address) 2238 E. Baltimore

20. FILED: APR 1 1932, 19 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from several years back to Mar. 30, 1932
last saw h alive on Mar. 29, 1932 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Arteriosclerosis

Other contributory causes of importance:

Name of operation: none — Date of

What test confirmed diagnosis? none. Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) F. Lynch Ewalt M. D.
(Address) 2945 St Paul St

E 78327

HEALTH DEPARTMENT CITY OF BALTIMORE

E 78327

93-003

CERTIFICATE OF DEATH

Registered No. 2673

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Caton & Wilkens Ave Street) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sister Eugenia Gill (Laura)

(a) Residence: No. St. Agnes' Hospital Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 24, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	75	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse Sr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New Orleans
(State or country)

FATHER

13. NAME James Gill

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Anne Derby

16. BIRTHPLACE (city or town) Pittsburgh Pa
(State or country)

17. INFORMANT Sister Anna Conley
(Address) St Agnes Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date April 1 1932

19. UNDERTAKER Martin Tapex & Sons
(Address) 1627 N. Howard St.

20. FILED ____, 19____ ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/30, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/1, 1931, to 3/30, 1932

I last saw h[illegible] alive on 3/30, 1931 death is said to have occurred on the date stated above, at 11:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Cerebral hemorrhage [illegible]	
(2) Myocardial degeneration	1931

Other contributory causes of importance: Generalized Arteriosclerosis

Name of operation ____ Date of ____

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ____, 19____

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George Gerald, M. D.

(Address) St Agnes Hospital

Spec.—8-16-29—L. F. S.—100 Bks.

78328 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78328

CERTIFICATE OF DEATH

1—PLACE OF DEATH REGISTERED NO.

CITY OF BALTIMORE: (No. 115 S. Augusta ave ST., 20-71 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Christina Beck

(a) RESIDENCE NO. 115 S. Augusta ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 28. 1870

7 AGE: Years 61 | Months 10 | Days 1 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto., Md.

PARENTS

10 NAME OF FATHER: Fredrick Beck

11 BIRTHPLACE OF FATHER (city or town) (State or country): germany

12 MAIDEN NAME OF MOTHER: Wilhelmena Clift

13 BIRTHPLACE OF MOTHER (city or town) (State or country): germany

14 Informant: Mrs. Beck

(Address): 115 S. augusta ave

15 Filed MAR 31 1932, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/29/32

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to 3/29/32, that I last saw her alive on 3/29, 1932 and that death occurred, on the date stated above, at 4.30 A m.

The CAUSE OF DEATH* was as follows:

Cancer of Liver

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) Wm Lee M. D.

3/29, 1932 (Address) 2211 Eastern Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery DATE OF BURIAL: Apr. 1. 1932

20 UNDERTAKER: Margaret S. Flynn ADDRESS: 1422 Light St

AACo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

78329

CERTIFICATE OF DEATH

13 Y E 78329

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Good Shepherd Hospital 18-16

CITY OF BALTIMORE: (No. ..... St., 18 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bessie Green

(a) Residence: No. 1132 W. Lexington St., ... Ward.
(Usual place of abode) (If not resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: A. N.
5. Single, Married, Widowed, or Divorced (write the word): widow
5a. If married, widowed, or divorced — HUSBAND of (or) WIFE: Chas. A. Green
6. DATE OF BIRTH (month, day, year): 1870
7. AGE: Years: 56 | Months: | Days: | If LESS than 1 day, hrs. or min.:

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

MOTHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Unknown

FATHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mrs. Rob. Green 715 Alabama Ave

18. BURIAL, CREMATION, OR REMOVAL: Place: Mt. Zion Cem. Date: 3/31 19 32

19. UNDERTAKER (Address): Samuel Stanley 718 N. Eutaw St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/29 . 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/26 . 1932 to 3/29 . 1932
I last saw h e alive on 3/29 . 1932 death is said to have occurred on the date stated above, at 12 03 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
uremia	3/25/32
Chr. Nephritis	

Other contributory causes of importance:
Senilitas
Chr. Myocarditis
Arterio-sclerosis

Name of operation: none Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Baron C. Johnson, M. D.
(Address) 603 E. Baker

REGISTERED APR 1 1932

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78330

CERTIFICATE OF DEATH

√131 E 78330

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1404 N. Chester St. St., 8-17 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Kennel

(a) Residence: No. 1404 N. Chester St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Kennel

6. DATE OF BIRTH (month, day, year) June 26 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	9	5 4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ow
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME not known
14. BIRTHPLACE (city or town) (State or country) not known

MOTHER

15. MAIDEN NAME not known
16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Florence J. Way
(Address) 2222 E. Chase St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Cem Date April 3 1932

19. UNDERTAKER George W Zirkin
(Address) 1737 E. Eager St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-31 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/22 1932 to 3-31 1932
I last saw h alive on 3-31 1932 death is said to have occurred on the date stated above, at 12 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	3/24/32
Other contributory causes of importance: Chronic Interstitial Nephritis	3/26/32

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...
Where did injury occur? No
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Miller M. D.
3/31/32 (Address) 1500 N Broadway

AaCo. 5-31 250B

78331

HEALTH DEPARTMENT—CITY OF BALTIMORE

78331

CERTIFICATE OF DEATH

Registered No. 13 1/2

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3916 Philadelphia Road St.) (Ward) 26-34

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Ellen Hoffman

(a) Residence: No. 3916 Philadelphia Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry F. H. Hoffman

6. DATE OF BIRTH (month, day, year) Dec. 25-1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home (Ret)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Manchester, Carroll Co Md.

FATHER

13. NAME Edward Rentz

14. BIRTHPLACE (city or town) (State or country) Manchester, Carroll Co Md.

MOTHER

15. MAIDEN NAME Caroline Miller

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mrs. Lillie B. Miller

(Address) 3916 Phila. Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Date April 2 1932

19. UNDERTAKER George W. Zirkler

(Address) 1737 E. Eager St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from April, 1929, to March 30, 1932

I last saw her alive on March 30, 1932 death is said to have occurred on the date stated above, at 2.25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	10 yrs
Chronic Nephritis	5 yrs
A. Myocarditis	5 yrs
Other contributory causes of importance: Acute cardiac decompensation	5 days

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. W. Bratrud, M. D.

(Address) 301 Stockholm

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

78332 — E 78332

CERTIFICATE OF DEATH

82-00

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2302 Jefferson St., 7-10 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret E. Leonard

(a) Residence: No. 2302 Jefferson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Winfield J. Leonard.

6. DATE OF BIRTH (month, day, year) Feb 7-1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Leonard

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Henrietta Williams

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Winfield J. Leonard
(Address) 2302 Jefferson

18. BURIAL, CREMATION, OR REMOVAL.
Place Oak Lawn Cem. Date April 2 1932

19. UNDERTAKER Wm. E. Miller & Son
(Address) 2334 Jefferson St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 30, 1931, to Mar. 30, 1932

I last saw her alive on Mar. 30, 1932 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage. — Date of onset 3-27-32

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph E. Blum, M. D.

(Address) 1331 E. North Ave

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78333

E 78333

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital St. ..... Ward) 5

Length of residence in city or town where death occurred ... yrs. 4 mos. ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Annie Alton

(a) Residence: No. 605 W. Mulberry St. ... Ward. Centreville Md
(Usual place of abode) (If not resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 6 1865

7. AGE: Years 67 | Months 2 | Days 24 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleslady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (67)

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Lewis Alton

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Lamar

16. BIRTHPLACE (city or town) (State or country) Greenland

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Balto. Cemetery Date 4/1/32 19

19. UNDERTAKER George Weber & Son
(Address) 2503 Edmondson Ave

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/30/32 19

22. I HEREBY CERTIFY, That I attended deceased from 2-20- 1932 to 3-30- 1932

I last saw hCr alive on 3-30 19 32 Death is said to have occurred on the date stated above, at 5-0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	4 yrs
Diabetic gangrene	6 mos?
Other contributory causes of importance:	
Chronic myocarditis	?
Chronic Nephritis	-
Arteriosclerosis	

Name of operation Mid thigh Amputation Date of 2-29-32

What test confirmed diagnosis? Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Robert F. Clemmitt M. D.
(Address) Md-General Hospital

A&Co. 5-31 250B

78334 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 001

1932 E 78334

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd General Hospital Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1512 N. Gilmor St. 11 Ward)

Length of residence in city or town where death occurred unknown yrs. mos ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eugene Telghman

(a) Residence: No. 608 Smithson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of unknown

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49 yrs	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER FATHER

13. NAME unknown
14. BIRTHPLACE (city or town) (State or country) unknown
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Eugene Telghman
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date MAR 31 1932 19

19. UNDERTAKER
(Address)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-28, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-6-32, 19 to 3-28-, 1932
I last saw h alive on 3-28-, 1932 death is said to have occurred on the date stated above, at 11:45 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	Sudden
Other contributory causes of importance:	
Seborrheic Dermatitis	2 years

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Carson C Johnson M. D.
(Address) 632 Baker

A&Co. 5-31 250B

78335

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 VE 78335

Registered No. 28-65

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St. ..... Ward) 28-65

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Kepner

(a) Residence: No. Sinai Hospital St., ... Ward. 4406 Wakefield Ave

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	S.

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 3/29/32

7. AGE	Years	Months	Days	If LESS than 1 day, 10 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Harry Kepner

14. BIRTHPLACE (city or town) (State or country) New Cumberland Penna.

MOTHER

15. MAIDEN NAME Mildred S. Lightner

16. BIRTHPLACE (city or town) (State or country) Gettysburg Penna.

17. INFORMANT Mildred Kepner

(Address) 4406 Wakefield Ave

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date ... 19...

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED ... 19... R. V. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/30/32

22. I HEREBY CERTIFY, That I attended deceased from 3/29/32, 19... to 3/30/32, 19... I last saw him alive on 3/29/32, 19... death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance: Dyspnea due to Pneumonia of mother	

Name of operation 0 Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signature) Archie Robertson M. D.

(Address) Sinai Hospital

Spec.—2-29-28—L. P. S.—500 Blks.

78336

HEALTH DEPARTMENT—CITY OF BALTIMORE

45 E 78336

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3112 Hall Ave. (Lauraville) ST., 27-44 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George LeBrun

(a) RESIDENCE NO. 3112 Hall Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of Annie D. LePrun

6 DATE OF BIRTH (month, day, and year) Sept. 9. 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	60	6	20	

8 OCCUPATION OF DECEASED

(a) Trade, professinn or particular kind of work Superintendent

(b) General nature of industry, business, or establishment in which employed (or employer) Public Park 086

(c) Name of employer City of Baltimore

9 BIRTHPLACE (city or town) Balto. Co.

(State or country) Md.

PARENTS

10 NAME OF FATHER Henry LeBrun

11 BIRTHPLACE OF FATHER (city or town) At sea

(State or country) on French boat

12 MAIDEN NAME OF MOTHER Julia Hantz

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

14 Informant Mrs. Annie D. LeBrun

(Address) 3112 Hall Ave.

15 Filed 3 1 1932 19 C. Flowers Jones M. Registrar

C.B.14

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29. 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb 6 . 1932 . to March 29 . 1932.

that I last saw h-m alive nn March 29 . 1932

and that death occurred, nn the date stated above, at 11:45 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of left Jaw. metastasis to brain - causing hemiplegia - (rt. side)

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Chronic nephritis - 6 mos

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? Exam of Tissue - ect.

(Signed) Louis F. Krumem, M. D.

. 19 (Address) 722 N. Kenwood ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL Apl. 1. 1932

20 UNDERTAKER [illegible]

ADDRESS 124 N. Broadway

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

E 78337

CERTIFICATE OF DEATH.

REGISTERED NO. E 78337

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 708 Beaumont Ave., Govans (St.) 27-44 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Catherine Sinnott Codd

(a) RESIDENCE No. 708 Beaumont Avenue St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? 50 yrs. - mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Patrick J. Codd

6 DATE OF BIRTH (month, day, and year) -------

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
✓	About 78	---	---	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) -------- Ireland

PARENTS

10 NAME OF FATHER Nicholas Sinnott

11 BIRTHPLACE OF FATHER (city or town) ----- (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ann O'Connor

13 BIRTHPLACE OF MOTHER (city or town) ------ (State or country) Ireland

14 Informant (Address) Patrick J. Codd 708 Beaumont Avenue

15 Filed ____, 19__ ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 30, 1932

17 I HEREBY CERTIFY, That I attended deceased from ____, 19 20, to March 30, 19 32

That I last saw her alive on March 30, 19 32

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) Several yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac & Hypertension

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical examination

(Signed) Geo. Morris M. D.

3/30/32 (Address) 2430 Maryland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: 4/2 19 32

20 UNDERTAKER: Henry W. Myers

ADDRESS: Govans, Md.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78338

92-001

E 78338

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 519 N Washington St., 7-9 (Ward)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert M Ray,

(a) Residence: No. 519 N Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie M Ray

6. DATE OF BIRTH (month, day, year) Jan 17-1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	78	11	12/18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Park Police

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 61

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John F Ray

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Annie [redacted] Benson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Anna M Ray

(Address) 519 N Washington St

18. BURIAL, CREMATION, OR REMOVAL

Place [redacted] P.K Date April 1 1932

19. UNDERTAKER John Ullrich

(Address) 2608 Orleans St.

20. FILED ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 29. 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1932 to Mar. 29, 1932

I last saw him alive on Mar. 29, 1932 death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	

Other contributory causes of importance:

Acute Dilatation of heart	3/26/32

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

3/30/32 (Address) 1644 Hanover St

AACo. 1-11 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78339 | CERTIFICATE OF DEATH | 121 E 78339

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals) St., 26-7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella Koch

(a) Residence: No. 212 S. Clinton St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Theodore Koch

6. DATE OF BIRTH (month, day, year) Sept 25, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	45	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Gustav Bohle.

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Theo Koch (Address) 212 S Clinton

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Date April 2, 1937

19. UNDERTAKER John Ullrich (Address) 2008 Orleans St

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-30, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-10, 1937 to 3-30, 1937

I last saw her alive on 3-30, 1937 death is said to have occurred on the date stated above, at 9:45 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Appendicitis	2 months
Other contributory causes of importance:	
Pulmonary Embolus.	½ hr.

Name of operation Appendectomy Date of 3-23-37

What test confirmed diagnosis Clinical? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Lucius E. Wade, M.D.

(Address) Balto. City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78340

CERTIFICATE OF DEATH

11 ✓ E 78340

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 837 W. 32nd St. 13-51 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Louise Myer

(a) Residence: No. 837 W. 32nd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles A. Myer

6. DATE OF BIRTH (month, day, year) Sept. 8, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brookfield Md.

FATHER

13. NAME Charles M. Wyatt.

14. BIRTHPLACE (city or town) (State or country) Wakley, Md.

MOTHER

15. MAIDEN NAME Louise Bond

16. BIRTHPLACE (city or town) (State or country) Cockeysville, Md.

17. INFORMANT Mr. Charles A. Myer

(Address) 837 W. 32nd St.

18. BURIAL, CREMATION, OR REMOVAL

Place Jessup-Balto. Co. Md. Date April 2, 32

19. UNDERTAKER Wm. J. Tuckerman & Son

(Address) Woodbourne Ave.

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1932 to March 30, 1932

I last saw her alive on March 30, 1932 Death is said to have occurred on the date stated above, at 9:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Grippe -	3-29-32
Lobar Pneumonia	

Other contributory causes of importance:

Grippe -	3-25-32

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Arthur J. Dame, M. D.

(Address) 800 W. 33rd St.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78341

CERTIFICATE OF DEATH

× 120

E 78341

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2345 W. Northern (St.) 15-64 (Ward)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Buckner Whittaker

(a) Residence: No. 2345 W. Northern Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida D. Whittaker

6. DATE OF BIRTH (month, day, year) Feb. 29, 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	84	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & Retired 20 yrs.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME William Whittaker

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Martha Pruitt.

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs. Mattie Bryant

(Address) 2345 W. Northern

18. BURIAL, CREMATION, OR REMOVAL

Place Hayfield Va Date Apr 1 . 19 32

19. UNDERTAKER Wm. Fletcher Sons & Parker.

(Address)

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 31 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Mch 29 . 32 to Mch 31 . 32

I last saw him alive on Mch 31 32 5 p Death is said to have occurred on the date stated above, at 5 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (presumed) followed by renal Disease and uremic coma	Mch 29 32

Other contributory causes of importance:

Senile Mentation	2 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. A. Pinkard M. D.

(Address) 1405 N. North Ave

AACo. 5-31 250B

Kepner

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78342 — 78342

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sinai Hosp — 28-65 — 107-001 — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sinai Hospital St. 28 Ward)

Length of residence in city or town where death occurred 0 yrs. - mos. - ds. How long in U. S. If of foreign birth? 40 yrs. - mos. - ds.

2. FULL NAME Mrs Mildred Kepner

(a) Residence: No. 4406 Wakefield Rd St., ... Ward. .....
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry Kepner

6. DATE OF BIRTH (month, day, year) About 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 40	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) None
11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Shamokin Penna

MOTHER

13. NAME Samuel Lightner

FATHER

14. BIRTHPLACE (city or town) (State or country) Shamokin Pa.

15. MAIDEN NAME Elizabeth Miller

16. BIRTHPLACE (city or town) (State or country) Shamokin Penna

17. INFORMANT Mr. D. K. Sellers (Husband)
(Address) Shamokin Pa

18. BURIAL, CREMATION, OR REMOVAL
Place Shamokin Pa Date April 1932

19. UNDERTAKER Reinwald Funeral Co
(Address) Baltimore Md.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1932 to March 31, 1932

I last saw her alive on March 31 1932 death is said to have occurred on the date stated above, at 11:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Bronchial (R)	5 days
Emphysema	2 days

Other contributory causes of importance:

Pregnancy 6½ mos. Delivered live child premature	March 29, 32

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Milton B. Cush, M. D.

(Address) Sinai Hosp

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

259179
92 E 78343

CERTIFICATE OF DEATH

92 E 78343

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 10-14 Ward)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? 30 yrs. mos. ds.

2. FULL NAME Sarah Lewis

(a) Residence: No. 1227 E. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

3a. If married, widowed, or divorced, ~~HUSBAND of~~ (or) WIFE of Abraham (same)

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Michael Freedman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Lehmann Cemetery Date 4-1 32, 19

19. UNDERTAKER Jack Levine Inc

(Address) 1739 E. Balto

20. FILED ..... 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 24, 1932 to March 31, 1932

I last saw her alive on Mar. 31 1932 Death is said to have occurred on the date stated above, at 9 40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chron. Rheumatic Endocarditis - Mitral Stenosis and insufficiency	1919
Other contributory causes of importance: Multiple peripheral emboli	4 days

Name of operation 0 Date of 0

What test confirmed diagnosis? 0 Was there an autopsy? 0

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Alvan Bernstein M. D.

(Address) Johns Hopkins Hospital

AaCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

78344 — 139 E 78344

CERTIFICATE OF DEATH

1. PLACE OF DEATH [illegible] — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6 [illegible] St. [illegible] Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Bell

(a) Residence: No. 924 W. Franklin St. Ward.
(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 15 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	6	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. [illegible]
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Md

MOTHER FATHER
13. NAME John Bell
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Lillie Hill
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Alberta Bell
(Address) 445 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem Date 4/1 19 32

19. UNDERTAKER Samuel Hemsley
(Address) 528 McCulloh St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-28-32 19

22. I HEREBY CERTIFY, That I attended deceased from 3-25-32 19 ..., to 3-28-32 19 ...
I last saw h[illegible] alive on 3-25-32 death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	
Suppurating Wound	
Other contributory causes of importance:	
Septicaemia	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, how? ...

(Signed) [illegible] M. D.
(Address) [illegible]

A&Co. 9-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78345

CERTIFICATE OF DEATH

10 E 78345

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Mosher St. Ward) 8-13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U.S. If of foreign birth 61 yrs. mos. ds.

2. FULL NAME Miss Catherine Smith

(a) Residence: No. 1907 E Chase St Balt. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 22 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	61	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME John C Smith

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louise Ballue

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. Jennie V. Dietrich

(Address) 2025 Clifford ave

18. BURIAL, CREMATION, OR REMOVAL

Holy Redeemer Cemy Date April 4 1932

19. UNDERTAKER Henry Kreig Sons, Inc

(Address) 1301 E. Eager St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31. 1932

22. I HEREBY CERTIFY, That I attended deceased from March 26. 1932 to March 31. 1932

I last saw her alive on March 31. 1932 death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3 wks
Other contributory causes of importance:	
Toxemia	1 wk.

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gilbert Snowgrudner M. D.

(Address) Mosher 1802

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

78346 ✓ 78346

CERTIFICATE OF DEATH

46 E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 N. Castle St. 6-9 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. ... mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Imogene Champness

(a) Residence: No. 422 N. Castle St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of the late Philip Champness

6. DATE OF BIRTH (month, day, year) Feb 14 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	1	14/6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Chas. McClashy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anna Sirlie

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Walter Bartholomew

(Address) 500 N Chester st.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date 4/2/32 19

19. UNDERTAKER Philip Herring

(Address) 2016 Eastlands st

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 28. 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 1931 to March 28 1932

I last saw her alive on March 27 1932. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas	1931
Obstruction Jaundice	Oct 1931

Other contributory causes of importance:

Name of operation Laparotomy Date of 12/29/31

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) William R. Young M. D.

(Address) 2225 St Paul St.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78347

CERTIFICATE OF DEATH

E 78347

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 Annabelle Ave. St. 9-5-75 Ward.)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME HEZEKIAH LINTHICUM

(a) Residence: No. 524 Annabelle Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of R. Lavinia Linthicum

6. DATE OF BIRTH (month, day, year) August 12 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	75	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 06

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Blacksmith

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Co. Md.

FATHER

13. NAME James Linthicum

14. BIRTHPLACE (city or town) (State or country) Linthicum, Md.

MOTHER

15. MAIDEN NAME Fannie Davis

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Hattie Johnson

(Address) Elvaton, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date April 2, 1932

19. UNDERTAKER John F. Denny

(Address) 715 Light St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 30 1932

22. I HEREBY CERTIFY, That I attended deceased from March 5th 1932 to March 30th 1932

I last saw h alive on March 30th 1932 Death is said to have occurred on the date stated above, at 7.10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/19/32
Other contributory causes of importance: Arterio-Sclerosis	

Name of operation None Date of No

What test confirmed diagnosis? Physical signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Guy N. Cromwell M. D.

(Address) 1203 Patapsco Ave., Brooklyn

AACo. 5-31 250B

E 78348 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 E 78348

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1819 N. Washington St., 8-17 Ward)

Length of residence in city or town where death occurred 77 yrs. 1 mos. 24 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Loney

(a) Residence: No. 1819 N. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of XXXXXXXXXXXXXXXX

6. DATE OF BIRTH (month, day, year) Feb. 6 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (None)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Robert W. Loney

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Margaret J. Wilson

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT (Address) Mrs. Annie Duvall 1819 N. Washington St.

18. BURIAL, CREMATION, OR REMOVAL Place Green Mount Date April 1 1932

19. UNDERTAKER John F. Denny (Address) 15 Light St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 30 1932

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1932 to March 29, 1932

I last saw her alive on March 29, 1932 death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cortico Stenosis	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) John F. Young M. D.

(Address) 1819 N. Washington St

M. D. B. 1268-9

Dr. Pierce East Court Apt

HEALTH DEPARTMENT—CITY OF BALTIMORE

78349

CERTIFICATE OF DEATH

2-3

B 78349

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Alston Apt 32nd St., (Ward) Pheasant Ave (If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Benson

(a) Residence: No. Alston Apt 32nd St. Chas St Ward (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced, HUSHAND of (or WIFE of) Martha B. Benson

6. DATE OF BIRTH (month, day, year) About 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About	78	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm Benson

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Sarah Peters

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Chas. Hunt Roland Park

(Address) 130 Longwood Rd

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date April 2nd 1932

19. UNDERTAKER Wm Cook

(Address) 1217 E Paul St

20. FILED ..... 19.... H.S. Registrar.

OCCUPATIONS IS very important. Be definite.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 31st 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 24 1932 to Mar 31 1932

I last saw him alive on Mar. 31 1932 Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	10 yrs

Other contributory causes of importance: Acute Hemmorhage

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm Pearson M. D.

(Address) 1 E Paul & Preston Sts.

E 78350 500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78350

CERTIFICATE OF DEATH

97-001

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 381 EVESHAM ST. 27-48 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME JOSEPH HARRY GILL

(a) RESIDENCE NO. 381 EVESHAM ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	WIDOWED

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of AMANDA M. GILL

6 DATE OF BIRTH (month, day, and year) FEB 3 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	1	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work SALESMAN

(b) General nature of industry, business, or establishment in which employed (or employer) PUBLISHING.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) CHAMBERSBURG PA.

PARENTS

10 NAME OF FATHER JOSEPH GILL

11 BIRTHPLACE OF FATHER (city or town) (State or country) CHAMBERSBURG, PA.

12 MAIDEN NAME OF MOTHER MCFARREN

13 BIRTHPLACE OF MOTHER (city or town) (State or country) CHAMBERSBURG, PA.

14 Informant LOUIS V. GILL

(Address) 381 EVESHAM AVE.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) MARCH 31, 1932.

17 I HEREBY CERTIFY, That I attended deceased from OCT. 3 1931 to MAR. 31, 1932.

that I last saw him alive on MAR. 31, 1932

and that death occurred, on the date stated above, at 3.50 A. m.

The CAUSE OF DEATH* was as follows:

ORGANIC HEART DISEASE

(MITRAL INSUFFICIENCY)

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? NO Date of

Was there an autopsy? NO.

What test confirmed diagnosis?

(Signed) J. Shuckhardt Carcombe M. D.

3/31. 1932 (Address) 3524 Greenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL 4/2/1932

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

AACo. 5-31 250B

Dr C. T. Wells 5276 Park Hghts Ave Lib 0273

E 78351 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78351

CERTIFICATE OF DEATH

94-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5272 Park Heights Ave ~~Ward~~)

Length of residence in city or town where death occurred ~~yrs~~ mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Lucy V. Hayes

(a) Residence: No. 5272 Park Hghts Ave Ward.
(usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Chas. A. Hayes

6. DATE OF BIRTH (month, day, year) May 1st 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	10	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Albemarle Co Va

FATHER

13. NAME Jackson Thomas

14. BIRTHPLACE (city or town) (State or country) Albemarle Co Va

MOTHER

15. MAIDEN NAME Caroline Humphrey

16. BIRTHPLACE (city or town) (State or country) Albemarle Co Va.

17. INFORMANT Howard L. Hayes

(Address) 2107 Oakley Ave

18. BURIAL, CREMATION, OR REMOVAL

Loudon Park Date 4/2/1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/31/1932

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1932 to March 31, 1932

I last saw her alive on March 31, 1932 death is said to have occurred on the date stated above, at 9:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Other contributory causes of importance:	

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify.....

(Signed) Charles T Wells M. D.

(Address) 5276 Park Hghts Ave

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

78352

CERTIFICATE OF DEATH

127 E 78352
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen Hosp St. 20-26 Ward.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. dy. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Lavr

(a) Residence: No. 29 S Pulaski St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): May 4th 1881

7. AGE: Years 50 | Months 10 11 | Days 26 3 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Mrs Tigrow

10. Date deceased last worked at this occupation (month and year): March 1932

11. Total time (years) spent in this occupation: 25 yrs

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: Richard Lavr

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Mary Daly

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Bertha Lavr (Address) 1542 Aisquith St

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Cathedral Cem Date April 2 1932

19. UNDERTAKER: H M Cook (Address) 1210 E Fayette St

20. FILED ____ 19__ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/30 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-16-32 19__ to 3/30 1932

I last saw h alive on 3/30 1932 death is said to have occurred on the date stated above, at 12.30 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Common Duct	1½ Mo
Cholecystitis	1½ days
Septicemia Staphylococcus	12 days
Other contributory causes of importance:	
Hepatic Insufficiency	10 days

Name of operation Ch Cholecystotomy Date of 3/21/32

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ____ 19__

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Cushman M. D.

(Address) West Balto Gen Hosp

1-30—M. & T.—100 B—50L

E 78353

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 ✓

E 78353

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 114 W. West St. ST. 23-31 WARD)

2-FULL NAME Joseph Burley.(C)

(a) RESIDENCE NO 114 W. West St- ST., ... WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ---------- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Bessie Burley.(C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
✓	46	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) A.A.Co.Md.

PARENTS

10 NAME OF FATHER Zeakel Burley (C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) A.A.Co.Md.

12 MAIDEN NAME OF MOTHER Harriatta Harrison.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) A.A.Co.Md.

14 Informant Pink Bowley.(C) brother.

(Address) Glen Burnie, A.A.Co.Md.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M Reinhardt M. D. Coroner

19 (Address) 1019 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson Comty,

DATE OF BURIAL 4/1 1932.

20 UNDERTAKER Walter B Sykes

ADDRESS 1344 Hollins St.

THON is very important See instructions on back of certificates.

1-30—M & T—100 B—50L.

E 78354

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 ✓

E 78354

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1320 W. Lombard ST. 19-29 WARD)

2-FULL NAME Owen K. Smith

(a) RESIDENCE NO 1320 W. Lombard ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura V.

6 DATE OF BIRTH (month, day, and year) May 20? 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
✓ 83	84	11 10	10 11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Catonsville Maryland

PARENTS

10 NAME OF FATHER Albert Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Catonsville Maryland

12 MAIDEN NAME OF MOTHER Mitzgerau

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Catonsville Maryland

14 Informant Mrs. Pearl Blondell

(Address) 1320 W. Lombard St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 31? 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy, or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

CONTRIBUTORY (Secondary) Disease Chronic Myocardial (duration) ? yrs. mos. ds.

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Cromwell Coroner, M. D.

3/31/1932 (Address) 1293 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park.

DATE OF BURIAL Apr 1 1932

20 UNDERTAKER F. Vernon Kechner

ADDRESS 432 Hollins

TION is very important See instructions on back of certificates.

A&Co. 5-31 2508

Victor Suite ✓

E 78355 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 78355

X 131

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. Calvert & 33rd St., 12-46 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 10 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Victor Suites

(a) Residence: No. Relay, Md St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs Victor Suites

6. DATE OF BIRTH (month, day, year) June 6, 191[illegible]

7. AGE. Years	Months	Days	If LESS than 1 day, hrs. or min.
20	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer on a
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farm
10. Date deceased last worked at this occupation (month and year) Mar. 1-32
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Church Hill Va

MOTHER

13. NAME Cora Lee Suites

FATHER

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Cora Lee Kittens

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Date Oct. 2 1932
Marion, Va

19. UNDERTAKER Manchester & Groom
(Address) Denison Ind.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-21-32, 19.., to 4-1-, 19 32

I last saw h[illegible] alive on 4-1, 19 32 death is said to have occurred on the date stated above, at [illegible] a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart block with ventricular fibrillation	3-31-32
Other contributory causes of importance:	
Septicemia (staph albus)	?
Nephritis (chronic)	?

Name of operation Electrocardiogram. Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. H. Martin Jr. M. D.

(Address) Union Memorial Hosp

A&Co. 5-11 250B

78356

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 78356

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. Calvert & 33rd St. 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos 5 ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Mrs Minnie Mercerau

(a) Residence: No. 5 Lincoln Ave St., Ward.
Hagerstown Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, year) 12/24/84

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Mr Amos Young

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mrs Alfred Valette

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hagerstown Date April 4 1932

19. UNDERTAKER A K Coleman.
(Address) Hagerstown Md.

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-1 . 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-17-32 . 19 , to 4-1 . 1932

I last saw h[illegible] alive on 4-1 1932 death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Idiopathetic hemorrage Purpura.	3/25/32
Postoperative Thyroid crisis	3/31/32

Other contributory causes of importance:

Name of operation Partial Thyroidectomy Date of 3-22-32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. R. Mortimer Jr. M. D.

(Address) Union Memorial Hosp

Spec.—1-10-21—M&T—1500 Blks.

E 78357

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

106-E 78357

8-40

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3312 Ravenwood Ave., (St.) (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George William Starke

(a) RESIDENCE NO. 3312 Ravenwood Ave., Baltimore, Md. (St.) (Ward)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Barbara

6 DATE OF BIRTH (month, day, and year): Oct. 17, 1856

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
76	8	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shipping clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town): Baltimore

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Charles Henry Starke

11 BIRTHPLACE OF FATHER (city or town): Hanover

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Caroline Miller

13 BIRTHPLACE OF MOTHER (city or town): Hanover

(State or country): Germany

14 Informant: Miss Marie Steibel

(Address): 3312 Ravenwood Ave., City

15 Filed , 19 4/1 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 30, 1932

17

I HEREBY CERTIFY, That I attended deceased from March 1, 1932, to March 30, 1932,

that I last saw him alive on March 30, 1932,

and that death occurred, on the date stated above, at 11:03 P. m.

The CAUSE OF DEATH* was as follows:

Asthma & Chronic Bronchitis.

(duration) 10 Yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. L. Wilkinson, M. D.

3/31, 1932 (Address) A. L. Wilkinson, 5713 Belair Rd., Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery

DATE OF BURIAL: 4/1 1932

20 UNDERTAKER: Harry H Evitts

ADDRESS: 4101 Edmondson Ave

TION is very important. See instructions on back of certificates.

Spec. 9-30—A. & Co.—250 Bks.

E 78358

E 78358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2840 St Paul St. (Ward) 12-50

2. FULL NAME Robert John O'Connor

(a) RESIDENCE NO. 2840 St Paul St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of single

6 DATE OF BIRTH (month, day, and year) Dec 31, 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
30	31	3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer, Atty

(b) General nature of industry, business, or establishment in which employed (or employer) C & P Telephone Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Jas. F. O'Connor

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary A. Gahan

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant (Address) Herbert O. Carlson 2840 St Paul

15 Filed , 19 E.T.C. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 31, 1932

17

I HEREBY CERTIFY, That I attended deceased from March 30, 1932, to March 31, 1932

that I last saw h[illegible] alive on March 31, 1932

and that death occurred, on the date stated above, at 4:10 a. m.

The CAUSE OF DEATH* was as follows:

Thrombo phlebitis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Autopsy

(Signed) Thomas F. Gahan M. D.

, 19 (Address) 1139 Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL Apr 2 1932

20 UNDERTAKER Chas. F. Mann & Son

ADDRESS 1118 Madison Ave

FAILURE TO FILE THIS CERTIFICATE IS VERY IMPORTANT. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78359

CERTIFICATE OF DEATH

23 E 78359

1. PLACE OF DEATH Baltimore City Hospitals (Tbc.) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3-5 St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Cornegay

(a) Residence: No. 1124 E. Lombard st. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 1, 1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Goldsboro
(State or country) North Carolina

FATHER

13. NAME Robert Cornegay

14. BIRTHPLACE (city or town) North Carolina
(State or country)

MOTHER

15. MAIDEN NAME Mary Hargrove

16. BIRTHPLACE (city or town) North Carolina
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date 19

19. UNDERTAKER
(Address)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from February 2, 1932, to March 29, 1932

I last saw him alive on March 29 1932 death is said to have occurred on the date stated above, at 7.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	4 mos.
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Lawrence F. Kerr, M. D.

(Address) Baltimore City Hospitals

UNIVERSITY OF MARYLAND - 1932

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

78360

CERTIFICATE OF DEATH

34 E 78360

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 17-24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Roosevelt Moody

(a) Residence: No. 936 Argyle Ave. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 6, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) Norfolk
(State or country) Va.

FATHER

13. NAME Robert

14. BIRTHPLACE (city or town) Norfolk
(State or country) Va.

MOTHER

15. MAIDEN NAME Nellie Ferguson

16. BIRTHPLACE (city or town) Norfolk
(State or country) Va.

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19

19. UNDERTAKER ...
(Address) ...

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1932 to March 27, 1932

I last saw him alive on March 27, 1932 Death is said to have occurred on the date stated above, at 11 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	Unknown (more than 1 year)

Other **contributory causes** of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so specify ...

(Signed) ... M. D.

(Address) Balto. City Hosp.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78361

CERTIFICATE OF DEATH

119 E 78361

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 8-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Foster

(a) Residence: No. 1702 Llewelyn Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Bl.	.....

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) March 4, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
...	...	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Jefferson Foster

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Dora Evans

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19..

19. UNDERTAKER
(Address)

20. FILED ... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1932, to Mar. 25, 1932

I last saw her alive on Mar. 24, 1932 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Mar. 23
Infectious diarrhoea	Mar. 15

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Path. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Charles H. Feltham M. D.

(Address) Johns Hopkins Hospital

JOHNS HOPKINS HOSPITAL APR 1 - 1932

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78362

2 E 78362

CERTIFICATE OF DEATH

34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 5 of f Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Charles Green

(a) Residence: No. 527 N. Spring St., St. — Ward. 2
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date ....19....

19. UNDERTAKER
(Address)

20. FILED ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26. 1932

22. I HEREBY CERTIFY, That I attended deceased from March 3. 1932. to March 26. 1932.
I last saw him alive on March 26. 1932 Death is said to have occurred on the date stated above, at 11:25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic insufficiency	?
Bronchopneumonia	3-2-32 (?)

Other contributory causes of importance:

29 fistulae	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) Alan Benoste M. D.

(Address) Johns Hopkins Hospital

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78363

CERTIFICATE OF DEATH

157-00 E 78363

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 20-28 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Smith

(a) Residence: No. 1405 Christian St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 18, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Fredrick H Smith

14. BIRTHPLACE (city or town) Wilmington Del
(State or country)

MOTHER

15. MAIDEN NAME Isabelle Sharp

16. BIRTHPLACE (city or town) Wilmington, Del.
(State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19

19. UNDERTAKER
(Address)

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 18, 1932, to Mar. 28, 1932

I last saw her alive on Mar. 28, 1932 death is said to have occurred on the date stated above, at 1.00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction (Congenital Stricture of Jejunum)	3-18-32

Other contributory causes of importance:

Name of operation Abdominal laparotomy Date of 3-26-32

What test confirmed diagnosis Laparotomy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Morris Reese, M. D.

3/31/32 (Address) University Hospital

UNIVERSITY OF MARYLAND - 1932

M. D. B. 1268-9

E 78364 HEALTH DEPARTMENT—CITY OF BALTIMORE

25926

CERTIFICATE OF DEATH

X 119E 78364

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alva Tilghman

(a) Residence: No. 101 E 31st Sterrace Pl. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 3 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0D

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William Tilghman

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Ellen Foster

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records.

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date August 1932

19. UNDERTAKER Mrs. R. A. Elliott

(Address) 1720 Eastlandale

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 27 1932 to March 30, 1932

I last saw h[illegible] alive on March 30, 1932 Death is said to have occurred on the date stated above, at 12[45] A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	3-17
A, B, D with anemia	3-24

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John H. Washington, M. D.

(Address) Johns Hopkins Hosp.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78365

E 78365

CERTIFICATE OF DEATH

+ 1085

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-30 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Ford

(a) Residence: No. La Plata Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Negro	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spooner, sawyer, bookkeeper, etc. Farmer 086
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

13. NAME

FATHER

14. BIRTHPLACE (city or town) (State or country) York, Penn.

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT University Hospital
(Address) Lombard & Greene Sts

18. BURIAL, CREMATION, OR REMOVAL
Date 19
Place

19. UNDERTAKER
(Address)

20. FILED ..... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1932 to March 27, 1932

I last saw h[illegible] alive on March 27, 1932 death is said to have occurred on the date stated above, at 10 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/1/32
a Blood stream infection, Pneumococcus type IV	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? ..... Why?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Millard H. Sprecher M. D.

(Address) University Hospital

UNIVERSITY OF MARYLAND APR 1 1932

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78366

E 78366

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 7 ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Andy Wilson

(a) Residence: No. 52 Oxford St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	widower

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME G Wilson
14. BIRTHPLACE (city or town) (State or country) S C

MOTHER

15. MAIDEN NAME Julia Singleton
16. BIRTHPLACE (city or town) (State or country) S C.

17. INFORMANT University Hospital
(Address) Conrad & Green Sts.

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19...

19. UNDERTAKER
(Address)

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1932 to March 27, 1932

I last saw h[illegible] alive on March 27 1932 death is said to have occurred on the date stated above, at 7 40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Cardio-vascular-renal disease.	
a Impaction	
2) Mild cardiac decompensation	2/23/32
Other contributory causes of importance:	
Uremia	2 days

Name of operation ... Date of ...

What test confirmed diagnosis? Sigmoidoscopy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Milford H Greenhow, M. D.
(Address) University Hospital

AaCo. 5-31 250B

E 78367

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

E 78367

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial) Hospital St. [illegible] Ward

Registered No. [illegible]

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos 3 ds How long in U. S. if of foreign birth? yrs mos ds

2. FULL NAME Ruby Dunlow

(a) Residence: No. [illegible] St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 28, 1932

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
			3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper**, etc. None

9. Industry or business in which work was done, as **silk mill, saw mill, bank**, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Roger Starley Dunlow

14. BIRTHPLACE (city or town) Delta (State or country) Pa

MOTHER

15. MAIDEN NAME Vervela Cummings

16. BIRTHPLACE (city or town) Edgewater (State or country) Md

17. INFORMANT Hosp. [illegible] (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Date 19

19. UNDERTAKER

(Address)

20. FILED [illegible] 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1932 to March 31, 1932

I last saw h[illegible] alive on March 31, 1932 death is said to have occurred on the date stated above, at 8 [illegible] P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aspiration pneumonia.	3-31-32

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John S. Fowler, M. D.

(Address) Union Memorial Hosp.

Spec.—8-16-29—L. F. S.—100 Bks.

78368

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 ✓

REGISTERED NO. E 78368

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1302 Lamont ST. 15-22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lucile Lee

(a) RESIDENCE NO. 1302 Lamont ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: colored | 5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 3/28 1932

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER Horace Lee

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Nottoway Co Va

12 MAIDEN NAME OF MOTHER Susie Flanthery

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Nottoway Co Va

14 Informant
(Address)

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 1/32

17 I HEREBY CERTIFY, That I attended deceased from Mar 28, 1932, to April 1, 1932, that I last saw h[illegible] alive on Mar 30, 1932, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? — Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thos J Woolridge Jr M. D.

4/1, 1932 (Address) 703 Dolphin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND APR 1 - 1932

1-20—M & T.—100 B—50L

E 78369

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78369

CERTIFICATE OF DEATH

181

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Womens Hosp ST. 28 WARD 63

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Mary L. Penn (Eldora)

(a) RESIDENCE NO. 4205 Eldora ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elmer L Penn

6 DATE OF BIRTH (month, day, and year): Aug 13 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	7	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 037
(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Wm H Lightfoot

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Josephine R Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Elmer L Penn

(Address): 4205 Eldora Ave

15 Filed ..... 192 ..... Registrar

8-2-32

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 31st 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

1a Burns Degree Burns

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Nothing apart from Gas shock.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) H Leon Levin, M. D. Coroner

(Address) Mar 31

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Airy Md

DATE OF BURIAL: 4-2 1932

20 UNDERTAKER: Robert Brooks & Son

ADDRESS: Catha Hollins

TION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 78370

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78370

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4203 Euclid Ave St. 20-71 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lora Estella Schmidt

(a) Residence: No. 4203 Euclid Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or Divorced (write the word)
F.	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of E. Albert Schmidt

6. DATE OF BIRTH (month, day, year) June 30 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Alfred F. Pulbourn

14. BIRTHPLACE (city or town) (State or country) St Mary's Co Md

MOTHER

15. MAIDEN NAME Emily J. Peddicord

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT E. Albert Schmidt (Address) 4203 Euclid Ave

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date April 4 32

19. UNDERTAKER Butler Bros (Address) 2224 E Baltimore St

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1st, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 2 1932 to April 1 1932

I last saw her alive on April 1, 1932 Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	Mar

Other contributory causes of importance: Uremia Coma

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Barry O'Meara, M. D.

(Address) 400 N Payson

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78371 — CERTIFICATE OF DEATH — 23 E 78371

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 Lyndhurst St. 20-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ... How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elsie Buttingham Davis

(a) Residence: No. 505 Lyndhurst St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 22 - 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Transportation Co

10. Date deceased last worked at this occupation (month and year) Mar 1 - 1931

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Leo W Davis

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Anna M Buttingham

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Leo W Davis

(Address) 505 Lyndhurst St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Apl 4 - 32

19. UNDERTAKER Rutzler Bros

(Address) 2202 Frederick Ave

20. FILED ... 19... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2d 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov - 20 1931 to Apr - 1 - 32

I last saw him alive on Mar 31 1932 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1918

Other contributory causes of importance: None

Name of operation No Date of ...

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wesley Cole M. D.

(Address) 7202 Harwood Blvd

Spec—9-30—A. & Co.—250 Bks

E 78372 HEALTH DEPARTMENT—CITY OF BALTIMORE V-OE 78372

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 1500 W 36th St. St. 13-51 WARD)

2. FULL NAME Mary A. Zypp

(a) RESIDENCE NO 1500 W 36th St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Thomas B. Zypp.

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework. 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Thomas B. Zypp. 1500 W 36th St.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1, 1932

17

I HEREBY CERTIFY. That I attended deceased from March 10, 32 to April 1, 32

that I last saw her alive on April 1, 32

and that death occurred, on the date stated above, at 130 a. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cerebral Hem

(duration) 1 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? no Date of no

Was there an autopsy? no.

What confirmed diagnosis? clinical

(Signed) Vernon F. Kelly M. D.

4/1, 32 (Address) 600 S Ponnesset Road

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge

DATE OF BURIAL April 4, 1932

20 UNDERTAKER Thurnwald Son

ADDRESS 3615 Chestnut Ave

THIS is very important. See instructions on back of certificates.

1932 C. HANSON JONES, M. D.

AdCo. 5-11 2508

Dr Cook 413 N. Washington St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78373 E 78373

CERTIFICATE OF DEATH

93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. #134 N. East Ave., 2 Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Weber

(a) Residence: No. #134 N. East Ave., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Barbara A. Weber

6. DATE OF BIRTH (month, day and year) Oct 21st 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Barbara Weber
(Address) 134 N. East Ave

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Date 4/4/1932

19. UNDERTAKER Wm Cook
(Address) 1217 E Paul St

20. FILED ..., 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 31st, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1932, to March 31, 1932

I last saw him alive on March 30, 1932 death is said to have occurred on the date stated above, at 12 noon m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	about 1 yr
Hypertension	20
Other contributory causes of importance:	
Cardiac Dyspnea	1 day

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Edward Cook M. D.

3/31/32 (Address) 413 N. Washington

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

M. D. R. 1268-0

Dr. Eisenberg 2027 North Ave Mel 7073

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-00 E 78374

78374

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2113 Sinclair Lane Ward 60

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew Knudsen

(a) Residence: No. 2113 Sinclair Lane Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ HUSBAND of ~~WIFE~~ of Katherine Knudsen

6. DATE OF BIRTH (month, day, year) July 30th 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT George Knudsen

(Address) 2113 Sinclair Lane

18. BURIAL, CREMATION, OR REMOVAL

Place Emmanuel Cemetery Date Apr 2nd 1932

19. UNDERTAKER Wm Cook

(Address) 1917 St Paul St

20. FILED . 19 B.C.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 31st 1932

22. I HEREBY CERTIFY, That I attended deceased from March 27 1932 to March 31 1932

I last saw him alive on March 30 1932 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Date of onset 3/31/32

Arterial hypertension — 3/31/32

Other contributory causes of importance: Apoplexy — 3/31/32

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Albert Eisenberg M. D.

(Address) 1125 E North Ave

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78375

CERTIFICATE OF DEATH

✓80 E 78375

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 702 Gorsuch Ave. St., 9-46 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rev. James H. Hyatt

(a) Residence: No. 702 Gorsuch Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Fannie Asher Hyatt

6. DATE OF BIRTH (month, day, year) Apr. 25 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired clergyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Gouverneur Hyatt

14. BIRTHPLACE (city or town) (State or country) New York N.Y.

MOTHER

15. MAIDEN NAME Emma C. Todd

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Fannie N. Asher
(Address) 702 Gorsuch Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem'ty Apr. 2 1932

19. UNDERTAKER John C. Mitchell & Sons
(Address) 1900 Eutaw Pl.

20. FILED ..... 19 ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31 1932

22. I HEREBY CERTIFY, That I attended deceased from about 3 Jan. 19.. to Mar 31 1932

I last saw h[illegible] alive on Mar 31 1932. Death is said to have occurred on the date stated above, at 6-45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased

If so, specify

(Signed) H. G. Zentler M. D.

(Address) 634 Gorsuch Ave

AACo. S-H 2508

E 78376 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 78376

CERTIFICATE OF DEATH

V 131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2619 Greenmount Ave. St. 9-46 Ward)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Taylor.

(a) Residence: No. 2619 Greenmount Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Female	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George W. Taylor

6. DATE OF BIRTH (month, day, year) Nov. 11, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife. 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poplar Md.

MOTHER FATHER

13. NAME James K.P. Henry

14. BIRTHPLACE (city or town) (State or country) Poplar Md.

15. MAIDEN NAME Mary Gill.

16. BIRTHPLACE (city or town) (State or country) Poplar Md.

17. INFORMANT Irving Taylor.
(Address) 2619 Greenmount Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date April 2, 1932.

19. UNDERTAKER Mary J. Medefield
(Address) 1 E. 23rd St.

20. FILED ..... 19 ..... R.C.V. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30 —, 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1 —, 1925 to March 30, 1932
I last saw h er alive on March 29, 1932 death is said to have occurred on the date stated above, at 5-A- m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis and Arterio-Sclerosis	

Other contributory causes of importance:

Nephritis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. Stanley Gorgas M. D.
(Address) 2900 St Paul St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

78377

CERTIFICATE OF DEATH

46E 78377

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 14-59 Ward)

Length of residence in city or town where death occurred 51 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Dorsey

(a) Residence: No. 2119 Madison Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
~~Male~~	~~Colored~~	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma

6. DATE OF BIRTH (month, day, year) Aug. ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Md.

FATHER

13. NAME Frank Dorsey

14. BIRTHPLACE (city or town) (State or country) Frederick Md.

MOTHER

15. MAIDEN NAME Barbara Anderson

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records of
(Address) Balto. City Hos.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Cemetery Date 4/3 . 1932

19. UNDERTAKER Thomas. E. Kelson
(Address) 1303 Pennsylvania Ave

20. FILED ... , 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-30-32 . 19

22. I HEREBY CERTIFY, That I attended deceased from 2-4-32 . 19 . to 3-30-32 . 19

I last saw him alive on 3-30-32 . 19 . Death is said to have occurred on the date stated above, at 6 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	Oct 1931
Other contributory causes of importance: Anemia	Feb 1932

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No (If so, specify)

(Signed) Alex. Glennie M. D.

(Address) Balto. City Hosp.

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

1-30—M. & T.—100 B—50L

E 78378

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78378

CERTIFICATE OF DEATH

REGISTERED NO. 119

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 332 Woodyear ST. 15-23 WARD

2-FULL NAME Eugene Hall

(a) RESIDENCE NO. 332 Woodyear ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Sy yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 22-1931

7 AGE Years Months 11 Days 8 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Philip Hall

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Alberta Hughes

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Interment Philip Hall
(Address) 332 Woodyear

15 Filed ..... 192 R. Pilot Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 31 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest find that said deceased came to death (autopsy or inquiry) on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regulary

(Signed) H. E. Bonsall, M. D.
Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery.

DATE OF BURIAL 4/3 1932

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1503 Pressman St

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—MAT—1500 Bks.

E 78379

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 78379

107-00

1-3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 S. Chester Street ST. WARD)

2-FULL NAME Florence . Berberich

(a) RESIDENCE NO. 419 S. Chester Street ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 14 1931

7 AGE: Years — Months: 11 — Days: 17 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None 0-0

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: George . Berberich

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Wiktorya . Ichniowski

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Mrs. Wiktorya . Berberich

(Address) 419 S. Chester Street

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 31 1932

17 I HEREBY CERTIFY, That I attended deceased from March 29th., 1932. to March 31st 1932.

that I last saw h OF alive on March 31st., 1932.

and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis.

(duration) - yrs. - mos. 14 ds.

CONTRIBUTORY (Secondary): Broncho-pneumonia

(duration) - yrs. - mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) [signature] M. D.

. 19 (Address) 2942 E. Fayette Street.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem

DATE OF BURIAL: April 2 1932

20 UNDERTAKER: John M Weber

ADDRESS: 401 Schroeder St.

CAUSE OF DEATH must be plainly written, so that it may be properly coded. TION is very important. See instructions on back of certificates.

1-1932

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78380

CERTIFICATE OF DEATH

23 E 78380

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1707-Lansing Ave. St., 8-17 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice B. Roesch

(a) Residence: No. 1707-Lansing Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Albert V. Roesch

6. DATE OF BIRTH (month, day, year) 3/10/1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	-	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Winchester, Va.

FATHER

13. NAME Michael J. Connolly

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Alice (Unknown)

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Albert V. Roesch
(Address) 1707-Lansing Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 4/2/32 19

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED 19 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30 1932

22. I HEREBY CERTIFY, That I attended deceased from February 17 1932 to March 30 1932
I last saw her alive on March 29 1932 Death is said to have occurred on the date stated above, at 7 o P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	[illegible]
Other contributory causes of importance: Tuberculous Peritonitis	Jan 1932.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Robert Dippenberg M. D.

(Address) 2025 E Pratt St

AACo. 5-31 2500

78381

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 L 78381

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) St. (Ward)
Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Mrs. Pauline Taylor

(a) Residence: No. Guilford Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ernest Taylor

6. DATE OF BIRTH (month, day, year) 7-28-1911

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
20	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as stik mfft, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME Benjamin Travis
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER
15. MAIDEN NAME Lillie Tucker
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Fred Tucker
(Address) 601 Gutman Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Cemetery Date 4-4 1932

19. UNDERTAKER Albert Lisitz Jr
(Address) 1600 N Chester Street

20. FILED ..... 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1932 to April 1, 1932
I last saw her alive on April 1, 1932 death is said to have occurred on the date stated above, at 9:16 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	March 27/32
Lobar pneumonia.	
(Other contributory causes of importance:	
Pregnancy	7 mos.
Eclampsia.	10 days.

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) H. H. Mangold M. D.
(Address) St Joseph Hosp.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks

E 78382 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78382

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 537 W Lanvale St. 17-24 WARD)

2. FULL NAME Richard Emory

(a) RESIDENCE NO. 537 W Lanvale ST. WARD
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

8a If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Fanna Smith
(Address) 537 Lanvale

15 Filed , 19 A. C. T. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 30 /32

17

I HEREBY CERTIFY, That I attended deceased from Mar 17, 1932, to Mar 30, 1932

that I last saw him alive on Mar 30, 1932

and that death occurred, on the date stated above, at 8.40 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

6

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wallace Frey M. D.

3 Pl. 1932 (Address) 1 W Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 4-2 1932

20 UNDERTAKER Edward Easton

ADDRESS 96 E Pre

TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78383

CERTIFICATE OF DEATH.

131

E 78383

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1702 W. Lafayette Ave (ST.) (WARD) 6-27

2-FULL NAME Elizabeth Copper

(a) RESIDENCE NO. 1702 W. Lafayette Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Copper

6 DATE OF BIRTH (month, day, and year) 9-[illegible]-1869

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
62 63	6	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Dorchester Co., Md.

PARENTS

10 NAME OF FATHER Chas. Dixon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Clara B. Evans 1702 W. Lafayette ave.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-30-1932

17 I HEREBY CERTIFY, That I attended deceased from 3-24, 1932, to 3-30, 1932, that I last saw h alive on 3-30, 1932, and that death occurred, on the date stated above, at 8 p m.

The CAUSE OF DEATH* was as follows: Cardio Renal-Vascular Disease

(duration) 1 yrs mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) George A Page, M. D.

, 19 (Address) 516 N. Mount St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL 4-2-32

20 UNDERTAKER Francis Easton

ADDRESS 916 Eo

U. S. 14

SECTION is very important. See instructions on back of certificates.

Spec.—3-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78384 ✓ E 78384

CERTIFICATE OF DEATH.

92-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 348 W. Biddle St. WARD 11)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ada McGraw

(a) RESIDENCE NO. 348 W Biddle St. WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Col.

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Adam McGraw

6 DATE OF BIRTH (month, day, and year) 1891

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
41	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S. C.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

14 Informant Adam McGraw (Address) 348 W. Biddle St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-31-1932

I HEREBY CERTIFY, That I attended deceased from 3/14/32, 19 ..., to 3/31, 1932, that I last saw her alive on 3/31, 1932, and that death occurred, on the date stated above, at 7 PM m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(duration) yrs 2 mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? — Date of

Was there an autopsy? Yes

What test confirmed diagnosis? General Surgeon

(Signed) Alan Miller, M. D.

3/31, 1932 (Address) 1520 Bryden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 4-2 1932

20 UNDERTAKER Daniel Easton

ADDRESS 916 Pa ave

TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

78385

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78385

CERTIFICATE OF DEATH

82-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6209 Gist ave ST. 27-55 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline H. Bullow

(a) RESIDENCE NO. 6209 Gist ave ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joshua Kase

6 DATE OF BIRTH (month, day, and year) Feb 7 1843

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	11	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Nothing
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER John Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Hannah Weis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Minnard Bullow

(Address) 6209 Gist ave

15 Filed ..... 192 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/31 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas H Bowers, M. D. Coroner

4/1 1932 (Address) 2632 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

TION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

78386 E 78386

CERTIFICATE OF DEATH

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St. 15-63 (Ward) 8

Length of residence in city or town where death occurred 15 yrs. mos ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leon Oppenheimer

(a) Residence: No. 3833 (Usual place of abode) Sequoia Ave Ward. 50 2 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Rose W. Oppenheimer

6. DATE OF BIRTH (month, day, year) Sept. 27, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wholesale

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Jewelry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila. Pa.

FATHER

13. NAME Max Oppenheimer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Jennie Weil

16. BIRTHPLACE (city or town) (State or country) Phila. Pa.

17. INFORMANT Mrs. R. W. Oppenheimer

(Address) 3833 Sequoia Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Hebrew Date Apr. 3 1932

19. UNDERTAKER David Sondheim & Son

(Address) 1902 Eutaw Place

20. FILED 4 1932 WPA Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1932 to April 1, 1932

I last saw him alive on April 1, 1932 death is said to have occurred on the date stated above, at 8 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Tuberculosis of Genitourinary tract.	

Other contributory causes of importance:

Bronchopneumonia

Name of operation — Date of —

What test confirmed diagnosis? Yes Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. Goodman, M. D.

(Address) Sinai Hospital

AdCo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78387

CERTIFICATE OF DEATH

26-16 93-003

E 78387

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4644 Reisterstown Road St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Bessie F. Heidelberger

(a) Residence: No. 4644 Reisterstown Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Heidelberger

6. DATE OF BIRTH (month, day, year) Aug. 15, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	7	10	16

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia, Pa.

FATHER

13. NAME Myer Frank

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eva Frank

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. A. Binswanger
(Address) 4644 Reisterstown Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Apr. 4 19 32

19. UNDERTAKER David Sondheim & Son
(Address) 1902 Eutaw Place.

20. FILED 1 19 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12 4. 1925 to April 1st 1932

I last saw h er alive on March 31 1932 death is said to have occurred on the date stated above, at 12 M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1925
Other contributory causes of importance: Chronic Myocarditis	1925
Cardiac Insufficiency	3/31/32

Name of operation none Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eugene Hoopes M. D.

(Address) 200 W. Lafayette Ave.

Spec.—9-30—A. & Co.—250 Blks

E 78388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 E 78388

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2010 Oakington Ave ST. 13-57 WARD)

2-FULL NAME Mary M. McComas.

(a) RESIDENCE No. 2010 Oakington Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred life yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow.

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of George McComas

6 DATE OF BIRTH (month, day, and year) Jan 11, 1853

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	2	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md.

PARENTS

10 NAME OF FATHER John H. Kyser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Elizabeth Brill.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Laura Kyser.
(Address) 2010 Oakington Ave

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1, 1932

17

I HEREBY CERTIFY, That I attended deceased from Jan, 1932 to Apr 1, 1932

that I last saw h er alive on Mar 31, 1932

and that death occurred, on the date stated above, at 8:50 a. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis
Interstitial Nephritis

(duration) — yrs. mos. ds.

CONTRIBUTORY (Secondary) ... Hemiplegia

(duration) 1 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clin

(Signed) Mrs E H D M. D.

4/2 1932 (Address) 2020 N. Charles

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore Cemetery

DATE OF BURIAL April 4 1932

20 UNDERTAKER Thanhouser & Son

ADDRESS 3615 Harford Ave

TION is very important. See instructions on back of certificates.

A&Co. 5-31 250B

H 78339 HEALTH DEPARTMENT—CITY OF BALTIMORE 42 E 78389

CERTIFICATE OF DEATH

Registered No. 94

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 2700 Ward 41

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Abram M. Seldner

(a) Residence: No. 4900 Belair Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ of Estelle Edna Seldner

6. DATE OF BIRTH (month, day, year) May 19 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER FATHER

13. NAME D. S. H. Seldner

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Fannie Stecht

16. BIRTHPLACE (city or town) (State or country) Boston Mass

17. INFORMANT D. S. H. Seldner

(Address) 4900 Belair Road

18. BURIAL, CREMATION, OR REMOVAL Pikesville Hebrew Congregation Cem. Date Apr. 4 1932

19. UNDERTAKER Henry Hoey & Sons, Inc.

(Address) 1301 E Eager St.

20. FILED 4 1 1932 Registrar. H. BRYAN JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-1, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-26, 1932, to 4-1, 1932

I last saw h im alive on 4-1, 1932 death is said to have occurred on the date stated above, at 4:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	7 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. B. Kirsh M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 78390 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

15 E 78390

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 N Eden St., 5-8 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eliza Washington

(a) Residence: No. 502 N Eden St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced ~~Husband~~ of (or) WIFE of Henry Washington

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Norah Butler

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Chas Washington son
(Address) 1505 E Madison st

18. BURIAL, CREMATION, OR REMOVAL
Place Cedarcroft Date April 3 1932

19. UNDERTAKER John W Henderson
(Address) 1502 E Monument st

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1932 to March 31, 1932

I last saw ~~her~~ alive on March 30 1932 death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	unknown

Other contributory causes of importance:
Incontinence of urine. Arteria Sclerosis generalized senile debilitation

Name of operation None Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) C J Young M. D.

(Address) 1429 E Monument st

OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T—100 B—50L.

78391

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

16-E 78391

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 626 Mosher ST. 14-20 WARD

2-FULL NAME Alfred D. Clark.

(a) RESIDENCE NO. 626 Mosher ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Clark

6 DATE OF BIRTH (month, day, and year) Mar 20-1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
35	36	—	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Steward
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Phila. S. Boat.

9 BIRTHPLACE (city or town) Jamaica
(State or country)

PARENTS

10 NAME OF FATHER Fleg Clark

11 BIRTHPLACE OF FATHER (city or town) Jamaica
(State or country)

12 MAIDEN NAME OF MOTHER Rosie Patterson

13 BIRTHPLACE OF MOTHER (city or town) Jamaica
(State or country)

14 Informant Helen Clark.

(Address) 626 Mosher

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 31st 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ulcer of Stomach Hemorrhage due to ruptured Spleen

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fell out window

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Negative

(Signed) H. C. Jones, M. D. Coroner

Mar 31 1932 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn (Cem.)

DATE OF BURIAL 4/2 1932

20 UNDERTAKER Chas S. Cooper

ADDRESS Baltimore

* TION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 78392 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78392

CERTIFICATE OF DEATH

82-001

Registered No. 9-46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2718 Alameda Boulevard Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME F. Edwin Wille, Jr.

(a) Residence: No. 2718 Alameda Boulevard Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 19, 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Curtis (Airplane)

10. Date deceased last worked at this occupation (month and year) About 3/1/32

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Frederick Edwin Wille, Sr.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lucia Spehnkouch

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT F. E. WILLE, Sr.
(Address) 2718 Alameda Boulv.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 4/1/32

19. UNDERTAKER Harry K. Wright
(Address) 4131 Edmondson Ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 31/32, 19

22. I HEREBY CERTIFY, That I attended deceased from 19 , to 19

I last saw h alive on inquiry, 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Probably Apoplexy — Date of onset

Other contributory causes of importance:

Undetermined

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. S. Cairns Coroner, M. D.

(Address) 506 N. Wolfe

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78393 E 78393

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St. 13-54 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Victoria Brookes

(a) Residence: No. 2311 Madison Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME John Randolph

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Cephas

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Zion Ct Date 4/3 1932

19. UNDERTAKER Isaiah L Brown Sons. (Address) 1018 Montgomery St

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31 1932

22. I HEREBY CERTIFY, That I attended deceased from March 23 1932 to March 31 1932

I last saw her alive on March 31 1932 Death is said to have occurred on the date stated above, at 5 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset (APPROXIMATE)
ARTERIOSCLEROSIS	4
HYPERTENSION	3 24 32
CEREBRAL HEMORRHAGE	

Other contributory causes of importance: DIABETES MELLITOS

Name of operation NONE Date of —

What test confirmed diagnosis CLINICAL Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) ... M. D.

(Address) Johns Hopkins Hospital

AACo. 5-31 2508

E, 78394

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78394

CERTIFICATE OF DEATH

Registered No. 48

1. PLACE OF DEATH University Hospital 45-21 (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 130 St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nellie Mc Kinney

(a) Residence: No. 1625 Presbury St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	

3a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Widow

6. DATE OF BIRTH (month, day, year) 1884

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
48	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Nellie McKinney

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Nellie Pilchers

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Samuel McKinney

(Address) 1131 N. Gilmor St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Apr 2 1932

19. UNDERTAKER Virginia G. Brooks

(Address) 1463 W. Lafayette St

20. FILED ——— 1932 ——— Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/31/32 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/30 1932 to 3/31 1932

I last saw HER alive on 3/31 1932 death is said to have occurred on the date stated above, at 2:05A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Cervix Uteri with involvement of the urinary bladder	Sept 1931
Other contributory causes of importance: Hemorrhage into bladder	Mar 29/1932
Acute Retention of urine	
Secondary Anemia	

Name of operation Supra pubic cystotomy Date of 3/30/32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1932

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Joseph F. Deenga M. D.

(Address) University Hospital

AaCo. 5-11 2508

E 78395

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78395

CERTIFICATE OF DEATH

V 161-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 913 E. Chase St. 13-21 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Coleman

(a) Residence: No. 913 E. Chase St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr. 1 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or 10 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm Coleman

14. BIRTHPLACE (city or town) (State or country) Raleigh N.C.

MOTHER

15. MAIDEN NAME Cleora C. Kapsman

16. BIRTHPLACE (city or town) (State or country) Mulberry S.C.

17. INFORMANT Cleora Coleman
(Address) 913 E. Chase St

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19...

19. UNDERTAKER ...
(Address) ...

20. FILED ... 19... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 1 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 1 1932 to Apr 1 1932

I last saw him alive on Apr 1 1932 death is said to have occurred on the date stated above, 4:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atelectasis	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) J. Harris Reese M. D.

Address University Hospital

4/1/32

UNIVERSITY OF MARYLAND APR 2 - 1932 G. HARRISON ORIAN, M. D.

1-20—M. & T.—100 B—50L

E 78396

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001 E 78396

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital ST. 19-28 WARD

2-FULL NAME Mary H. Jones

(a) RESIDENCE NO 224 S. Mount ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Jones

6 DATE OF BIRTH (month, day, and year) Sept. 22, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	6	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country) Thurmont Maryland

PARENTS

10 NAME OF FATHER John W. Sefton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Thurmont Maryland

12 MAIDEN NAME OF MOTHER Deborah S. Fouty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carroll Co. Maryland

14 Informant Myrtle Franklin

(Address) 2029 N. Fulton Ave

15 Filed ..... 192 . Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 2, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 15 hrs. ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Physical signs

(Signed) Guy U. Cromwell M.D. Coroner

4/2, 1932 (Address) 203 Patapsco Av., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Park Cemetery DATE OF BURIAL April 5 1932

20 UNDERTAKER Chas. G. Black ADDRESS 742 W. North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

A

M. D. B. 1268-9

78397

HEALTH DEPARTMENT—CITY OF BALTIMORE

78397

CERTIFICATE OF DEATH

11-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 Stony Run Lane St.) 12 (Ward)

Length of residence in city or town where death occurred 55 yrs. .. mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME William Cunningham

(a) Residence: No. Tuscany Apts. St., ... Ward. ....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White American	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isabel White Cunningham

6. DATE OF BIRTH (month, day, year) Nov 16 1846

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	85	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Adj

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance

10. Date deceased last worked at this occupation (month and year) Feb 28

11. Total time (years) spent in this occupation 52 yrs

12. BIRTHPLACE (city or town) (State or country) Kingston Mass

FATHER

13. NAME Theodore Bliss Cunningham

14. BIRTHPLACE (city or town) (State or country) Boston Mass

MOTHER

15. MAIDEN NAME Hannah Thomas

16. BIRTHPLACE (city or town) (State or country) Kingston Mass

17. INFORMANT (Address) Julia F. Cunningham Tuscany Apts.

18. BURIAL, CREMATION, OR REMOVAL Place Kingston Mass Date April 3rd 32

19. UNDERTAKER (Address) Geo W Ijams & Bro Co McCulloh-Orchard Sts

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31 1932

22. I HEREBY CERTIFY, That I attended deceased from March 28 1932 to March 31 1932

I last saw him alive on March 31 1932. Death is said to have occurred on the date stated above, at 5-04 p.m.

The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia — Date of onset 3/31-32

Senile debility — Exhaustion —

Other contributory causes of importance: Hypostatic congestion Acute myocarditis Arteriosclerosis —

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury .... 19....

Where did injury occur? .... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) .... M. D.

(Address) Medical Arts Building —

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

78398 E 78398

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1224 St. Mathew St., 5-H (Ward)

Length of residence in city or town where death occurred 11 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jacob Siegel

(a) Residence: No. 1224 St. Mathew St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jessie Siegel

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66		0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mayer Siegel (Son)
(Address) 4219 Eastern Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Sinai Memorial Park Date 4-3-32

19. UNDERTAKER J. Reuss Inc.
(Address) 1439 E. Baltimore St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-2-1932

22. I HEREBY CERTIFY, That I attended deceased from March 1 32, 1932, to April 2 32, 1932

I last saw h... alive on April 2 32, 1932. death is said to have occurred on the date stated above, at 7 10 P. m.

The principal cause of death and related causes of importance were as follows:

Pneumonia following Influenza

Date of onset 3-1-32

Other contributory causes of importance:

Acute Bronchitis

Name of operation - Date of -

What test confirmed diagnosis? - Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) Isadore L. Tanner, M. D.

(Address) 308 E. Biddle St.

OCCUPATION is very important. See instructions on back of certificate.

A4Co. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78399 E 78399

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 2-4 Ward)

Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Goldie Sapperstein

(a) Residence: No. 1735 E. Baltimore St., Ward. ... (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Morris Sapperstein

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	55		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac —

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rose —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Morris Sapperstein

(Address) 1735 E. Balto St.

18. BURIAL, CREMATION, OR REMOVAL

Place Sinai Memorial Park Date 4-3-1932

19. UNDERTAKER Jack Reiss, Inc.

(Address) 1433 E. Pratt St.

20. FILED ..., 19... Reg C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-2, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-29, 1932, to 4-2, 1932

I last saw her alive on 4-2, 1932 death is said to have occurred on the date stated above, at 8:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Type?)	3 days
Cerebral hemorrhage	9 "
Other contributory causes of importance:	
Diabetes Mellitus	6 yrs.
Myxedema	20 "

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) M. B. Kirsh, M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 78400

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78400

CERTIFICATE OF DEATH

13 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. # 1903 W. Lombard St. 11 Ward)

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. 2 mos. 11 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John B. Kuster

(a) Residence: No. # 1903 W. Lombard. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male.	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 20th 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
✓ 75	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tobo.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ov

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Balthasar Kuster

14. BIRTHPLACE (city or town) (State or country) Ger.

MOTHER

15. MAIDEN NAME Mary Ann Schuett

16. BIRTHPLACE (city or town) (State or country) Germa.

17. INFORMANT Mrs. John L. Kuster

(Address) 1903 W. Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 4/4/1932.

19. UNDERTAKER John T. Edwards & Son.

(Address) 701 Baltimore St.

20. FILED 4/4/32 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/31/, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Mar 23, 1932, to Mar 31, 1932

I last saw him alive on March 31, 1932 death is said to have occurred on the date stated above, at 10.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	3 days
Chronic Int. Nephritis.	3 mo.

Other contributory causes of importance:

Name of operation none. Date of

What test confirmed diagnosis clinical findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? . Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) . M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T.—100 B—50L

E 78401

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 001 78401

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home & Infirmary (Ward) 12-50 186

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Annie M. Thompson

(a) RESIDENCE No 3014 N. Calvert St., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 1 mos. 15 ds. How long in U. S., if of foreign birth? --- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of J. R. Thompson Sr.

6 DATE OF BIRTH (month, day, and year) Feb. 13, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	75	1	18 15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER John Baker

11 BIRTHPLACE OF FATHER (city or town) -----
(State or country) Switzerland

12 MAIDEN NAME OF MOTHER Sarah Hammond

13 BIRTHPLACE OF MOTHER (city or town) ------
(State or country) New York

14 Informant Miss Pearl M. Thompson

(Address) 3014 N. Calvert Street

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 1/32 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Terminal Bronchopneumonia

(duration) ..... yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Fracture of rt femur. fell in her bedroom at home (duration) ..... yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? .....

(Signed) J. H. Hammond, M. D. Coroner

4/2/32 19 (Address) 608 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 4/4 19 32

20 UNDERTAKER Henry U. Mears & Son

ADDRESS 805 N. Calvert

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificate.

M. D. B. 1265-9

78402

HEALTH DEPARTMENT—CITY OF BALTIMORE

78402

CERTIFICATE OF DEATH

Registered No. 112

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2715 Riggs Av (St.) 16-64 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ernst F. Hube

(a) Residence: No. 2715 Riggs av St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~or WIFE~~ of Wilhelmina Huba

6. DATE OF BIRTH (month, day, year) Mar 11th 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Worker of Structural Iron

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Edward Huba

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhelmina (unknown)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wilhelmina Huba

(Address) 2715 Riggs Av

18. BURIAL, CREMATION, OR REMOVAL Lorraine Cemetery Date Apr 4 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 19 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 31st 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 30 1932 to March 31st 1932

I last saw h. alive on March 31 1932. Death is said to have occurred on the date stated above, at 145 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	
to my knowledge March 30	
1932	

Other contributory causes of importance:

Bronchial Asthma	
5 years to my knowledge	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place C

Manner of injury C

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Francis Cary Carleton M. D.

(Address) Medical Arts Building

1-30—M. & T.—100 B—50L

E 78403

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78403

181 V

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST. 22-6 WARD)

2-FULL NAME Sarah Alice Ward

(a) RESIDENCE No. 17 E. York ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. P. Ward

6 DATE OF BIRTH (month, day, and year) Oct 19 1878 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	53 60	5	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None-wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer At home

9 BIRTHPLACE (city or town) (State or country) Ashland Ky.

PARENTS

10 NAME OF FATHER Perry Rose

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ashland Ky

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ky

14 Informant Laura A. Pritchard

(Address) 17 E. York St

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 2 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Generalized Second Degree Burns. Accidental

Death (duration) ..... yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Pneumonia (duration) ..... yrs. ..... mos. ..... ds.

over

18 Where was disease contracted if not at place of death? 17 E. York St

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Tribby, M. D. Coroner

4/2, 1932 (Address) 1739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetary

DATE OF BURIAL 4/5/1932

20 UNDERTAKER Wm Cook

ADDRESS 127 St Paul St

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF OCCUPATION is very important. See instructions on back of certificates.

1-20—M. & T.—100 B—50L

E 78404

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78404

CERTIFICATE OF DEATH

92-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2111 Christian ST. 20-49 WARD)

2-FULL NAME Florence M. Hutchinson

(a) RESIDENCE NO 2111 Christian ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND OF~~ (or) WIFE of Wilbur W. Hutchinson

6 DATE OF BIRTH (month, day, and year) About 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	42	?	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework at home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Wilbur W. Hutchinson

(Address) 2111 Christian St.

15 Filed ..., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1st 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Cromwell M. D. Coroner

4/2 1932 (Address) 203 Patapsco Ave., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery — DATE OF BURIAL Apr 4th 1932

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

AaCo. 5-31 2108

E 78405 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78405

CERTIFICATE OF DEATH

Registered No. 137

1. PLACE OF DEATH Mt Hope Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. [illegible] St., [illegible] Ward) 2871

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles A Jacobi

(a) Residence: No. 5205 Frederick Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced — HUSBAND of (or WIFE of) Catherine Jacobi

6. DATE OF BIRTH (month, day, year) Sept 16th 1861

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
70	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hilda H. Jacobi

(Address) 5205 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cemetery Apr 5th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-2-32 19

22. I HEREBY CERTIFY, That I attended deceased from 3-29-32, 19 ... to 4-2-32 19

I last saw h— alive on 4-2-32 19 ... death is said to have occurred on the date stated above, at 9:40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	

Other contributory causes of importance: Pulmonary tuberculosis

Name of operation Bronchoscopy Date of 4/1/32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following.

Accident, suicide, or homicide? Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, how?

(Signed) Wm Hendrix M. D.

(Address) Mt Hope Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Bks.

E 78406

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78406

CERTIFICATE OF DEATH.

92-001

REGISTERED NO. 90-69

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 2136 W. Fayette St. (WARD)

2 FULL NAME Ebon T. Butts

(a) RESIDENCE NO. 2136 W Fayett St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write this word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (~~or WIFE~~) of Nettie M. Butts

6 DATE OF BIRTH (month, day, and year) July 19th 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	57	8	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Engineer 30

(b) General nature of industry, business, or establishment in which employed (or employer): Railroad

(c) Name of employer: B & O R R.

9 BIRTHPLACE (city or town) (State or country): London Co Va

PARENTS

10 NAME OF FATHER: Ebon T. Butts

11 BIRTHPLACE OF FATHER (city or town) (State or country): London Co Va.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): London Co Va.

14 Interment (Address): Nettie M. Butts 2136 W. Fayette St

15 Filed ____, 19__ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 1. 1932

17

I HEREBY CERTIFY, That I attended deceased from Dec 15, 1931, to April 1, 1932

That I last saw him alive on April 1, 1932

and that death occurred, on the date stated above, at 9.56P m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical signs.

(Signed) Sidney H. Streett M. D.

4/2 1932 (Address) 450 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetary — DATE OF BURIAL: Apr 4th 1932

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

TION is very important. See instructions on back of certificate.

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 78407

25908 B 78407

CERTIFICATE OF DEATH

101

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 7-12 Ward)

Length of residence in city or town where death occurred 5/12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eugene Dillard

(a) Residence: No. 904 N. Duncan St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov-13-1930

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — (Child)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Ludwood Dillard

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Willie Pennet

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Balto Cemetary Date Apr 5th, 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1932 to Apr 2, 1932

I last saw h alive on April 2, 1932 Death is said to have occurred on the date stated above, at 1.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia - Streptococcus	3-24-32
Other contributory causes of importance:	
Cervical Adenitis	3-27-32

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. S. Apperson, M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

78408

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH

108E 78408

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Fayette & Calhoun St. W-3 Ward)

Registered No. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank E Simpson

(a) Residence: No. 104 N. Haven St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) About 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min
About 59				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, weaver, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc. Eastern Casket Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Geo Engelman 725 N. Central Ave

18. BURIAL, CREMATION, OR REMOVAL Place Balto Cemetery Date Apr 4th 1932

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31. 1932

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1932 to March 31. 1932

I last saw him alive on March 31 1932 death is said to have occurred on the date stated above, at 4.20 P m.

The principal cause of death and related causes of importance were as follows: Middle Lobar pneumonia right and lower lobes — Date of onset 3-11-32

Other contributory causes of importance: Arteriosclerotic aortitis

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Morris B. Schreiber, M. D.

(Address) Franklin Square Hospital

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78409 E 78409

CERTIFICATE OF DEATH

93-003 Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mrs Hope Retreat St. 28-63 Ward)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Sister M. Emilion (Catherine Meehon)

(a) Residence: No. Mrs Hope Retreat St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 12, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	71	8	20

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME James Meehon

14. BIRTHPLACE (city or town) (State or country) Ennis Co Ireland

MOTHER

15. MAIDEN NAME Anne Hare

16. BIRTHPLACE (city or town) (State or country) Ennis Co Ireland

17. INFORMANT (Address) Mrs Hope Retreat Mrs Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL Place Frankford Cem Date April 3, 1932

19. UNDERTAKER Leonard Wagner Co (Address) 03 Monument Ave.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1924 to April 1, 1932

I last saw h alive on April 1, 1932 death is said to have occurred on the date stated above, at 3:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis Fatty degeneration	4 yrs
Other contributory causes of importance Cardiac Arteriosclerosis Dropsy	5 days

Name of operation None Date of

What test confirmed diagnosis? Phy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton P. Fitch M. D.

(Address) Mrs Hope Retreat

OCCUPATION is very important. See instructions on back of certificate.

Spec. 2-29-28—L. F. S.—500 Blks.

78410

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 78410

1—PLACE OF DEATH 1000 E Eutaw St. REGISTERED NO.

CITY OF BALTIMORE: (No. 1000 E Eutaw WARD) 21-31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mamie Roane

(a) RESIDENCE NO. 1000 E Eutaw WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex: female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Widowed

7 DATE OF BIRTH (month, day, and year): Aug ? 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Fraily albert

11 BIRTHPLACE OF FATHER (city or town) (State or country): Eastern Md.

12 MAIDEN NAME OF MOTHER: Mary E Benton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: Eliza Waters

(Address) 1000 S. Eutaw St.

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 31, 1932

17 I HEREBY CERTIFY, That I attended deceased (from March 30, 1932 to March 31 1932

that I last saw her alive on March 31 1932

and that death occurred, on the date stated above, at 9:50 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs.* 3 mos. ds.

CONTRIBUTORY (Secondary) Dyspnea

(duration) yrs mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical Signs

(Signed) H. Rabinkin M. D.

19 (Address) 501 N Hamburg St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johnson Cemtery

DATE OF BURIAL: 4/3 1932

20 UNDERTAKER: Walter B. Spriggs

ADDRESS: 139 N Hamby St.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78411 108

CERTIFICATE OF DEATH

E 78411

Registered No. 1563

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4104 Barrington Road St. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marie M. Barley

(a) Residence: No. 4104 Barrington Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of August F. Barley Jr.

6. DATE OF BIRTH (month, day, year) Jan. 7, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

FATHER

13. NAME Chas. J. McCourt
14. BIRTHPLACE (city or town) Balto. Md.
(State or country)

MOTHER

15. MAIDEN NAME Mary Zeigler
16. BIRTHPLACE (city or town) Balto. Md.
(State or country)

17. INFORMANT August F. Barley Jr.
(Address) 4104 Barrington Road

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date April 4 1932

19. UNDERTAKER Chas. J. Graveston & Son
(Address) Mt. Royal Ave

20. FILED ... 19... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-2, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1932, to April 2, 1932
I last saw h.. alive on April 1, 1932 death is said to have occurred on the date stated above, at 6.10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia.	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Thos. J. Lucas M. D.

(Address) 3501 Garrison Blvd.

A&Co. 5-31 250B

E 78412

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78412

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hosp St., 9-17 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Ella Morgan.

(a) Residence: No. Pikesville Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles B. Morgan

6. DATE OF BIRTH (month, day, year) Oct 19 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Joseph H. Carrick

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margetta Nicholson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Chas. B. Morgan
(Address) Pikesville Md

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Md Date April 4 1932

19. UNDERTAKER Chas. P. Meile & Son
(Address) 1511 Druid Park Ave

20. FILED ..... 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1 1932

22. I HEREBY CERTIFY, That I attended deceased from March 23 1932 to April 1 1932

I last saw her alive on April 1 1932 death is said to have occurred on the date stated above, at 4:12A m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset March 18/32

Other contributory causes of importance:

Dyspnoea — March 24

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Bauernschmidt M. D.

(Address) St. Joseph Hosp.

OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

E 78413

CERTIFICATE OF DEATH

Registered No. E 78413

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 744 E. Preston St. St. 1-18 (Ward)) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John T. Feehan

(a) Residence: No. 744 E. Preston St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie L. Feehan

6. DATE OF BIRTH (month, day, year) Oct. 16th. 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	75	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Patrick Feehan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Claffey

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Carrie L. Feehan

(Address) 744 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date April 4 1932

19. UNDERTAKER Chas. P. Braun & Son

(Address) 115 N. Howard St.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1932, to March 31, 1932

I last saw h. alive on March 31, 1932 death is said to have occurred on the date stated above, at 10.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	3

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Herbert Thomas M. D.

(Address) 1216 E. Preston St.

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

78414 E 78414

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat St. 26-13 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Keelan

(a) Residence: No. Mt Hope Retreat St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 20. 1870

7. AGE	Years	Months	Days	If LESS than 1 day.... hrs. or ... min.
✓	61	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Michael Keelan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Eliz. McLoughlin

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mt Hope Retreat
(Address) Mt Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Apr. 4 1932

19. UNDERTAKER Margaret F. Flynn
(Address) 1422 Druid Hill Ave.

20. FILED ..., 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1925 to April 1, 1932

I last saw h[illegible] alive on March 31 1932 death is said to have occurred on the date stated above, at 2.35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral haemorrhage	3/30/32
Chr. Interstitial Nephritis	?
High Arterial Tension	?

Other contributory causes of importance:

Cardiac dilatation	
Pulmonary Congestion	

Name of operation ... Date of ...

What test confirmed diagnosis? Phy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Milton P. Hill, M. D.

(Address) Mt Hope Retreat

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

B 78415

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78415

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1739 Ashland Ave St., 7-13 Ward)

Length of residence in city or town where death occurred 32 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm Christian

(a) Residence: No. 1739 Ashland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ Nancy Christian

6. DATE OF BIRTH (month, day, year) unknown 1858

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	about 74	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cigar Factory

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Connie Washington (daughter)
(Address) 1532 Orleans St

18. BURIAL, CREMATION OR REMOVAL
Place Pat. Columbus Date 4/3 1932

19. UNDERTAKER Samuel H Heyer Jr
(Address) 378 N Bond St

20. FILED ... 19 ... Registrar. P.H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/31, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/27, 1932, to 3/31, 1932

I last saw him alive on 3/30, 1932, death is said to have occurred on the date stated above, at 12:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	Unknown Probably Complication

Other contributory causes of importance:

Chronic Nephritis Hypertension and Cedema

Name of operation no Date of

What test confirmed diagnosis Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. Young M. D.

(Address) 1429 E Monument St

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 78416

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78416

CERTIFICATE OF DEATH

Registered No. 27-54 66

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Genl. Hosp. St., Ward)

Length of residence in city or town where death occurred 41 yrs. 11 mos. 11 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Florence Nuttrell. (nuttrell)

(a) Residence: No. 1200 Eutaw Pl., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, (or) WIFE of Mr. Calvert Nuttrell.

6. DATE OF BIRTH (month, day, year) April 13 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. N. W. f. 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Chas. A. Schuler

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lennie Small.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Western Cemetery 4/4/32 19

19. UNDERTAKER Jno. Nelson & Son

(Address) 2503 Edmondson Ave

20. FILED , 19 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 | 2 | 32, 19

22. I HEREBY CERTIFY, That I attended (deceased from March 4, 1932, to April 2, 1932

I last saw her alive on April 2 19 32 death is said to have occurred on the date stated above, at 4.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exophthalmic Goitre	April 1931

Other contributory causes of importance:

Myocardial failure	1 day.

Name of operation Thyroidectomy Date of 4/1/32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wilbur R. Wilkerson M.D.

(Address) Md. Genl. Hospital.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78417 ✓ E 78417

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital 131

CITY OF BALTIMORE: (No. ..... St., 15 Ward) 1

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rachel Rosenstein

(a) Residence: No. 1515 N. Payson St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Late David

6. DATE OF BIRTH (month, day, year) Feb 1 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Samuel Goldstein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah Yetta

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Samuel Rosenstein
(Address) 1515 N. Payson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Washington Rd Date April 3 1932

19. UNDERTAKER Sol Levinson & Bro
(Address) 1127 E Balto St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1932 to April 2, 1932
I last saw her alive on April 2 1932 death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis with Hypertension	unknown
Bronchopneumonia	3/27/32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Philip F. Lerner, M. D.

(Address) West Baltimore General Hosp.

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

78418

CERTIFICATE OF DEATH

82 E 78418

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3007 Pennsylvania St., 16 Ward)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Veronica M. Schwaighoff

(a) Residence: No. 3007 Pennsylvania St., Ward.
(If usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward J. Schwaighoff

6. DATE OF BIRTH (month, day, year) Aug 21-1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, md.

MOTHER

13. NAME Mary Reis

14. BIRTHPLACE (city or town) (State or country) Germany

FATHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Joseph Schwaighoff (Address) 3118 E. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Cemetery Date 4/4 1932

19. UNDERTAKER H. C. Brauning Son (Address) 1136 Pennsylvania Ave

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1932.

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1929 to March 31, 1932
I last saw h[illegible] alive on March 30 1932 death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage right side terminal	
Other contributory causes of importance: General Arterio Sclerosis	

Name of operation none Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John A. Tatum M.D.

(Address) 1219 Druid Park Drive

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

78419

CERTIFICATE OF DEATH

9 E 78419
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Lyndenham Hospital St. 11-24 Ward)
Length of residence in city or town where death occurred 0 yrs. 10 mos. 0 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Bevans

(a) Residence: No. 923 Madison Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of /

6. DATE OF BIRTH (month, day, year) May 31, 1931

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
0	10	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William Bevans
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Helen Garrett
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Helen Bevans
(Address) 923 madison av.

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Zion Date April 3 1932

19. UNDERTAKER Charles Burkett
(Address) 821 N Carey St

20. FILED 4/4/32 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 31 1932

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1932, to March 31, 1932
I last saw he alive on March 31, 1932 death is said to have occurred on the date stated above, at 6 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	3/14/32
Bronchopneumonia	3/28/32

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Peter Mercuriche M. D.
(Address) Lyndenham Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

78420 ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78420

CERTIFICATE OF DEATH.

11-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 454 St. Mary's St. 17-24 (WARD)

2-FULL NAME Lottie Robinson

(a) RESIDENCE NO. 454 St. Mary's ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem.

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Robinson

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 45 | Months | Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): St. Mary's Co Md.

PARENTS

10 NAME OF FATHER: Charles Gordon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not known

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not known

14 Informant (Address): Florence Robinson 454 St. Mary's St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 1 1932

17 I HEREBY CERTIFY, That I attended deceased from March 22. 1932. to April 1. 1932. that I last saw her alive on April 1. 1932. and that death occurred, on the date stated above, at 12,30 Noon

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary): Influenza

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Typical Signs

(Signed) J. Mellon M. D.

4/2, 1932 (Address) 1203 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Calvary Cem. DATE OF BURIAL: April 4 1932

20 UNDERTAKER: Joseph A. Luby ADDRESS: 409 N. Mount St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of DISEASE is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 78421 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH

+121 E 78421

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-30 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _ yrs. _ mos. 3 ds. How long in U.S. If of foreign birth? _ yrs. _ mos. _ ds.

2. FULL NAME Emory Bruff

(a) Residence: No. Cockeysville Md. St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 2 1918

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	3 2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Emory R. Bruff

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lora Smith

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Emory Bruff
(Address) Cockeysville Md

18. BURIAL, CREMATION, OR REMOVAL
Place Monston Date April 5 1932

19. UNDERTAKER H. E. Hess
(Address) Govans Baltimore Md

20. FILED _____ 19 32 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1932 to April 3, 1932

I last saw h[illegible] alive on April 3, 1932 death is said to have occurred on the date stated above, at 5 55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis	3/26/32
Purulent Peritonitis,	3/28/32

Other contributory causes of importance:

Name of operation Appendectomy Date of 3/31/32

What test confirmed diagnosis? Inc. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury _____, 19__

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

4/3/32 (Signed) George H. Yeager M. D.
(Address) University Hospital

M. D. B. 12684

78422 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 78422

CERTIFICATE OF DEATH

94-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5816 Clover Road St., 27-55 (Ward) 5

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Dorsey Worthington

(a) Residence: No. 5816 Clover Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Helen G. Worthington

6. DATE OF BIRTH (month, day, year) Nov 30 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bath Md

FATHER

13. NAME Reid Worthington

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Helen G. Worthington

(Address) 5816 Clover Road

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date April 4, 1932

19. UNDERTAKER Chas. H. Grave & Son

(Address) 18 W. Mt. Royal Ave

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1st 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Pneumonia Contus

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John J. Moscona, M. D. Coroner

(Address) 5622 Roland Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

78423

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78423

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. 5 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick F. Leaker

(a) Residence: No. 2016 Hollins St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Nellie Bellinger

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	53	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat Cutter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) [illegible] (State or country)

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Bellinger

(Address) Baltimore Md. Telmore 5451

18. BURIAL, CREMATION, OR REMOVAL

Place Washington Dist. Date April 3 32

19. UNDERTAKER Frank H. Kelly

(Address) 922 Madison Ave

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-2-32, 19

22. I HEREBY CERTIFY, That I attended deceased from 3-28-32, 19.... to 4-2-32, 19....

I last saw h. m. alive on 4-2-32 19.... death is said to have occurred on the date stated above, at 11:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulm. Tuberculosis	Unknown

Other contributory causes of importance:

Tuberculous Laryngitis	—

Name of operation ..... Date of ..... W

What test confirmed diagnosis? clinical Was there an autopsy? ....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lawrence H. Sears, M. D.

(Address) Balt. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

71-00

E 78424

E 78424

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1721 W. North ave St., 15 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine T. Forrest

(a) Residence: No. 1721 W. North ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. J. Forrest

6. DATE OF BIRTH (month, day, year) Jan. 19 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	67	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Wm J Saragy

14. BIRTHPLACE (city or town) (State or country) City

MOTHER

15. MAIDEN NAME Elizabeth Keenon

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Wm. J. Forrest Jr.
(Address) 1721 W North ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Cathedral Date 4/4/ 1932

19. UNDERTAKER E. J. Fleming & Son
(Address) 1932 E Fayette St ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 9 1932 to March 31 1932

I last saw h er alive on March 30 1932 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	1927
Other contributory causes of importance:	
Gastritis	3 mos

Name of operation ... Date of ...

What test confirmed diagnosis? Gross & Microd Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) G W Billups, M. D.

(Address) 2224 W. North Ave

OCCUPATION is very important. See instructions on back of certificate. THE CAUSE OF DEATH in plain terms must be given. Do not use abbreviations or symptoms.

Spec.—9 20—A & Co.—250 Bks.

78425

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 82-20 E 78425

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2008 Mt Royal Terrace WARD 13-20

2 FULL NAME George H. Vocke

(a) RESIDENCE NO. 2008 Mt Royal Terrace ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emma Simon

6 DATE OF BIRTH (month, day, and year) Jan. 20, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	75	✓ 1	✓ 14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Superintendent do

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer Levering Coffee Co.

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Frederick Vocke

11 BIRTHPLACE OF FATHER (city or town) -----
(State or country) Germany

12 MAIDEN NAME OF MOTHER Henrietta Tormey

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Mrs. Emma Vocke
(Address) 2008 Mt. Royal Terrace

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 2, 1932

17

I HEREBY CERTIFY, That I attended deceased from March 29th, 1932, to April 2nd, 1932

that I last saw him alive on April 2nd, 1932

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) Unknown

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Personal observation

(Signed) Wm. Conrad Bode, M. D.

, 19 (Address) 1900 Maryland Ave.

*State the Disease Causing Death, or if deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: 4/4 19 32

20 UNDERTAKER: Henry W. Mears and Son — ADDRESS: 505 N. Calvert

CAUSE OF DEATH to be given in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. E. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78426

CERTIFICATE OF DEATH

23 E 78426

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2120 Division St., 13-56 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. 3 mos. 16 dys. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dys.

2. FULL NAME Ada St. Bush

(a) Residence: No. 2120 Division St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leo Bush

6. DATE OF BIRTH (month, day, year) Dec 15, 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
36	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) 0

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph Mathews

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Henrietta Wallace

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Bertha Mathews
(Address) 2120 Division St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 4-4 1932

19. UNDERTAKER Samuel Bounds
(Address) 578 N. Eutaw St

20. FILED ... 19... 4-6 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31. 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 8. 1932 to March 31. 1932

I last saw her alive on March 31. 1932 Death is said to have occurred on the date stated above, at 9:15 P m.

The principal cause of death and related causes of importance were as follows:

	Duration	Date of onset
Pulmonal tuberculosis		1/37
Tuberculosis		

Other contributory causes of importance:

Pul. Tuberculosis 1/4/30

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Were there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. Lee Klein, M. D.

(Address) 924 Madison Ave

State CAUSE OF DEATH in plain terms so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

1-20—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 78427

E 78427

CERTIFICATE OF DEATH

107-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md Gen Hosp ST., 1-3 (WARD)

2-FULL NAME Martha Potter

(a) RESIDENCE NO. 502 S. Patterson Park Av ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 ~~Single~~, Married, Widowed, or Divorced (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. Potter

6 DATE OF BIRTH (month, day, and year) 1856

7 AGE: Years 76 (about 75) | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Rev Spencer

(Address) 10 S Broadway

15 Filed ..... 192 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 2nd 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) Inquest thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bron. Pneumonia

(duration) ..... yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Laymen

(Signed) A. Fink Coroner, M. D.

April 2nd 1932 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cemetery — DATE OF BURIAL April 3 1932

20 UNDERTAKER Hughes & Sanders — ADDRESS 1417 Bway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

E 78428

CERTIFICATE OF DEATH.

E 78428

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 4004 Falls Road St. 13-52 (Ward)

2-FULL NAME Harry E. Phillips

(a) RESIDENCE NO. 4004 Falls Rd St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (Month, day, and year) Dec 5 1880

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	51	3	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Clerk

(c) Name of employer

9 BIRTHPLACE (City or town)

(State or country) Pa

PARENTS

10 NAME OF FATHER George Phillips

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Pa

12 MAIDEN NAME OF MOTHER Elizabeth Hildebrandt

13 BIRTHPLACE OF MOTHER (City or town)

(State or country) Pa

14 Informant Mrs Thomas Chitcoat

(Address) 4004 Falls Road

15 Filed 19 Registrar

very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/3 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry ...find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

(Signed) ... M. D. (Coroner)

4/5, 1932 (Address) 1632 Boland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial Apr 5 1932

20 UNDERTAKER A. D. Marshall ADDRESS 359 Fall Rd

AaCo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78429

E 78429

11-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH 5716 Rusk Ave

CITY OF BALTIMORE: (No. 5716 Rusk Ave. St., 27-55 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Raymond Fillow Metcalf

(a) Residence: No. 5716 Rusk Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lizzie Metcalfe

6. DATE OF BIRTH (month, day, year) Jan 16 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Loom fixer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year) March 32

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Leonard T Metcalf

14. BIRTHPLACE (city or town) (State or country) Frederick Md

MOTHER

15. MAIDEN NAME Catherine Hamilton

16. BIRTHPLACE (city or town) (State or country) Frederick Md

17. INFORMANT Mrs. L. T. Metcalf (Address) 5716 Rusk Ave

18. BURIAL, CREMATION, OR REMOVAL Druid Ridge Dec 4 32

19. UNDERTAKER A. S. Mighthall (Address) 3839 Falls Road

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1932, to Apr 2, 1932

I last saw h[illegible] alive on Apr 2, 1932 death is said to have occurred on the date stated above, at 8:00 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Grippe.	

Other contributory causes of importance:

Hypostatic Pneumonia

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) [illegible] M. D.

(Address) 5912 Park Heights Ave Physician

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

Levant S Bristol

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78430

E 78430

92-001

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 123 McCulloh WARD 14-20

2-FULL NAME Reginal Levanth Bristol

(a) RESIDENCE NO. 1739 McCulloh ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emily

6 DATE OF BIRTH (month, day, and year) Oct 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	45	6		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) Coal
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Brooklyn N. Y.

PARENTS

10 NAME OF FATHER Wm Bristol

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Allen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Emily Bristol (Address) 173[illegible] McCulloh

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) March 3rd 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above.

(Inquest, autopsy or inquiry.)

The CAUSE OF DEATH* was as follows

Mitral Stenosis

Sudden

(duration)

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) [illegible] M. D. Coroner

(Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Brooklyn N. Y.

DATE OF BURIAL 3/4/32

20 UNDERTAKER Wm Geo. H. Holland ADDRESS 160 Druid Hill

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Bks.

78431

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 78431

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No. 2033 Mura St. St. 8-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Edward Mapfel

(a) RESIDENCE NO. 2033 Mura St. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 21 1931

7 AGE	Years	Months	Days	IF LESS than 1 day ____ hrs. or ____ min.
	1	6	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ooo

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9 BIRTHPLACE (city or town) Balto. (State or country) Md

PARENTS

10 NAME OF FATHER Henry Mapfel

11 BIRTHPLACE OF FATHER (City or town) Balto. (State or country) Md

12 MAIDEN NAME OF MOTHER Anna May Mackley

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Henry Mapfel (Address) 2033 Mura St

15 Filed _____, 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 4-2-32

17 I HEREBY CERTIFY, That I attended deceased from 3-28-32, 19__ to 4-2-32, 19__.

that I last saw h__ alive on 4-2-32, 19__.

and that death occurred, on the data stated above, at 10 00 P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) _____ yrs. _____ mos. 4 ds.

CONTRIBUTORY (Secondary) Meningitis (pneumococcus)

(duration) _____ yrs. _____ mos. 2 ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Data of _____

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Emil A. Zinsser, M. D.

4-3-32 (Address) 2214 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dark Wood — Date of Burial 4-5-32

20 UNDERTAKER Richard McIntyre — ADDRESS Baltimore

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78432

CERTIFICATE OF DEATH

87 E 78432

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3963 GREENMOUNT ST., 9-47 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME ROBERT WHITEFORD FRANK

(a) RESIDENCE NO. 3963 GREENMOUNT ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of CORNELIA E. FRANK

6 DATE OF BIRTH (month, day, and year) FEB. 17, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	1	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. CLERK

(b) General nature of industry, business, or establishment in which employed (or employer) BALTIMORE

(c) Name of employer POLICE DEP'T

9 BIRTHPLACE (city or town) (State or country) LIBERTY GROVE MD

PARENTS

10 NAME OF FATHER LEVI FRANK

11 BIRTHPLACE OF FATHER (city or town) (State or country) NEW YORK STATE

12 MAIDEN NAME OF MOTHER MARY GILLESPIE

13 BIRTHPLACE OF MOTHER (city or town) (State or country) RISING SUN MD.

14 Informant ROBERT B. FRANK
(Address) 718 HIGHWOOD DRIVE

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) APRIL 3, 1932

17

I HEREBY CERTIFY, That I attended deceased from MARCH 4, 1932, to APRIL 2, 1932

that I last saw him alive on APRIL 2, 1932

and that death occurred, on the date stated above, at 2.15 A. m.

The CAUSE OF DEATH* was as follows:

APOPLEXY

RIGHT HEMIPLEGIA

(duration) — yrs. 1 mos. — da.

CONTRIBUTORY (Secondary) HYPOSTATIC PNEUMONIA

(duration) — yrs. — mos. 1 da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) John K. Abercrombie M. D.

4/3, 1932 (Address) 3374 Greenmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. John's Cemetery	Apr 5 1932
20 UNDERTAKER Wm. J. Rickert & Sons	ADDRESS North & Pa

important. See instructions on back of certificate.

AACo. 5-H 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

F. 78433

CERTIFICATE OF DEATH

93-003 E 78433

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 11-24 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. 4 mos. 2 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Edgar Powell

(a) Residence: No. 309 West Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Unknown

6. DATE OF BIRTH (month, day, year) Dec. 30, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	75	3 4	1 2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore.
(State or country)

FATHER

13. NAME Dr. John F. Powell

14. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

MOTHER

15. MAIDEN NAME Alice A. Tilyard.

16. BIRTHPLACE (city or town) Baltimore Md
(State or country)

17. INFORMANT Harry F. Powell (Brother)
(Address) 309 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date 4/4 1932

19. UNDERTAKER Wm. J. McKeever & Sons
(Address) North & Fairmount Aves.

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1932 to April 1, 1932

I last saw him alive on April 1, 1932 death is said to have occurred on the date stated above, at 6:00 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	4/1/32
Other contributory causes of importance:	
Pulmonary Oedema	4/1/32

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Maurice James Abrams, M. D.

(Address) Univ. Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Enter statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21 M&T 1500 Blks.

E 78434

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78434

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 3912 Park Heights Ave 15-21 REGISTERED NO.

CITY OF BALTIMORE: (No. ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Edward Graham

(a) RESIDENCE No. 1801 N Fulton Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Boudroux Graham.

6 DATE OF BIRTH (month, day, and year) April 26 - 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	67	11	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Auditor

(b) General nature of industry, business, or establishment in which employed (or employer) Bookkeeping

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Dorchester Co Md.

PARENTS

10 NAME OF FATHER John Edward Graham

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) Mrs. Dorothy Cox Howard Road - Gudebrod Park

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 2/32 19

17 I HEREBY CERTIFY, That I attended deceased from April 1 , 1932 , to Apl 2 , 1932 , that I last saw h[illegible] alive on April 2 , 1932 , and that death occurred, on the date stated above, at 11:30 A m.

The CAUSE OF DEATH* was as follows:

Grippe.

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Heart failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? 1801 N Fulton Av

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address) 3912 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery DATE OF BURIAL Apl. 5 1932

20 UNDERTAKER Wm. J. Tickner & Sons ADDRESS Rockville Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78435

E 78435

CERTIFICATE OF DEATH

REGISTERED NO. 95-002

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 31 S.Calvert St. (ST.) (WARD) 4-6

2-FULL NAME Walter R.Swift.

(a) RESIDENCE NO 107- 4th Ave Brooklyn Pk. A. & Co. Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married HUSBAND of Virginia C.Swift.

6 DATE OF BIRTH (month, day, and year) March 18,1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	51	0	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Supt. Central Chemical Co.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania.

PARENTS

10 NAME OF FATHER William H.Swift.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Virginia C.Swift.(wife)

(Address) 107-4th Ave Brooklyn Pk.A.& Co.

15 Filed ____, 192 ____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 31,1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy and inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Sclerosis
Cardiac Insufficiency

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy & inquiry

(Signed) Otto M Reinhardt, M. D. Coroner

4/2/32 19 (Address) 1019 E Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Md. Woodlawn Cem

DATE OF BURIAL 4/4/32 19

20 UNDERTAKER Warren Lemmon

ADDRESS Govans

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 78436 ✓ 82-004 E 78436

E 78436

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. City Hospital St., 19-27 Ward)

2-FULL NAME John Staten

(a) RESIDENCE NO. 1405 Edmondson Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Colored	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Staten

6 DATE OF BIRTH (month, day, and year) Feb 2 1894

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
38	38	1	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ~~Laborer~~
(b) General nature of industry, business, or establishment in which employed (or employer) Steel Co
(c) Name of employer

9 BIRTHPLACE (city or town) ~~Wm. Staten~~
(State or country) N. Carolina

PARENTS

10 NAME OF FATHER Wm Staten ~~Unknown~~

11 BIRTHPLACE OF FATHER (city or town)
(State or country) N Carolina ~~Unknown~~

12 MAIDEN NAME OF MOTHER Ollie Jones ~~Unknown~~

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) N. Carolina ~~Unknown~~

14 Informant Helen Staten
(Address) 613 N. Mount St.

15 Filed ..... 19.. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 29 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. B. Sterrett M. D.

(Address) 1205 E Pattersn Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Calvary Cem	4/4 1932
20 UNDERTAKER Chas. G. Cooper	ADDRESS 514 N Calhoun St

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 78437. HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 78437.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2106 Erdman Ave. St., 8-45 Ward)

Registered No. ....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harvey Richmond Schroeder

(a) Residence: No. 2106 Erdman Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nannie Hoeder

6. DATE OF BIRTH (month, day, year) Dec. 4. 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John E. Schroeder

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary L. Richmond

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT H.R. Schroeder Jr.
(Address) 3021 Northern Parkway

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Date Apr. 4. 1932

19. UNDERTAKER John G. Mitchell & Son
(Address) 1900 Eutaw Place

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2 32. 19

22. I HEREBY CERTIFY, That I attended deceased from Mch. 29th 1932 to April 2nd 1932

I last saw him alive on April 2nd 1932 Death is said to have occurred on the date stated above, at 7:30 Am.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset Mch 27

Other contributory causes of importance:

Cardiac Failure

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Robert L. Kirk M. D.

(Address) 3126 Harford Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78438

CERTIFICATE OF DEATH

131 E 78438

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 S. Kenwood Ave St., 1-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Minnie Ruckelshaus

(a) Residence: No. 619 S. Kenwood Ave St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Peter Ruckelshaus

6. DATE OF BIRTH (month, day, year) Jan. 18 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Conrad Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Peter Ruckelshaus
(Address) 619 S. Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park. Date April 4th, 1932

19. UNDERTAKER Lilly & Zile Bros
(Address) 1300 E. Oliver St.

20. FILED ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1st, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1931, to 4/1, 1932

I last saw her alive on 4/1, 1932. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Bronchopneumonia	3/31
Senile factors	

Other contributory causes of importance:

Hypertension & Atherosclerosis

Name of operation — Date of ...

What test confirmed diagnosis? Symptoms & signs Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) John A Armitage, M. D.
(Address) ...

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A & Co.—250 Blks

E 78439 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78439

CERTIFICATE OF DEATH. X 107-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Balto. Md. ST. 26-27 WARD)

2 FULL NAME Harry A. Hartline

(a) RESIDENCE NO. 4816 Laurel Ave ST. WARD 24

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Divorced

6 DATE OF BIRTH (month, day, and year) 5-5-87

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	10	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrician

(b) General nature of industry, business, or establishment in which employed (or employer) Salesman

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Hartline

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Dreyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Records Balto City Hosp

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/21/32

17

I HEREBY CERTIFY, That I attended deceased from 3/12/32, 19..., to 4/21/32, 19...

that I last saw h[illegible] alive on 4/11/32, 19...

and that death occurred, on the date stated above, at 5:55 A. M.

The CAUSE OF DEATH* was as follows:

General Paralysis of Insane

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No (Serology

What test confirmed diagnosis? [illegible]

(Signed) J. H. Conn M. D.

..., 19... (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cemetery

DATE OF BURIAL Apr 25 1932

20 UNDERTAKER John Allen Sr

ADDRESS 2008 Eden

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AaCo. 5-31 250B

E 78440 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78440

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 6-10 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret M. Jones

(a) Residence: No. 2312 E. ~~Monument~~ St., Fairmount ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William E Jones

6. DATE OF BIRTH (month, day, year): May 8 1894

7. AGE: Years 37 | Months 10 | Days 25 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Edward Wesley
14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER

15. MAIDEN NAME: Carrie Bennett
16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Mr William E Jones
(Address) 2312 E Fairmount ave

18. BURIAL, CREMATION, OR REMOVAL
Place Shurry Date Apr 6 1932

19. UNDERTAKER: John Ulrich
(Address) 2008 Orleans

20. FILED ... 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4 - 3 , 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-31 , 1932, to 4-3 , 1932

I last saw her alive on 4-3 , 1932 death is said to have occurred on the date stated above, at 5:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	8 mos.
Chronic nephritis	"

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) M. B. Kirsh, M. D.
(Address) Sinai Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 2-31 250M

E 78441 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78441

CERTIFICATE OF DEATH

24

1. PLACE OF DEATH — CITY OF BALTIMORE: (No.) St. Agnes Hosp St. 15-68 (Ward) — Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. ____ mos. 8 ds. How long in U.S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Phee O'Brien Pendergast

(a) Residence: No. 2664 Presbury St., ____ Ward. ____ (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 6 - 1908

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
✓	23	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry Goods
10. Date deceased last worked at this occupation (month and year) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thomas Pendergast
14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Minnie Meridith
16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Minnie Pendergast
(Address) 2664 Presbury St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Apr 5th 1932

19. UNDERTAKER John Ellis & Son
(Address) 2008 Eutaw St

20. FILED ____, 19____ ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-29, 1932, to 4-2, 1932
I last saw h.er alive on 4-2, 1932 death is said to have occurred on the date stated above, at 4.10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	3-26-32

Other contributory causes of importance:

Name of operation None Date of ____

What test confirmed diagnosis? Path Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19____
Where did injury occur? ____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Hy almer S. Anderson, M. D.
(Address) St Agnes Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1265-9

E 78442

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78442

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 8-17 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... dis. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dis.

2. FULL NAME John Martin Heim

(a) Residence: No. 1410 N. Gay St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline C. Heim

6. DATE OF BIRTH (month, day, year) June 11, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Fredrick Heim

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophie Steckert

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT John M. Heim
(Address) 2007 Cecil Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date April 6, 1932

19. UNDERTAKER John Ulrich
(Address) 2105 Aliceanna St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1932, to April 3, 1932. I last saw him alive on April 3, 1932. Death is said to have occurred on the date stated above, at 6:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	March 28
Arterial hypertension	2 "
Chronic glomerular nephritis	2 "

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) J. Karl Hanna, M. D.

(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 78443 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78443

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 92-36 Ward)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Stephen Sharp

(a) Residence: No. 131 W. Lee St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, year): Nov. 7/1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Collector of ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Rochester N.Y.

FATHER

13. NAME: David Sharp

14. BIRTHPLACE (city or town) (State or country): N.Y.

MOTHER

15. MAIDEN NAME: Catherine Besadiba

16. BIRTHPLACE (city or town) (State or country): N.Y.

17. INFORMANT (Address): Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL — Place: Balto Cem. Date: Apr 4/32

19. UNDERTAKER (Address): Philip Herwig 2816 Eastern Ave.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr. 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1929 to April 2, 1932

I last saw him alive on April 2, 1932 Death is said to have occurred on the date stated above, at 12:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Lesion	unknown
Senility	"
Cerebral Hemorrhage	1925
Bronchopneumonia	3 days

Other contributory causes of importance:

Name of operation ..... Date of No

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Emil Lichtenfeld M. D.

(Address) City

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78444 E 78444

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH Baltimore City Hospitals 12-20

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Addie Davis

(a) Residence: No. 22 W. Lafayette Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Unknown

6. DATE OF BIRTH (month, day, year) Dec. 9, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
✓	60	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — ?

10. Date deceased last worked at this occupation (month and year) — ?

11. Total time (years) spent in this occupation — ?

12. BIRTHPLACE (city or town) (State or country) — Richmond Va.

FATHER

13. NAME — Isaac Lee

14. BIRTHPLACE (city or town) (State or country) — Richmond Va.

MOTHER

15. MAIDEN NAME — Josephine ?

16. BIRTHPLACE (city or town) (State or country) — Richmond Va.

17. INFORMANT (Address) — Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date April 1 1932

19. UNDERTAKER (Address) — Mrs. R. A. Elliott 1325 Eastlund Ave.

20. FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-31-32 . 19

22. I HEREBY CERTIFY, That I attended deceased from 3-28-32 . 19 . to 3-31-32 . 19

I last saw her alive on 3-31-32 . 19 . Death is said to have occurred on the date stated above, at 2:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis and hypertension, Cerebral hemorrhage with resulting hemiplegia	Unknown Nov. 1929
Other contributory causes of importance: Bronchial asthma	Unknown

Name of operation. ..... Date of .....

What test confirmed diagnosis? Clin. & Aut. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Elmer Feigley M. D.

(Address) Balto. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

E 78445 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78445

E. 78445

CERTIFICATE OF DEATH

Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lydenham Hospital St., 9-45 Ward)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 6 ds. How long in U.S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Charlotte Wilkins

(a) Residence: No. Ellicott City, Md. St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of /

6. DATE OF BIRTH (month, day, year) March 3, 1929

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	3	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ellicott City, Md.

FATHER

13. NAME Carl Wilkins

14. BIRTHPLACE (city or town) (State or country) W. Virginia

MOTHER

15. MAIDEN NAME Cordia Letterman

16. BIRTHPLACE (city or town) (State or country) W. Virginia

17. INFORMANT Carl Wilkins
(Address) Ellicott City, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Johns Cem. Date Sept. 6 19 32

19. UNDERTAKER Easton & Son
(Address) Ellicott City,

20. FILED ___ 19___ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1932, to April 3, 1932

I last saw her alive on April 3, 1932 death is said to have occurred on the date stated above, at 11:40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	3/-/32
Other contributory causes of importance:	
Bronchopneumonia	3/-/32

Name of operation none Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ___ 19___

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Peter Mercanto, M. D.

(Address) Lydenham Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78446 E 78446

CERTIFICATE OF DEATH

131

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1406 W. Mulberry St. 19-27 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Lovell

(a) Residence: No. 1406 W Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Robert Lovell

6. DATE OF BIRTH (month, day, year) Aug. 1866

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	65	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Louise Smith

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Thomas Smith
(Address) 743 E. Franklin St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cemetery Date April 4, 1932

19. UNDERTAKER Mrs Katie R Williams
(Address) 722 N. Schroeder St

20. FILED , 19 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1932 to April 1, 1932

I last saw her alive on April 1, 1932 death is said to have occurred on the date stated above, at 7 P M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	3/29/32
Other contributory causes of importance	
Interstitial nephritis	1930

Name of operation Date of

What test confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. E. Koontz, M. D.

(Address) 1525 Eutaw Pl.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78449 — E 78447

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 East St., St., Ward) 17-25

Registered No. 93

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? 32 yrs. mos. ds.

2. FULL NAME Emma Just

(a) Residence: No. 416 N. Eark St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Isaac S. Just

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Isaac Just
(Address) 416 N. East St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Lookout Date 4-4- 1932

19. UNDERTAKER Frank H. Kerr & Co.
(Address) 1431 E. Baltimore St.

20. FILED ____, 19__ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-3- 1932

22. I HEREBY CERTIFY, That I attended deceased from apr. 2nd, 1932, to apr. 3rd, 1932

I last saw h[illegible] alive on apr 3rd, 1932 death is said to have occurred on the date stated above, at 9 A.M. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	4
Myocardial degeneration	unknown

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19__
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) A. F. Ellis, M. D.
(Address) 24 Mosher

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A4Co. 5-11 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78448 CERTIFICATE OF DEATH E 78448

1. PLACE OF DEATH Maryland General Hosp. Registered No.

CITY OF BALTIMORE: (No. 6 St., 20-28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos da How long in U.S. If of foreign birth? yrs mos da

2. FULL NAME Josephine Thomas

(a) Residence: No. 311 S Payson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Thomas

6. DATE OF BIRTH (month, day, year) Sept. 16 1870

7. AGE: Years 61 | Months 6 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Edward H Cole

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Lily Watts

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Apr. 5 1932

19. UNDERTAKER George L. Schmat.
(Address) 2101 Fredrick Ave

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-17-32, to 4-2, 1932

I last saw her alive on 4/2/32, 1932 death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	5 yrs

Other contributory causes of importance:

Dilation Cardiac	6 hr.

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Carl F. Jensen M. D.

(Address) Md. Gen. Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E78449

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 E 78449

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 522 N. Eden ST. 5-9 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Horsey

(a) RESIDENCE NO. 522 N. Eden ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced. (write the word): M

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Alverta Horsey

6 DATE OF BIRTH (month, day, and year): Jan 17-081

7 AGE: Years 51 | Months 2 | Days 15/16 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): O&O

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant: Alverta Horsey

(Address) 522 N. Eden St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 2 1932

17

I HEREBY CERTIFY, That I attended deceased from Aug. 1931 to April 2 1932,

that I last saw h alive on April 1 1932,

and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Parenchymatous Nephritis

& Anuria

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency, Rheumatic fever (duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R J Lyburg M. D.

4/2. 1932 (Address) 1424 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon

DATE OF BURIAL: April 5 1932

20 UNDERTAKER: Jno. W. Ehrenfried Sons

ADDRESS: 1200 Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78450 E 78450

CERTIFICATE OF DEATH

+121

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 9-17 St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U.S., if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ellwood Lawson

(a) Residence: No. Sassiani, Maryland. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 14 1916

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	16	2 3	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoetop
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

13. NAME Ellwood F. Lawson
14. BIRTHPLACE (city or town) (State or country) Belle Co

FATHER

15. MAIDEN NAME Susie Saidthe
16. BIRTHPLACE (city or town) (State or country) Dunsmuir

17. INFORMANT Ellwood F. Lawson
(Address) Sassiani Md

18. BURIAL, CREMATION, OR REMOVAL
Place Stone Chapel Date April 7 1932

19. UNDERTAKER J. F. Pline & Sons
(Address) Parkton Md

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-4- 1932

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1932, to April 4, 1932
I last saw h-im alive on April 4 1932 death is said to have occurred on the date stated above, at 8:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis & peritonitis Lobar pneumonia.	
Other contributory causes of importance: Anemia	

Name of operation Appendectomy & drainage Date of operation 4/10/32
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) W. G. Lawder M. D.
(Address) Jesus Hospital

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78451

CERTIFICATE OF DEATH

159

E 78451

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 12-14 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Rice (Twin 2)

(a) Residence: No. 426 Federal St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Bl.	.....

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Mar. 30, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	....	....	....	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Ernest Jones

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Rose Rice

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date 19

19. UNDERTAKER .....
(Address)

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 30, 1932 to Mar. 31, 1932

I last saw him alive on Mar. 30, 1932 Death is said to have occurred on the date stated above, at 6.20A m.

The principal cause of death and related causes of importance were as follows: | Date of onset

Prematurity

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Charles H. Peckham M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-9

E 78452 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78452

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. ..... St. 17-19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Scott

(a) Residence: No. 1606 Latrobe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓			27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. old

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md -

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Md -

MOTHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Md -

17. INFORMANT Friends -
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date 19

19. UNDERTAKER
(Address)

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 31 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 27 1932 to Mar 31 1932

I last saw him alive on Mar 31 1932 Death is said to have occurred on the date stated above, at 12 00 M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	Life
Other contributory causes of importance: Diarrhea & Enteritis	7 days ago.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) W. L. Anderson M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 78453

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

E 78453

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp. ST., 15-21 WARD)

2-FULL NAME Estella Hart

(a) RESIDENCE No. 622 N. Vincent ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fmle

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
32	31			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): 07
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Richmond Va

PARENTS

10 NAME OF FATHER: Jack Shepherd

11 BIRTHPLACE OF FATHER (City or town) (State or country): Richmond Va

12 MAIDEN NAME OF MOTHER: Mary Randall

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Richmond Va

14 Informant: Edmonia Randall

(Address): 626 N. Vincent

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 31st 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Blount Crowe Coroner M. D.

(Address) .....

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 5-78454

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 78454

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 1-1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Medora Luade Bailey

(a) Residence: No. 3101 Foster Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

3a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Lewis Bailey

6. DATE OF BIRTH (month, day, year) Feb 22 - 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	72	1	10 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ..... (State or country) Md

FATHER

13. NAME Frank Luade

14. BIRTHPLACE (city or town) ..... (State or country) Md

MOTHER

15. MAIDEN NAME Mary Seton

16. BIRTHPLACE (city or town) ..... (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Oaklawn cem. Date April 6, 1932

19. UNDERTAKER George W Zinkan
(Address) 1737 E Eager St

20. FILED ..... 19..... G. F. H. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1932 to April 2, 1932
I last saw her alive on April 2, 1932 Death is said to have occurred on the date stated above, at 1¹⁰ p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Vascular Nephritis	1920
Other contributory causes of importance: Uremia	1932

Name of operation 0 Date of 0

What test confirmed diagnosis? 0 Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Alan Bernstein M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78455 50 E 78455

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 E. 41st. St., 9-47 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Beall Johnson

(a) Residence: No. 506 E. 41st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry B. Johnson

6. DATE OF BIRTH (month, day, year) Oct. 7 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	49	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Edward F. Beall
14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

MOTHER

15. MAIDEN NAME Katharine Dorsey
16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Henry B. Johnson
(Address) 506 E. 41st St

18. BURIAL, CREMATION, OR REMOVAL
Place Memorial Park Date April 5 1932

19. UNDERTAKER George W. Zirkler
(Address) 1737 E. Eager St.

20. FILED ....., 19..... R. C. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from March, 1931, to Apr 3, 1932
I last saw h. er alive on Apr 3 1932 death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Carcinoma of breast,	Mar. 1931
Other contributory causes of importance:	
Metastasis to Liver	Feb 1931

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Arthur Hall M. D.
(Address) 2020 N. Charles St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 78456

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78456

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1815-Hope Street St. 9-18 (Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kate L. Finnessy

(a) Residence: No. 1815-Hope Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James P. Finnessy

6. DATE OF BIRTH (month, day, year) 5/23/1868

7. AGE	Years	Months	Days	If LESS than 1 day give hours or min.
✓	63	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Conrad Remmel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Hayes

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Harry Finnessy
(Address) 1815-Hope Street.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross N H Date 4/9/32 19

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1 1932 to April 2 1932

I last saw her alive on April 2 1932 Death is said to have occurred on the date stated above, at 5 1/2 m

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia

Date of onset

Other contributory causes of importance:

Cardiac Failure

Name of operation None Date of No

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If [illegible]

(Signed) [illegible] M. D.

(Address) 1123 St. Paul St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

A4Co. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78457

CERTIFICATE OF DEATH

E 78457

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals) St., 6 Ward)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Richford

(a) Residence: No. 806 W Fayette St., Ward.
(If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 13, 1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	11	19 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Worcester
(State or country) Mass.

FATHER

13. NAME George Richford

14. BIRTHPLACE (city or town) Worcester
(State or country) Mass.

MOTHER

15. MAIDEN NAME Malvena Richard

16. BIRTHPLACE (city or town) Worcester
(State or country) Mass.

17. INFORMANT Edward Heirtzler
(Address) 806 W. Fayette, St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral 4/5/ 1932

19. UNDERTAKER Frederick A. Pole
(Address) 1200 W. Lombard, St.

20. FILED ..... 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-2-32, 19

22. I HEREBY CERTIFY, That I attended deceased from 3-31-32, 19 ..., to 4-2-32, 19

I last saw her alive on 4-2-32, 19 ... death is said to have occurred on the date stated above, at 7:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulm. Tuberculosis	unknown

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Laurence L. Ezra, M. D.

(Address) Balto. City Hosp.

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. state OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-11 250B

HEALTH DEPARTMENT CITY OF BALTIMORE

E 78458

CERTIFICATE OF DEATH

54 E 78458

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Loyola, 1908-17 St. 8 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Mary Monaghan

(a) Residence: No. 1901 N. Regester St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) July 16, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Worked Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home work Grocery clerk
10. Date deceased last worked at this occupation (month and year) 3/32
11. Total time (years) spent in this occupation 4 5yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Peter Monaghan
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Elwood
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Timothy Monaghan
(Address) 1901 N. Regester St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date April 5 1932

19. UNDERTAKER Eames & Cousins
(Address) 927 Eager St.

20. FILED ..... 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3. 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1932 to April 3, 1932
I last saw her alive on April 1, 1932 death is said to have occurred on the date stated above, at 12:6A m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage. — Date of onset April 28 '32

Other contributory causes of importance:
Diabetes Mellitus ?
Chronic Myocardial Faile ?

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) J. M. Gardner M. D.
(Address) St. Josephs, Towson.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. S-11 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78459 E 78459

CERTIFICATE OF DEATH

130

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Caton & Wilkens Ave St. 70-28 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elmer Romm

(a) Residence: No. 2003 Chesteen St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma C.

6. DATE OF BIRTH (month, day, year) 1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
34			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saloon
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME not known.
14. BIRTHPLACE (city or town) (State or country) not known

MOTHER

15. MAIDEN NAME not known
16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Emma C. Romm
(Address) 2003 Chesteen St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date April 5 1932

19. UNDERTAKER George A Farley
(Address) 858 W. Baltimore St.

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25th, 1932 to April 1st, 1932
I last saw him alive on 4-1, 1932 death is said to have occurred on the date stated above, at 5:12 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute nephritis terminating with uremia	1-25-32
Other contributory causes of importance:	do

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Hyalmar S. Anderson, M. D.
(Address) St Agnes Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78460

E 78460

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1714 N. Washington St. 8 or 17 Ward)

Length of residence in city or town where death occurred yrs 5 mos ds How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME Sarah S. Wright

(a) Residence: No. Overlook, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 3rd 1837

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	94	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Jas. Mills

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Jane Beckwith

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Cooper (Address) 1714 N. Washington St

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Cem. Date 4/5/ 1932

19. UNDERTAKER G. B. Gallagher (Address) Govanstown Md

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4 1932

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1932 to April 4, 1932

I last saw h[illegible] alive on April 2, 1932 death is said to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Insufficiency	March 3, 1932
Other contributory causes of importance:	
Influenza	March 2, 1932

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Henry E. Wilson M. D.

(Address) 13 W. Biddle

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78461

CERTIFICATE OF DEATH

46 E 78461

Registered No. 22128

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balt Gen'l Hosp (Ward)

Length of residence in city or town where death occurred 44 yrs. 6 mos. 20 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Pitthoff

(a) Residence: No. 1803 N. Chester St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Louise Pitthoff

6. DATE OF BIRTH (month, day, year) May 24 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 680

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Pitthoff

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhelmina Pitthoff

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louise Pitthoff

(Address) 1803 N. Chester St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date 4-7 1932

19. UNDERTAKER Albert L. Kelly

(Address) 1806 N. Chester St

20. FILED 4-8 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3 1932

22. I HEREBY CERTIFY, That I attended deceased from March 31 1932 to April 31 1932

I last saw h[illegible] alive on April 3, 1932 and death is said to have occurred on the date stated above, at 6 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver, Secondary to Carcinoma of Pancreas — Date of onset: 3

Other contributory causes of importance:

Ascites — 6 days

Myocardial Failure

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. Luley Jr. Learner, M. D.

(Address) West Baltimore General

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

(Schauermann)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78462

CERTIFICATE OF DEATH

E 78462

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. German Agd Home St., 70 Ward) Baltimore & Tyson Sts. 13

Registered No. 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fredericka Schauermann

(a) Residence: No. German Aged Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 22 1845

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME August Ackle
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louise Stahf.
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records German Aged Home
(Address) Balto & Tyson Sts.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Nov. 5" 37

19. UNDERTAKER Joseph B. Cook
(Address) 1031 E Baltimore St

20. FILED . 19 A. C. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct - 3rd - 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 29 . 1937, to April 2 . 1937
I last saw h er alive on April 2 . 1937. Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis —	7
Hypostatic Pneumonia	7

Other contributory causes of importance: ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of Injury ✓ . 19
Where did Injury occur? (Specify city or town, county, and State)
Specify whether Injury occurred in Industry, In home, or In public place
Manner of Injury ✓
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E Hellen Henning M. D.
(Address) 2000 Hollins St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-0

E 78463 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137 E 78463

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4805 Gwynn Oak Ave. St., 28-64 Ward)

Length of residence in city or town where death occurred 87 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Washington Knell

(a) Residence: No. 4805 Gwynn Oak Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isabelle B Knell

6. DATE OF BIRTH (month, day, year) Oct 4 1844

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
87	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Meat Packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O.K.S

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry Knell

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Ann Krager

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Howard L. Gilbert

(Address) 4805 Gwynn Oak Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date April 6 1932

19. UNDERTAKER Harry N. Armacost & Son

(Address) 4204 Ridgewood Ave.

Harry N. Armacost & Son

20. FILED ..., 19... Registrar.

M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-4 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 Mar 1, 19...

I last saw him alive on 4-3 1932 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelitis by prostatic cystitis	1 mo
Hypostatic pneumonia	8 days

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Capell M. D.

(Address) 3902 Groveland Ave

Information should be carefully supplied. AGE should be stated EXACTLY. If unknown, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 9-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

78464 78464

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital 59 Registered No. 3-59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis Little.

(a) Residence: No. 2527 Frances St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of L. Little

6. DATE OF BIRTH (month, day, year) Aug 25 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	54	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

MOTHER FATHER

13. NAME Louis Hannibal

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME A. Thesa

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Branch Cem. Date 4/6 19 32
Westminster Md

19. UNDERTAKER J. Smith Sons
(Address) 410 Edmondson Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/3/32

22. I HEREBY CERTIFY, That I attended deceased from 3/31/32 to 4/3/32, 19 32

I last saw h alive on 4-3, 19 32 death is said to have occurred on the date stated above, at 2 06 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
acute nephritis	

Other contributory causes of importance:

Cardiac dilatation	3 hrs

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert L. Clemens, M. D.

(Address) Md. General Hospital

Spec.—12-1-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78465 — 82-001 — E 78465

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3713 Mt. Pleasant St., 26 Ward) 26-37

2-FULL NAME Rose Margaret Rupp

(a) RESIDENCE NO. 3713 Mt. Pleasant St. 26 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? 49 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William Charles Rupp

6 DATE OF BIRTH (month, day, and year): August 27 1882

7 AGE — Years: 49 — Months: 7 — Days: 4 5 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Colowitch

(State or country): Bohemia

PARENTS

10 NAME OF FATHER: John Kubin

11 BIRTHPLACE OF FATHER (City or town): Colowitch

(State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Mary Chacka

13 BIRTHPLACE OF MOTHER (City or town): Colowitch

(State or country): Bohemia

14 Informant: Edward Rupp

(Address): 3700 Mt. Pleasant

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 2nd 1932

17

I HEREBY CERTIFY, That I attended deceased from March 31, 1932, to April 2, 1932,

that I last saw her alive on April 1, 1932,

and that death occurred, on the date stated above, at 12.47 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. A. Budrick M.D., M. D.

April 2, 1932 (Address) 2221 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — Date of Burial: 4/6 1932

20 UNDERTAKER: John G. Connelly — ADDRESS: Essex Md

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M & T—100 B—60L

E 78466

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78466

CERTIFICATE OF DEATH

27-53

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital. ST. ..... WARD .....

2-FULL NAME Henry A.Helmrich Sr.

(a) RESIDENCE NO 5601 Winner Ave. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 10 mos. 27 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married HUSBAND of Amelia A.Helmrich.

6 DATE OF BIRTH (month, day, and year) May 6°1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	10	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work State boiler inspector.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Adolph H.Helmrich

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know

14 Informant Amelia A.Helmrich.(wife)

(Address) 5601 Winner Ave.

15 Filed ..... 192 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 2, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.
Hemiplegia.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto H. Hemnardt, M. D. Coroner

4/4/32, 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetary

DATE OF BURIAL 4/6 1932

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

N. B.—WRITE PLAINLY, WITH INDIA INK. THIS CERTIFICATE MUST BE FILLED OUT BEFORE BURIAL PERMIT IS ISSUED. PHYSICIANS should be careful to see that information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION in plain terms, so that it may be properly classified. CAUSE OF DEATH is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 78467

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78467

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2014 Edgewood ST. 15-61 WARD

2-FULL NAME Elmer Jas. Jones

(a) RESIDENCE NO. 2014 Edgewood ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Almira Jones

6 DATE OF BIRTH (month, day, and year) Mar 21 1874

7 AGE — Years 58 — Months — — Days 14 12 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Attorney at Law
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Wm Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Elizabeth Burgan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Almira Jones
(Address) 2014 Edgewood

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) April 8th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) Autopsy thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Asphyxia Carbon Monoxide Gas (duration) yrs. Sudden

CONTRIBUTORY (Secondary) Was cleaning car (duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 2014 Edgewood

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Leslie Hoffman, M. D. Coroner

19 (Address) 111 W. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL 4/5/1932

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

78468 E 78468

CERTIFICATE OF DEATH

93-003

Registered No. 15-68

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dennis Ruth

(a) Residence: No. 2761 W. North Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Blanche

6. DATE OF BIRTH (month, day, year) Oct. 26, 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) Canton
(State or country) Del.

FATHER

13. NAME John

14. BIRTHPLACE (city or town) ?
(State or country) Del.

MOTHER

15. MAIDEN NAME Sarah Eastwood

16. BIRTHPLACE (city or town) ?
(State or country) Del.

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Cemetery Date 4/6/32

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-3-32 19

22. I HEREBY CERTIFY, That I attended deceased from 3-12-32 19 to 4-3-32 19

I last saw him alive on 4-3-32 19 Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocarditis, chr.	1yr.

Other contributory causes of importance:

Arteriosclerosis	unk

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jas E Lunsford Jr. M. D.

(Address) Balto. City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

78469 — CERTIFICATE OF DEATH — E 78469

1. PLACE OF DEATH University Hospital — Registered No. 107-0 E 78469
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. (8-17) (Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard S Campbell

(a) Residence: No. 1714 N. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Blanche A Campbell

6. DATE OF BIRTH (month, day, year) Sept 15th 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contracting

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Jersey

FATHER

13. NAME Samuel D Campbell

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Jennie Chalmers

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Blanche P Campbell
(Address) 1714 N. Bond St

18. BURIAL, CREMATION, OR REMOVAL. Rock Creek Harford Co. Date Apr 5th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/2, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/2/32, 19 to 4/2/32, 19

I last saw h.. alive on 4/2/32, 19 death is said to have occurred on the date stated above, at 6.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer	
Broncho-Pneumonia (Bilateral)	3/28/32
Pulmonary Edema	
Other contributory causes of importance:	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry A Shelby, M. D.

(Address) University Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 78470

HEALTH DEPARTMENT—CITY OF BALTIMORE E 78470

CERTIFICATE OF DEATH

142-002

Registered No. 17-51

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Womans Hospital St., Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? 4 yrs 4 mos 4 da.

2. FULL NAME Lucherine Wolf

(a) Residence: No. 9 West 24th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Howard Elmer Wolf

6. DATE OF BIRTH (month, day, year) Oct 27th 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min
35	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) March 1932

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Kelly

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Stanley Wolf
(Address) 9 W. 24th St

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Cemetery 4/5/1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4 1932

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1932 to April 4 1932

I last saw her alive on April 4 1932 death is said to have occurred on the date stated above, at 12 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute intestinal obstruction	2 days
Tubal pregnancy, rt. side	2 mos
appendicitis, secondary	1 wk
umbilical hernia	27 yrs

Other contributory causes of importance:

Name of operation Laparotomy Date of Operation March 30 1932

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Rudolph J. Shook M. D.

(Address) Womans Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 78471

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 108 E 78471

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Road and Hopkins) (Ward) 6-9

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mrs Ernest France

(a) RESIDENCE NO. 1103 N. Jefferson's Point Rd ST. WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	divorced

5a If ~~married~~, ~~widowed~~, or divorced
HUSBAND of ~~or WIDOW of~~ Helen France

6 DATE OF BIRTH (month, day, and year) About 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About 39				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Worker 086

(b) General nature of industry, business, or establishment in which employed (or employer) Steel Plant

(c) Name of employer Bethlehem Steel Works

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER John France

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14 Informant Mrs Elsie Cass
(Address) 1229 - 63rd St

15 Filed , 19 R.C.H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/4/32

17 I HEREBY CERTIFY, That I attended deceased from April , 1932 to April 4 , 1932
that I last saw h[illegible] alive on April 4 , 1932
and that death occurred, on the date stated above, at 11 35 A m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Allyn B. Chase, M. D.

, 19 (Address) Funeral Home 2 Jefferson

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Denison, Ohio — DATE OF BURIAL 4/5/1932

20 UNDERTAKER Wm Cook — ADDRESS 1207 St Paul St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—600 Bks.

E 78472

HEALTH DEPARTMENT—CITY OF BALTIMORE

72-002

E 78472

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 444 N. Gay St ST. 5-8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Papa

(a) RESIDENCE NO. 444 N. Gay St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 1st 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	10	32	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Vincent Papa

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Rosa Geppi

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Interment Joseph Geppi

(Address) 444 N. Gay St

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 3-1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 5 1932 to April 3 1932

that I last saw her alive on April 3 1932

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Hodgkins Disease

E. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Luigi L. DiStefano M. D.

Apr 4 1932 (Address) 407 N. Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	4/5/1932
20 UNDERTAKER George J Ruth Inc	ADDRESS 1735 Harford

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 78473

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97 E 78473

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 Wendover Road, Guilford Ward) 17-49

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. -- mos. -- ds. How long in U. S. if of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Eliza Bartlett Dibble

(a) Residence: No. 6 Wendover Road, Guilford Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank D. Dibble

6. DATE OF BIRTH (month, day, year) Mar. 16, 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	0	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York City New York

FATHER

13. NAME George O. Bartlett

14. BIRTHPLACE (city or town) (State or country) ------ Mass.

MOTHER

15. MAIDEN NAME Jane Kiler

16. BIRTHPLACE (city or town) (State or country) ------- New York

17. INFORMANT Mrs. Lillian D. Lohmeyer
(Address) 6 Wendover Road

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem Date 4/5 . 32

19. UNDERTAKER Henry A. Myers & Son
(Address) 705 W. Eutaw St.

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw her alive on April 2, 1932 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	
Hypostatic pneumonia	
Contributory	
Senility	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Thomas D. Peterson Jr. M. D.
(Address) 18 W. Franklin St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 78474

CERTIFICATE OF DEATH

× 131

E 78474

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-30 W. Ward)

Length of residence in city or town where death occurred 1 yrs. 7 mos. 7 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Leat

(a) Residence: No. Lumpton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm Leat

6. DATE OF BIRTH (month, day, year) April 15 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	23	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Queen Anne MD

FATHER

13. NAME Wm. Jackson

14. BIRTHPLACE (city or town) (State or country) Queen Anne MD

MOTHER

15. MAIDEN NAME Elizabeth Forbush

16. BIRTHPLACE (city or town) (State or country) Queen Anne MD

17. INFORMANT William Leat
(Address) Lumpton Md

18. BURIAL, CREMATION, OR REMOVAL
Place Lumpton Date April 7 1932

19. UNDERTAKER Stewart & Mowen Co
(Address) 108 N. North ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from February 10, 1932 to April 4, 1932

I last saw h[illegible] alive on April 4, 1932 death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis Glomerulo nephritis	
Other contributory causes of importance:	
Uremia	3/4/32
Bronco pneumonia	3/31/32

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Dr. Hobart H. Hareson, M. D.
(Address) University Hospital, Balto. Md.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78475

CERTIFICATE OF DEATH

122 E 78475

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Md. General Hospital St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Chichester

(a) Residence: No. 913 Homestead St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mary Elizabeth Chichester

6. DATE OF BIRTH (month, day, year) Nov. 28, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	77	79	4	67

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George Chichester

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Rankin

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Hospital Record.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cemetery Apr 7th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 E. Paul St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4 1932

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1932 to April 4, 1932

I last saw him alive on April 4, 1932 death is said to have occurred on the date stated above, at 9.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Inguinal Hernia	3/31/32
Other contributory causes of importance:	
Broncho-Pneumonia	4/2/32

Name of operation Resection, Date of ...

What test confirmed diagnosis? Clinical, Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert F. Chenault, M. D.
(Address) Md. General Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

Dr Byerly 3048 W. North Ave Fay 0024

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78476

CERTIFICATE OF DEATH

108

E 78476

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5825 Ethelbert Ave Ward 55)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walden A. Brummel

(a) Residence: No. 5825 Ethelbert Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced: HUSBAND of Grace G. Brummel

6. DATE OF BIRTH (month, day, year) March 17th 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hair Dresser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hutzler Bros

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

FATHER

13. NAME John Brummel

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Grace G. Brummel
(Address) 5825 Ethelbert Ave

18. BURIAL, CREMATION, OR REMOVAL
Loudon Park Date 4/5/1932

19. UNDERTAKER W. Z. Cook
(Address) 1217 E Paul St

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3rd 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 26 1932 to Apr 3rd 1932

I last saw him alive on Apr 3rd 1932 Death is said to have occurred on the date stated above, at 11:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Cardiac failure due to Pneumonia

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. A. Byerly M. D.

(Address) 3048 W. North Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2508

E 78477

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48 E 78477

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital S. 8-17 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U.S. If of foreign birth 57 yrs. mos. ds.

2. FULL NAME Mary L. Fitzgerald

(a) Residence: No. 1241 N. Patterson Park ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced (or) WIFE of Henry Fitzgerald

6. DATE OF BIRTH (month, day, year) 7th, date

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Samuel F. Williams

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Susan Carman

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mrs. M. Bertha Bragel
(Address) 1604 Hollbrook st

18. BURIAL, CREMATION, OR REMOVAL Place St. Mary's Cemetery Date Apr. 6 1932

19. UNDERTAKER Henry Koch Sons Inc
(Address) 301 N. Eager st

20. FILED Apr 7 1932, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/4, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-30, 1932, to 4-4, 1932

I last saw her alive on 4-4, 1932 death is said to have occurred on the date stated above, at 10 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1 days
Other contributory causes of importance:	
Carcinoma of the fundus of the uterus	6 months

Name of operation Panhysterectomy Date of 4-2

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify .....

(Signed) Andres E. Calat M. D.

(Address) Bon Secours Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 78478 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78478

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) City Hospital St. 17-24 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Murdock

(a) Residence: No. 605 N Hoffman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Sept 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53 yr	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Geo W. Murdock

14. BIRTHPLACE (city or town) (State or country) Frederick Md

MOTHER

15. MAIDEN NAME Mathilda Benson

16. BIRTHPLACE (city or town) (State or country) Frederick Md

17. INFORMANT Henry Murdock

(Address) Annapolis Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date April 5, 1932

19. UNDERTAKER Mr. Katie R. Williams

(Address) 322 E Lanvale St.

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 12.40 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	
Other contributory causes of importance:	

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) H. J. Heuisler M.D. Coroner

(Address) 805 N Patterson Pk

M. D.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 78479

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 78479

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp ST. (or WARD) 18-26

2-FULL NAME Viola Boles

(a) RESIDENCE No. 107 N. Schroeder ST., WARD S. C.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	55			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) Do
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Blythwood S. C.

PARENTS

10 NAME OF FATHER Harry Green

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Lucy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

14 Informant Minnie Calhoun

(Address) 107 N. Schroeder

15

Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 20 19 32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Schmick, M. D. Coroner

April 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Winnsboro, S. C.

DATE OF BURIAL April 5, 1932

20 UNDERTAKER Mrs Katie R. Williams

ADDRESS 3224 Spruce St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 78480 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78480

CERTIFICATE OF DEATH

1088

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 S. Eastan[illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME David J. Hennessy

(a) Residence: No. 415 S Eastan St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Sr. M

4. Color or race: W

5. Single, Married, Widowed, or Divorced (Write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Oct. 27-1872

7. AGE: Years 59 | Months 5 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Steel-Roller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Spring St. Co. 086

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation 29 yrs

12. BIRTHPLACE (city or town) (State or country): City

FATHER

13. NAME: William Hennessy

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Ann Henelaug

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mary Hennessy

(Address) 415 S Eastan

18. BURIAL, CREMATION, OR REMOVAL: Place New Cathedral Date April 6 1932

19. UNDERTAKER: John A. Marah

(Address) 3000 E Baltimore St.

20. FILED ..... 19 .... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 31, 1932 to April 3, 1932

I last saw him alive on April 3, 1932 Death is said to have occurred on the date stated above, at 11 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/31/32

Other **contributory causes** of importance:

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. J. Kipsdmeide M. D.

(Address) 2139 Eastern Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 78481 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 78481

CERTIFICATE OF DEATH

23 ✓

1. PLACE OF DEATH Baltimore City Hospitals (The.) 56-39 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alton Corkran

(a) Residence: No. 526 N. Macon st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Not known Separated

6. DATE OF BIRTH (month, day, year) June 30, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	42	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thomas W. Corkran

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Murphy

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Redgrave Cem. Hunlock Md. Date April 5, 1932

19. UNDERTAKER John A. Moran
(Address) 3000 E. Balto St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from February 24, 1932, to April 3, 1932

I last saw h... in alive on April 3, 1932 death is said to have occurred on the date stated above, at 7.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Sept. 1931

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Lawrence H. Fenn M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, with pen and ink. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

Sabbia G or Ladie Lance

E 78482 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 78482

CERTIFICATE OF DEATH

82-002

1. PLACE OF DEATH West Baltimore General Hospital — Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St. 49-28 Ward)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Sabbia G. Ladie Lance

(a) Residence: No. 1512 Ramsey St., ____ Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single (?)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 21, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	21	8 9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper &c

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dress Factory

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph Lance

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Adeline Guerlasse

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Joseph Lance (Address) 1512 Ramsey st

18. BURIAL, CREMATION, OR REMOVAL Date April 6th 32

19. UNDERTAKER G. Jones (Address) 111 S. Paca st

20. FILED ____ 19 ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-3-, 1932

22. I HEREBY CERTIFY, That I attended deceased from February 20, 1932 to April 3, 1932

I last saw h[er] alive on April 3, 1932 death is said to have occurred on the date stated above, at 11 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Localized exudative meningitis	3/16/32
(2) Acute Mastoiditis	2/15/32
(3) Lateral Sinus Thrombosis	2/24/32

Other contributory causes of importance: Possible Encephalitis (Exudative)

Name of operation (1) Simple Mastoid (2) Radical Mastoid Date of 2/26/32

What test confirmed diagnosis? Aut. Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19____
Where did injury occur? ____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Charles F. Lerner, M. D.
(Address) West Baltimore General Hospital

N. B.—WRITE PLAINLY, with pen and ink. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

E 78483

W. P. A. 1934-0

HEALTH DEPARTMENT—CITY OF BALTIMORE E 78483

259357

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 9-46 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 18 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Snyders

(a) Residence: No. 3001 Friby St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florida

6. DATE OF BIRTH (month, day, year) April 26, 1864 Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Barbara Everhart

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Martinsburg W. Va. Date Apr 5 1932

19. UNDERTAKER 7 Vernon Kershner

(Address) 1532 Hollins St

20. FILED ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1932 to April 4, 1932

I last saw him alive on April 4, 1932. Death is said to have occurred on the date stated above, at 7.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Anemia & gastric hemorrhage	1931
Cachexia	3 days
arterio sclerosis	4 years
cardiac failure	1 day

Other contributory causes of importance:

neoplasm of GI tract

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.

(Address) Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

Franklin P. Barries

E 78484

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-00

E 78484

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2211 Rogers Ave ST. 27-54 WARD)

2—FULL NAME Franklin P. Barries

(a) RESIDENCE NO. Home for the Aged of the M E Church

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. Lifetime How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Harriett Barries

6 DATE OF BIRTH (month, day, and year) Aug 14, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
✓	77	7	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER George Barries

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Amanda Coffington

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Etha Cuddy

(Address) 2211 Rogers Ave

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 3/32

17

I HEREBY CERTIFY, That I attended deceased from Jany 1, 1932, to Apr. 3, 1932

that I last saw him alive on Apr 2, 1932

and that death occurred, on the date stated above, at 9 p m.

The CAUSE OF DEATH* was as follows:

Paralysis General

(duration) 1 yrs. ✓ mos. ✓ da.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) ✓ yrs. ✓ mos. ✓ da.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical method

(Signed) George C. Shannon, M. D.

Apr 4, 1932 (Address) 708 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Lawn	Apr 5 1932
20 UNDERTAKER George J Smith	ADDRESS 153 Hollins

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 78485

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 78485

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 830 S. Luzerne Ave. ST. 1-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Cecelia Kordonska

(a) RESIDENCE NO. 830 S. Luzerne Ave. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 18, 1898 ~~April 2, 1932~~

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	5	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: William Kordonski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Catherine Pakulska

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Catherine Kordonska

(Address): 830 S. Luzerne Ave.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 2, 1932

17 I HEREBY CERTIFY, That I attended deceased from 3-26-32, 19, to 4-2-32, 19,

that I last saw her alive on 4-2-32, 19

and that death occurred, on the date stated above, at 10:15 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 6 mns. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs of death

(Signed) I. B. Bronushas, M. D.

4-4-32 (Address) 3037 O'Donnell St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cemetary

DATE OF BURIAL: 4-6-32 19

20 UNDERTAKER: Wm S. Falkowski

ADDRESS: 202 Eastern Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAU
OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is v
important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78486

CERTIFICATE OF DEATH

93-003

E 78486

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 806 Eastern ave ST.. 3-5 WARD)

2-FULL NAME Louis Rattini

(a) RESIDENCE NO. 806 Eastern av ST.. ..... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs mos ds. How long in U. S., if of foreign birth? 40 yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Rattini

6 DATE OF BIRTH (month, day, and year): Dec 8 1875

7 AGE: Years 56 | Months 5 | Days 25 | If LESS than 1 day, hrs. or min. 11

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Saloon Keeper
(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country): Italy

10 NAME OF FATHER: Joseph Rattini

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Victoria Truschelli

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Mary Rattini

(Address): 806 Eastern ave

15 Filed _____, 192 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 3 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) B. P. Kerzog M.D., M. D. Coroner

April 4, 1932 (Address) 1305 N Patterson Park ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: April 7 1932

20 UNDERTAKER: Martin W. Kinsella

ADDRESS: 31 S Amity

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AaCo. 9-31 250B

E 78487 HEALTH DEPARTMENT—CITY OF BALTIMORE

#6 E 78487.

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 536 Hurleys Lane St. 20-20 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U.S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Louis W. Lutz

(a) Residence: No. 536 Hurleys Lane St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Lutz.

6. DATE OF BIRTH (month, day, year) June 8, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	48	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (city or town) (State or country) New Orleans

FATHER

13. NAME Louis Lutz.

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Margaret Lutz.
(Address) 536 Hurleys Lane

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date April 7th 1932

19. UNDERTAKER Charles W. Dill.
(Address) 3109 Fredk. Ave.

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4th, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/1/, 1932, to 4/4/, 1932

I last saw h... alive on 4/1/, 1932 death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma	!

Other contributory causes of importance:

Name of operation Exploratory Laparotomy Date of 3-26-32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Bernard J. Feeney, M. D.
(Address) 1104 W. Fayette

N. B.—WHITE PLAINLY, WITH PEN AND INK. ... information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 2508

E 78488 HEALTH DEPARTMENT—CITY OF BALTIMORE 93-E 78488

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat St.) (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. 7 mos. 7 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Kathryn Miller

(a) Residence: No. Philadelphia Pa St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frederick Miller

6. DATE OF BIRTH (month, day, year) May 11. 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31	10	239	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harrisburg Pa

FATHER

13. NAME John J. Fogarty

14. BIRTHPLACE (city or town) (State or country) Harrisburg Pa

MOTHER

15. MAIDEN NAME Kathryn Murray

16. BIRTHPLACE (city or town) (State or country) Harrisburg Pa

17. INFORMANT Mrs Ella Reese
(Address) Mt Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL
Place Phila, Pa Date April 5 19 22

19. UNDERTAKER W. J. Tschner & Sons
(Address) North Penna ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1922

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1925 to April 4, 1922

I last saw her alive on April 3, 1933, death is said to have occurred on the date stated above, at 11:10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Marasmus	Apr 27
Catatonic Dementia Praecox (Stupor)	1925

Other contributory causes of importance:

Myocarditis
Chronic Duodenal Ulcer

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton P. Hall M. D.

(Address) Mt Hope Retreat

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. ALL information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78489

CERTIFICATE OF DEATH

82 E 78489

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2631 N. Hilton St. 15-61 Ward)

Length of residence in city or town where death occurred 1 yrs. 6 mos. dys. How long in U. S. If of foreign birth? yrs. mos. dys.

2. FULL NAME Saphronia Caroline Brannon

(a) Residence: No. 2631 N. Hilton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Willis S. Brannon

6. DATE OF BIRTH (month, day, year): Mar. 24 1857

7. AGE: Years 75 | Months 0 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ft. Donaldson Penn

FATHER

13. NAME: Wm Daniels

14. BIRTHPLACE (city or town) (State or country): Penn

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs. Beulah Brodrick

(Address) 2631 N. Hilton St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Woodlawn Cem. Date: Apl 6, 1932

19. UNDERTAKER: Wm Fisher & Sons

(Address) Hoyle & Penna Aves

20. FILED . 19 . Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apl. 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Hemorrhage 3

Senility

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner M. D.

(Address)

M. D. H. 1268-9 (Reverse)

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-9

E 78490

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78490

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH Levindale

CITY OF BALTIMORE: (No. Belvedere & Greenspring Ave) 27-5th Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 43 yrs. mos. ds.

2. FULL NAME Chiva Kresser

(a) Residence: No. Levindale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Isser

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Aaron

14. BIRTHPLACE (city or town) (State or country) Russia Unknown

MOTHER

15. MAIDEN NAME Sabbis

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Pearl Sinsky

(Address) 4930 Pittsfield Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Freedom 4-5-32

19. UNDERTAKER Chas Levi Inc

(Address) 1439 E Baltimore St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1930 to April 5, 1932

I last saw her alive on April 5, 1932. Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Oedema of lungs	4-5-32
Cor card. Valvular disease	
Hemiplegia	

Other contributory causes of importance:

Hypertension

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) I. T. Edmund Levin M. D.

(Address) Levindale

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Any fear of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78491

CERTIFICATE OF DEATH

93 E 78491

1. PLACE OF DEATH Union Memorial Hospital 1-50

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Helen Faithful Parker

(a) Residence: No. 409 E 25th St. St., Balto Ward
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. ~~Single, Married, Widowed~~, or Divorced (write the word): Divorced

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 14, 1885

7. AGE: Years 46 | Months 4 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 068
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Church Hill, Md.

FATHER
13. NAME Mr Westcott Faithful
14. BIRTHPLACE (city or town) (State or country) St Michaels, Md.

MOTHER
15. MAIDEN NAME Mary Hambleton
16. BIRTHPLACE (city or town) (State or country) Easton, Md.

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Cem. Date April 5 1932

19. UNDERTAKER Ed Brandt & Son
(Address) 1330 Mt Royal Ave

20. FILED ..... 19 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1932 to April 3, 1932
I last saw her alive on April 3 1932 death is said to have occurred on the date stated above, at 11¼ p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis Hypertension Arterial Sclerosis.	

Other contributory causes of importance:

Coronary Occlusion.
Uraemia.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury—

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) R France, M. D.
(Address) Union Mem. Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Blks.

E 78492

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78492

CERTIFICATE OF DEATH

59

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 N. Mount St.) (WARD) 4-37

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Jackson

(a) RESIDENCE NO. 310 N. Mount ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Jackson

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	About 53 years			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): St. Marys Co. Maryland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Thomas Jackson (husband) 310 N. Mount St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 3/32

17

I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1932, to April 3, 1932, that I last saw her alive on April 3, 1932, and that death occurred, on the date stated above, at 10:10 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation (6 weeks)
Diabetes

About one year (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Mitral Insufficiency

About (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical exam. Urinalysis

(Signed) Walter W. Jackson M. D.

, 19 (Address) 1631 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem — DATE OF BURIAL: April 6 1932

20 UNDERTAKER: Joseph A. Sively — ADDRESS: 409 N. Mount St

NOTE—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78493

E 78493

CERTIFICATE OF DEATH

108

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 928 S. Highland Ave ST. 96 - 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frances Kuzawa

(a) RESIDENCE NO. 928 S. Highland Ave ST.

(Usual place of abode) WARD

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If foreign birth? 40 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year)

7 AGE: 37 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: John Topolski

11 BIRTHPLACE OF FATHER (city or town) (State or country): germany

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Sophia Schucka

(Address): 1164 S. Stricker st.

15 Filed ..... 19 .....

A. C. H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 3 1932

17

I HEREBY CERTIFY, That I attended deceased from March 29 32 to April 3 1932

that I last saw h 32 alive on April 3 1932

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary): Acute Cordiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What tests confirmed diagnosis?

(Signed) Wilbur K. Bauer, M. D.

Apl 5 32 (Address) 801 N. Kenwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem	April 6 1932
20 UNDERTAKER	ADDRESS
Stephen J. Fialkowski	1000 N. Kenwood Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

X E 78494 — 82-9 E 78494

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 3-5 St., ... Ward)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? 20 yrs. ... mos. ... ds.

2. FULL NAME Bella Levinson → Bella Ida Levinson

(a) Residence: No. 1127 E. Baltimore St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Max Levinson

6. DATE OF BIRTH (month, day, year) Sept. 3 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Emanuel Levitch

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sophie —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mr. M. Levinson

(Address) 1127 E. Balto. St.

18. BURIAL, CREMATION, OR REMOVAL

Place Bnai Israel Date Apr. 6 1932

19. UNDERTAKER Harid Sonkin & Son

(Address) 1902 Eutaw Place

20. FILED ..... 19..... R. S. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-4 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-28 1932 to 4-4 1932

I last saw h 8 alive on 4-4 1932 death is said to have occurred on the date stated above, at 9:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. B. Kirsh M. D.

(Address) Sinai Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 5 1932 G. HAMPSON JOHNS, M. D.

M. D. B. 1268-9

E 78495 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94 E 78495

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 Gittings Ave St. 27-45 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pauline Kentilhon Stockton

(a) Residence: No. 406 Gittings Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

5a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of Admiral Chas H. Stockton

6. DATE OF BIRTH (month, day, year) Dec 30 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York N.Y.

FATHER

13. NAME Peter Vanderpoort King

14. BIRTHPLACE (city or town) (State or country) New York N.Y.

MOTHER

15. MAIDEN NAME Eliza Antonia Kentilhon

16. BIRTHPLACE (city or town) (State or country) New York N.Y.

17. INFORMANT Herbert K. Stockton

(Address) 27 Williams St New York City

18. BURIAL, CREMATION, OR REMOVAL

Place Arlington Nat. Cem Date April 6 1932

19. UNDERTAKER Henry W. Jenkins & Sons Co

(Address) McCulloh & Richmond Sts

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4th 1932

22. I HEREBY CERTIFY, That I attended deceased from January 1st 1930 to April 4th 1932

that I last saw her alive on April 4th 1932. Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Feb 4/32
Myocardial Insufficiency	Jan 30
Acute Dilatation	Feb 1/32

Other contributory causes of importance:

Arteriosclerosis (Generalized)	Jan 30

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. A. Chatard M. D.

(Address) 1300 N. Calvert St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

78496 HEALTH DEPARTMENT—CITY OF BALTIMORE 78496

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St. 4-30 Ward)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 1 ds. How long in U.S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Albert Edward Addison

(a) Residence: No. S.S. Calumet - British Flag St. ____ Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Addison

6. DATE OF BIRTH (month, day, year) August 17, 1882

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
49	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. S/S Calumet
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

MOTHER FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) C.W. Neely, Chief Officer S/S Calumet, New York Billy Co. 129 Commerce Bldg.

18. BURIAL, CREMATION, OR REMOVAL Place Druid Hill Cem. Date Apr. 6" 1932

19. UNDERTAKER Geo. U.S. Cook (Address) 1003 E. Baltimore St.

20. FILED ____, 19____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1932 to April 2, 1932

I last saw him alive on April 2, 1932 death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malaria	Mar 20, 32
Uremia	April 2

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ____, 19____
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. H. Hornbaker, M. D.
(Address) Univ. Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250E

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78497 E 78497

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hospitals 108 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 21-31 (Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Peter PRIGGS- (Edward Henry Peter Prigge)

(a) Residence: No. 542 S. Fairmount St., (542 S. Fremont St.) Ward.

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-25-'87

7. AGE: Years 44 45 | Months 6 4 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 003

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto MD.

FATHER

13. NAME Albert Aug. Priggs

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Sophie (?)

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Hospital Records- (Address) 4940 Eastern Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date April 6, 1932

19. UNDERTAKER Joseph Cook (Address) 100 N. Baltimore St.

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-4, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-11, 1928 to 4-4, 1932

I last saw him alive on 4-4, 1932 death is said to have occurred on the date stated above, at 5:35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CHRONIC COLITIS.	1-1-28
Other contributory causes of importance PNEUMONIA (Bilateral Lobar)	3-28-32

Name of operation No Date of

What test confirmed diagnosis? C.F. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Luther E. Linder M. D.

(Address) Balto. City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

A4Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78498 E 78498

CERTIFICATE OF DEATH

Registered No. 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4909 Park Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter August Lerp (Walter August Lerp)

(a) Residence: No. Towson Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Agnes T. Lerp

6. DATE OF BIRTH (month, day, year) August 20, 1872

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	59	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Moulder (?)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Kennedy Iron Foundry

10. Date deceased last worked at this occupation (month and year) April 1932

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME August Lerp

14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER

15. MAIDEN NAME Catherine Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mr. Howard Lerp
(Address) Hanover, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date April 8, 1932

19. UNDERTAKER Joseph B Cook
(Address) 1003 E. Baltimore St.

20. FILED April 7, 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1932 to April 5, 1932

I last saw him alive on April 5, 1932 death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis Cardio Vascular Disease	? 2½ yrs ant
Coronary Thrombosis Coronis	ant 2 wks

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? Autopsy? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ____, 19__

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Bruns Gardner, M. D.

(Address) 4 Court Sq.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

M. D. B. 1268-b

78499 HEALTH DEPARTMENT—CITY OF BALTIMORE

259402

CERTIFICATE OF DEATH

81 E 78499

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. [illegible] St. [illegible] Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Raymond Waters

(a) Residence: No. 903 Valley St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan - 5 - 1912

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
20	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Raymond Waters

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Dora Holt

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peters Cem Date Apr. 6 1932

19. UNDERTAKER Chas. F. Johnson

(Address) 416 N. Howard St.

20. FILED [illegible] 19 A. C. H. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 27, 1932 to April 2, 1932

I last saw h[illegible] alive on April 2, 1932 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Nephritis	3-30

Other contributory causes of importance:

Uraemia

Name of operation Laminectomy Date of 3-31-32

What test confirmed diagnosis Chemical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M B Wood Jr M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Typewriting is preferred. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78500 46 E 78500

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 N. Chapel St. 6-9 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs ___ mos ___ ds. How long in U. S. If of foreign birth? ___ yrs ___ mos ___ ds.

2. FULL NAME Francis E. Ruppel

(a) Residence: No. 413 N. Chapel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Kunigunda Ruppel

6. DATE OF BIRTH (month, day, year) Nov. 16-1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Anthony Ruppel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Schmidt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Kunigunda Ruppel
(Address) 413 N. Chapel St

18. BURIAL, CREMATION, OR REMOVAL.
Place Holy Redeemer Date April 9 1932

19. UNDERTAKER John C. Waller
(Address) 2735 E. Oliver St

20. FILED ___, 19___ ___ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3rd 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1931, to April 3, 1932, that I last saw h[illegible] alive on April 3 1932, death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach and Liver — Date of onset Dec 1930

Other contributory causes of importance:

General Intestinal — Date of onset Jan 1931

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ___ If so, specify

(Signed) John J. Patrick M.D.

(Address) 936 E. Monument St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78501

CERTIFICATE OF DEATH

[redacted] 78501

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3008 Monticello Ave St., 9-4-6 Ward.

Length of residence in city or town where death occurred 73 yrs. 7 mos. 2 ds. How long in U. S. If of foreign [redacted] yrs. mos. ds.

2. FULL NAME Roberta A Gibson

(a) Residence: No. 3008 Monticello Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 3 - 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME John Shea

14. BIRTHPLACE (city or town) Ireland (State or country)

MOTHER

15. MAIDEN NAME Mary Tuzzle

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Miss Clara Gibson

(Address) 106 W 23rd St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date April 7 19 32

19. UNDERTAKER Henry W Hedges

(Address) 5116 Reisterstown Rd

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1932 to April 5, 1932

I last saw h[illegible] alive on April 4, 1932. Death is said to have occurred on the date stated above, at 5A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	[redacted] 3/29/32
Influenza	
Other contributory causes of importance:	
Chronic Nephritis	1930
Hypertension	1930
Arteriosclerosis	1930

Name of operation — Date of

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify No

(Signed) Chas E Chantree M. D.

4/5/32 (Address) 3013 Clifton Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78502

E 78502

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH E.

CITY OF BALTIMORE: (No. 122 Randall St. 24-32 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Candia A. Thompson.

(a) Residence: No. same, St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of Late John Thompson,

6. DATE OF BIRTH (month, day, year) 1857-7-3.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home, 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mt. Airy, Maryland,

FATHER

13. NAME Williams London,

14. BIRTHPLACE (city or town) (State or country) Mt. Airy, Maryland,

MOTHER

15. MAIDEN NAME Deborah Darnall,

16. BIRTHPLACE (city or town) (State or country) Unknown,

17. INFORMANT Mrs. Lola Collins.

(Address) 122 E. Randall St.

18. BURIAL, CREMATION, OR REMOVAL

Place Prospect Cemetery Date Apr. 7 1932

19. UNDERTAKER C. M. Waltz,

(Address) Mt. Airy, Md.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 5 1932

22. I HEREBY CERTIFY, That I attended deceased from March 28 1932 to Apr 5 1932

I last saw h alive on Apr 5 1932 Death is said to have occurred on the date stated above, at 10.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	3/28/32
Other contributory causes of importance: Arterio Sclerosis	1930

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. F. Hughes M. D.

(Address) 122 E. Randall St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 78503

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78503

CERTIFICATE OF DEATH

32-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward A McCallum

(a) Residence: No. 1228 McElderry St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elanora McCallum

6. DATE OF BIRTH (month, day, year) 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
32	32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Red Spring N C

FATHER

13. NAME Alex McCallum

14. BIRTHPLACE (city or town) (State or country) N C.

MOTHER

15. MAIDEN NAME Sylvia Percell

16. BIRTHPLACE (city or town) (State or country) N C.

17. INFORMANT Lucinda Robinson

(Address) 1228 McElderry St

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem. Date 4-6 1932

19. UNDERTAKER Lyon & Walpert

(Address) 1218 McElderry St.

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2 1932

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 8 A M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	
(Aortic Insufficiency)	
Other contributory causes of importance:	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? —

If accident)

(Signed) B P Herzog M. D.

4/6/32 (Address) 1305 N Patterson Pk Coroner

S. R—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78504

CERTIFICATE OF DEATH

E 78504

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hospital St., 7-9 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Louise Delphy

(a) Residence: No. Union Bridge, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Delphy

6. DATE OF BIRTH (month, day, year) Feb 20/1909

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 23	01	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rocky Bridge, Md.

FATHER

13. NAME Harry Bloom

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Martha Voltine

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hopkins Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Date , 19

19. UNDERTAKER
(Address)

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3/32 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 1.55 m P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Septicemia	?
Other contributory causes of importance: Acute Laryngitis	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. H. Bruns Coroner, M. D.

(Address) 508 E Lnwk Ave

1-30—M. & T.—100 B—50L

E 78505

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78505

CERTIFICATE OF DEATH

REGISTERED NO. 167

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3520 Lucile Ave. ST. 27-56 WARD)

2-FULL NAME Russell Lyle Blair

(a) RESIDENCE NO 3520 Lucile Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary H. Blair

6 DATE OF BIRTH (month, day, and year) Aug. 23, 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	7	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Mail Carrier 086
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer U. S. Government

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Mary Lanahan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant Mrs Mary H. Blair

(Address) 3520 Lucile Ave.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 4, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry. (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun Shot wound in left shoulder
Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) ....., M. D. Coroner

, 19 (Address) 3632 Roland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL April 7, 32

20 UNDERTAKER E. Leroy Stiffler, Inc

ADDRESS 1252 North Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WARNING—RESERVED FOR BINDING

1-30—M & T.—100 B—50L

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78506

CERTIFICATE OF DEATH

82-001 E 78506

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 313 Yale Ave. ST. 20-71 WARD

REGISTERED NO. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Berge

(a) RESIDENCE NO 313 Yale Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. — mos. — ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charlotte Berge

6 DATE OF BIRTH (month, day, and year) July 11, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	66	8	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Gardener & Landscape
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer London Park Co.

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Christof Berge

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Fritsch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Charlotte Berge

(Address) 313 Yale Ave.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 4th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

suddenly

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Cromwell M. D. Coroner

4/5 1932 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery — DATE OF BURIAL Apr 8th 1932

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

APR 6 1932 HARRY JONES, M.

A&Co. 5-31 250B

E 78507 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 110

E 78507

Registered No. E 78507
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 4-30 St., Ward)

Length of residence in city or town where death occurred 45 yrs. 5 mos. 1 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William D. Soule

(a) Residence: No. 367 Market st York Pa St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Louisa S. Soule

6. DATE OF BIRTH (month, day, year) Apr 30th 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Todd Salas Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elkhart Ind

FATHER

13. NAME Tavner Soule

14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Minneapolis

17. INFORMANT Louisa S Soule
367 Market st York Pa

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date April 6th 1932

19. UNDERTAKER Wm Cook
(Address) 1317 St Paul St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/3/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from 4/3/32, 19..., to 4/3/32, 19...

I last saw h.i.m. alive on 4/3/32, 19... death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Pleural Effusion, Massive (Left Side)	3/31/32
2. (Shock)	?
(Cause unknown)	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry S Kelley, M. D.

(Address) University Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

78508

CERTIFICATE OF DEATH

82-001 E 78508

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6806 Cedonia Ave) Ward 27-42

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James T. Everett

(a) Residence: No. 6806 Cedonia Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of Emma L. Everett

6. DATE OF BIRTH (month, day, year) May 31st 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as ~~farmer~~, sawyer, bookkeeper, etc. Scale + Weight Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Balto

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Thos H. Everett

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Agnes V.

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Emma L. Everitt

(Address) 6806 Cedonia Ave

18. BURIAL, CREMATION, OR REMOVAL Maryland Park Cemetery Apr 6th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4th 1932

22. I HEREBY CERTIFY, That I attended deceased from March 16 1932 to April 4 1932

I last saw him alive on " 3 1932 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/16/32
Arteriosclerosis	1 yr.

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? None If so, specify .....

(Signed) Chas O. Neer M. D.

4/4/32 (Address) 408 Stratford

M. D. B. 1268-9 — THIS CERTIFICATE, WITH UNSTANDING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 78509 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78509

CERTIFICATE OF DEATH

11-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 719 Dr. V. a. 11-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Newmod

(a) Residence No. 719 Dr. V. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mle	Colrd	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Helen Newmod

6. DATE OF BIRTH (month, day, year) 88V

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Worker, Oil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fabric

10. Date deceased last worked at this occupation (month and year) 3/26/37

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Newmod

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Louise Miller

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Helen Newmod

(Address) 719 Dr. V. a

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Cemetery Date 4/6/37 19

19. UNDERTAKER Samuel Hemsley

(Address) 570 Pennsylvania Ave

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/2/37

22. I HEREBY CERTIFY, That I attended deceased from 3/27/37 to 4/2/37

I last saw h[illegible] alive on 4/1/37 19 Death is said to have occurred on the date stated above, at 4'N. AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	3/27/37

Other contributory causes of importance:

Lobar Pneumonia	3/27/37

Name of operation ... Date of ...

What test confirmed diagnosis? Final Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) [illegible] M. D.

(Address) 724 Madison

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

78510 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 78510

Registered No. 210-80

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 16-70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yes. mos. ds.

2. FULL NAME Mary B Leonard

(a) Residence: No. 3018 Edmondson Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
female	white	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 23, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	1	11 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private home

10. Date deceased last worked at this occupation (month and year) 4/2/32

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md

FATHER

13. NAME Patrick Leonard

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Abbey Dianna

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Thos. A. Kellam

(Address) 3218 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 4-7-32

19. UNDERTAKER Margaret F Flynn

(Address) 210 N. Holliday St.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Injury + autopsy to , 19

I last saw h alive on autopsy 19 Death is said to have occurred on the date stated above, at 3 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured liver with intra abdominal hemorrhage	4/3/32

Other contributory causes of importance:

Struck by automobile

Name of operation none Date of

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4/3/32

Where did injury occur? Charles St. & Wyndhurst Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by auto

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Joseph Pokorny M. D.
Coroner

(Address) 2200 E Madison St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-001

78511

CERTIFICATE OF DEATH.

REGISTERED NO. E 78511

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE; (No.) 1048 Hillyard St. 24-33 WARD

2—FULL NAME Mary F. Mahon

(a) RESIDENCE NO. (Usual place of abode) 1048 Hillyard ST. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 87 yrs. 7 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas H. Mahon

6 DATE OF BIRTH (month, day, and year): Aug 5th 1844

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
87	7	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Sindall

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Mrs. S. Tyssman 1048 Hillyard

15 Filed ..... 19 41 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr. 3 1932

17 I HEREBY CERTIFY, That I attended deceased from Mch 31, 1932, to Apr 3, 1932.

That I last saw h alive on Apr 3, 1932

and that death occurred, on the date stated above, at 11.30 A.M.

The CAUSE OF DEATH* was as follows: Acute Cardiac dilatation

CONTRIBUTORY (Secondary): Senile Myocarditis (duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) L. J. Hauptman M.D.

1932 Address 16 Cuba St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem

DATE OF BURIAL: 4/6 1932

20 UNDERTAKER: J. F. McCully

ADDRESS: 130 E. 4th

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

78512

HEALTH DEPARTMENT—CITY OF BALTIMORE

78512

CERTIFICATE OF DEATH

V 53

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., 11-24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Laura Brown

(a) Residence: No. 907 Druid Hill Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
apparent age 50-60?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): West River Md.

FATHER

13. NAME: John Wilson

14. BIRTHPLACE (city or town) (State or country): ? Md.

MOTHER

15. MAIDEN NAME: Harriett Smith

16. BIRTHPLACE (city or town) (State or country): ? Md.

17. INFORMANT: Records of

(Address): Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lebanon Cemetery Date April 6 1932

19. UNDERTAKER John J. Toadvine

(Address) 1927 Lanvale Ave

20. FILED ... 21. ... 19... 41

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1932 to April 3, 1932

I last saw her alive on April 3, 1932 Death is said to have occurred on the date stated above, at 5 2 • m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis ? Central Artery	unknown
Hemiplegia rt.	"
Enteroclysis	"
Carcinoma ? Bladder	unknown

Other contributory causes of importance: Anemia, Sec

Name of operation none Date of

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jas Kinnoch Jr M. D.

(Address) Balto. City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 78513 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23-E 78513

Registered No. 13-57

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals Ward)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos. ds.

2. FULL NAME (August Kousouris) Gus Kousores

(a) Residence: No. 1533 Cornwall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W. White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 10, 1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	20	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Kousouris.

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Greece.

17. INFORMANT John Kousouris.
(Address) 1533 Cornwall St.

18. BURIAL, CREMATION, OR REMOVAL
Woodlawn Date April 7, 1932

19. UNDERTAKER Chisholm-Stone
(Address) 3612 Eastern Ave.

20. FILED ____, 19__ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-5-32

22. I HEREBY CERTIFY, That I attended deceased from 5-6, 1930 to 4-5-32, 1932

I last saw him alive on 4-5-32, 1932 death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Pulmonary Tuberculosis	about 26 mo.
(Other contributory causes of importance:) Acute Heart Failure	2 days
Amputation.	

Name of operation Exploratory thoracoplasty plural Date of 3-12-32

What test confirmed diagnosis? Clinical Autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Richard E. Linder, M. D.

(Address) Balto. City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 1932 BALTIMORE, MD.

AACo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78514 | CERTIFICATE OF DEATH | E 78514

E 78514

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Registered No. ____
(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. ____ mos. 10 ds. How long in U.S. If of foreign birth? 12 yrs. ____ mos. ____ ds.

2. FULL NAME Lucy DeLuca

(a) Residence: No. 237 Patapsco ave St., Dundalk md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lucy DeLuca

6. DATE OF BIRTH (month, day, year) Jan 1886

7. AGE	Years	Months	Days	If LESS than 1 day: hrs. or min.
	46	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (construction laborer)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Contractor)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME John DeLuca

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Agata Galiano

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs Lucy DeLuca
(Address) 237 Patapsco ave Dundalk md

18. BURIAL, CREMATION, OR REMOVAL
Place St Nicholas Cem Date April 7 1932

19. UNDERTAKER John McAleer
(Address) 401 E Chester st

20. FILED ____ 19__ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 29 1932 to April 5 1932

I last saw h[illegible] alive on April 5 1932 death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute appendicitis	3 1 32 10 days
Other contributory causes of importance: Diffuse peritonitis	Mar 31 1932
Acute Pulmonary Edema	4 5 32

Name of operation Appendectomy Date of 4 1 32

What test confirmed diagnosis? Surgical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ____ 19__

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wylie M Law M. D.

(Address) University Hospital

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 78515 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 E 78515

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 421 S. Chester St. 1-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bernard Butczyk Jr

(a) Residence: No. 421 S Chester St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 5. 32

7. AGE Years	Months	Days	If LESS than 1 day, 9 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

FATHER

13. NAME Bernard Butczyk

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Teresa Brzostek

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Bernard Butczyk
(Address) 421 S Chester St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem date April 6. 1932

19. UNDERTAKER John McAlvey
(Address) 401 S. Chester St

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6 . 1932

22. I HEREBY CERTIFY, That I attended deceased from April 3 . 1932 to April 5 . 1932
I last saw him alive on April 5, 1932 Death is said to have occurred on the date stated above, at 3a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Acute Dilatation Following Pneumonia	
b Sepsis	
c	
d	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) William Reynard M. D.

(Address) 801 W Lanvale St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-0

E 78516 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78516

CERTIFICATE OF DEATH

1088

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 19-27 St. ... Ward)

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME McKinely Clemons

(a) Residence: No. 203 N. Stricker St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sallie

6. DATE OF BIRTH (month, day, year) Nov. 7, ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26?	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 040

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ? N.C.

FATHER

13. NAME Robert

14. BIRTHPLACE (city or town) (State or country) ? N.C.

MOTHER

15. MAIDEN NAME Berths Hill

16. BIRTHPLACE (city or town) (State or country) ? N.C.

17. INFORMANT Records of

(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Robersonville N. C. Date 4/7 '32

19. UNDERTAKER Samuel Hensley

(Address) 578 Mosher St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1932 to April 4, 1932

I last saw him alive on April 4, 1932. Death is said to have occurred on the date stated above, at 2:20 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	March 20 '32

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) D. H. Hanover Jr. M. D.

(Address) Balto. City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78517

E 78517

CERTIFICATE OF DEATH

23

1-PLACE OF DEATH

City of BALTIMORE: (No.) Provident Hospital St. 14-20 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Singleton Wilson

(a) RESIDENCE NO. 1512 Argyle Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Wilson

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work waiter 10 01

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Maryland

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (City or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Hannah Wilkerson

(Address) 1517 Argyle Ave

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 32

4 — 3

17 I HEREBY CERTIFY, That I attended deceased from 3-27, 19 32 to 4 — 3, 19 32

that I last saw h alive on 4 — 3, 19 32

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 2 9 da.

CONTRIBUTORY (Secondary) Pulmonary T.B.

(duration) yrs. mos. da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) George McDonald M. D.

4-5. 19 32 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial 4/7 19 32

20 UNDERTAKER Samuel Hensley Middle ADDRESS 538

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

LEAH

✓ E 78518

E 78518

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1407 N. Monroe St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leah Manokoo

(a) Residence: No. 1407 N. Monroe St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William H. Manokoo

6. DATE OF BIRTH (month, day, year) 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Orchester Co. Md.

FATHER
NAME William H. Manokoo
13. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Leah Saunders
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Sarah Manokoo
(Address) 1407 N. Monroe St

18. BURIAL, CREMATION, OR REMOVAL
Mt Zion Date 4/6 1932

19. UNDERTAKER Samuel T. Hensley
(Address) 578 Mt. Belvedere St.

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/3/32

22. I HEREBY CERTIFY, That I attended deceased from 3/21/32 to 4/3/32
last saw h[illegible] alive on 4/3/32 Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Duration of Attack
(a) Pneumonia	12 days
(b) Coronary Thrombosis	1 mo
	1930

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.

(Address) 722 Monroe St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AoCo. 5-31 250B

E 78519

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 78519

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 Montpelier St. 9-46 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rachel A. Janes

(a) Residence: No. 609 Montpelier St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter T Janes.

6. DATE OF BIRTH (month, day, year) Feb. 12/1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. D37

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Woods Hall Mass

FATHER

13. NAME Alexander Janes

14. BIRTHPLACE (city or town) (State or country) St Marys Co Md.

MOTHER

15. MAIDEN NAME Harriet Pembroke

16. BIRTHPLACE (city or town) (State or country) St. Marys Co Md

17. INFORMANT Mother
(Address) 609 Montpelier St

18. BURIAL, CREMATION, OR REMOVAL
Place New Bath. Date April 8 1932

19. UNDERTAKER Jos. J. Kerr
(Address) 1564 N. Eutaw

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1- , 1932 to April 4 , 1932

I last saw her alive on April 4 , 1932 death is said to have occurred on the date stated above, at 11:35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis.	1 wk
Subfebrile Temp.	2 days
Pneumonia (Lobar)	24 hrs

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wm J. Costello, M. D.
(Address) 335 E 31st St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 78520 ✓ E 78520

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary WARD 5-68) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Rose Klein

(a) RESIDENCE NO. 1817 Ruxton Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. 4 mos 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
~~WIFE of~~ HUSBAND of George Klein

6 DATE OF BIRTH (month, day, and year) Nov 30 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	4	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer) own home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER David Solomon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Elizabeth Richter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Hosp. Records
(Address)

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 5, 1932

17

I HEREBY CERTIFY, That I attended deceased from November 30 1931 to April 5, 1932

that I last saw h[illegible] alive on April 5 1932

and that death occurred, on the date stated above, at 7:30 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Ovary with Generalized Metastasis

(duration) 1 Plus yrs. mos. ds.

CONTRIBUTORY (Secondary) Paralytic Ileus

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & Clinical Signs

(Signed) K. Lael O. Hoover M. D.

4-5 1932 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Edmondson Friendship — DATE OF BURIAL 4-6-1932

20 UNDERTAKER Jack Lewis Inc. — ADDRESS 1439 E. Baltimore

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78521

CERTIFICATE OF DEATH

E 78521

210-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St., 26-37 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles M. ZOEBELEIN

(a) Residence: No. 3527 E. Fairmount Ave. St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mathilda Zoebelein

6. DATE OF BIRTH (month, day, year) Dec. 20, 1907.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24 25	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oiler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. STEEL CO.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Phillip Zoebelein

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Bessie Fyle

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Charles Zoeblein
(Address) 3527 Fairmount Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cemetery Date April 5 19 32

19. UNDERTAKER Lilly & Siver Bros.
(Address) 1 Druid Hill Ave.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 2.20 P.M.

The principal cause of death and related causes of importance were as follows:

Fracture of base of skull, contusion of cranial hemorrhage. — Date of onset 4/4/32

Other contributory causes of importance:

Killed when auto he was riding in struck a tree

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 4/4. 1932

Where did injury occur? Wise Ave nr Natl. Pk Rd
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Auto struck tree

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify)

(Signed) Joseph Pokorny Coroner, M. D.

(Address) 2200 E Madison St

WHITE LEAD, with UNLEADED INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Bks.

E 78522

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

E 78522

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital St. 16-22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances Mc neily

(a) RESIDENCE NO. 1428 Hyde well St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Anderson Mc neal

6 DATE OF BIRTH (month, day, and year) July 30 1890

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	41 — 42	8	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) & (State or country) S.C. North Carolina

PARENTS

10 NAME OF FATHER Alex. Kendall

11 BIRTHPLACE OF FATHER (City or town) & (State or country) S.C.

12 MAIDEN NAME OF MOTHER Minnie Stuart

13 BIRTHPLACE OF MOTHER (city or town) & (State or country) S.C.

14 Informant Anderson Mc Neal

(Address) 1428 E. Hydewell. Corr

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1932

4 — 4

17 I HEREBY CERTIFY, That I attended deceased from

4 - 2 - Dec 1932 to 4 - 4 1932

that I last saw her alive on 4 - 4 1932

and that death occurred, on the date stated above, at 10 40 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 3 da.

CONTRIBUTORY (Secondary) Hypertension

(duration) 3 yrs. mos. da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Laboratory

(Signed) George Mc Donnell M. D.

4-5, 1932 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — Date of Burial June 7 1932

20 UNDERTAKER James H. Chesshire — ADDRESS 638 N. Edmon

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

APPD-1932

1-30—M. & T.—100 B—50L

E 78523

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 78523

108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hosp ST., 9-45 (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hannie J. Smith

(a) RESIDENCE No. 2900 Harford Rd ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: H. Blair Smith

6 DATE OF BIRTH (month, day, and year): March 1, 1900

7 AGE — Years: 32 — Months: 6 — Days: 24 — If LESS than 1 day, hrs. or min.: .....

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer): Johns Hopkins Hosp
(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Morrisburg Ont

PARENTS

10 NAME OF FATHER: James Baron

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ont Canada

12 MAIDEN NAME OF MOTHER: Hannie Larrimore

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ontario

14 Informant: H. Blair Smith

(Address) 2900 Harford Rd

15 Filed ..... 192 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 5 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Oedema & Early Pneumonia

(duration) yrs. ..... mos. ..... ds. .....

CONTRIBUTORY (Secondary) Laryngitis & Tracheiti

(duration) yrs. ..... mos. ..... ds. .....

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? At Hopkins

What test confirmed diagnosis? .....

(Signed) ..... Coroner, M. D.

12/6/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Morrisburg Ont

DATE OF BURIAL: Dec 6 1932

20 UNDERTAKER: J. M. Cook

ADDRESS 1211 E. Baltimore St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-8

E 78524

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 78524

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. 4-3093

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Michael Sheridan

(a) Residence: No. 604 W. Redwood St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
apparent 45 to 60 Unknown			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date ... 19

19. UNDERTAKER (Address)

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1932 to April 3, 1932

I last saw him alive on April 3, 1932 Death is said to have occurred on the date stated above, at 6:20 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chr. Alcoholism, acute	unknown "

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Thos. G. Linnard M.D.

(Address) Balto. City Hosp.

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

X

✓

176

AACo. 5-31 250B

E 78525

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78525

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 626 Bradley St. 7-24 Ward) Registered No. 154

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Garey.

(a) Residence: No. 626 Bradley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) April 4, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
0			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

FATHER

13. NAME Edwards Garey.

14. BIRTHPLACE (city or town) (State or country) Balt Md

MOTHER

15. MAIDEN NAME Edna Stubbs

16. BIRTHPLACE (city or town) (State or country) Hampton, Va

17. INFORMANT Edna Garey.
(Address) 626 Bradley St

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1932, to April 5, 1932

I last saw him alive on 4/5 12.30, 1932 death is said to have occurred on the date stated above, at 12.60 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spas. Laryngo	
Pneumonia 2 hours.	
(Other contributory causes of importance)	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Louis R. Laurenzano M. D.

(Address) [illegible]

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED APR 5 1932

AaCo. 5-41 250B

E 78526

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78526

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 16-26 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jacob Nicholson

(a) Residence: No. 1078 W. Fairmount ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furnace man.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 056

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Jacob Nicholson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Griffin

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 4/7 1932

19. UNDERTAKER John J. Fahey Sons
(Address) 1318 Light St.

20. FILED ..... 19 .....
4.6.32 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 28, 1931 to April 3, 1932

I last saw him alive on April 3, 1932 death is said to have occurred on the date stated above, at 6.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulm. Tuberculosis	Unknown.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Lawrence L. Sons, M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 78527 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

104 E 78527

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1[illegible] Hillman) St. 10-14 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Washington

(a) Residence: No. 112 Hillman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 22 - 1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Geo Washington
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Washington
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mary Washington
(Address) 112 Hillman St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date April 8 1932

19. UNDERTAKER Robt F Williams
(Address) 1515 McCulloh St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-5, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-27, 1932 to 4-5, 1932

I last saw him alive on 4-5 1932 death is said to have occurred on the date stated above, at 11:55 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Lobar Pneumonia	3-27-32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) E. S. Allen, M. D.

(Address) 520 Druid Hill Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78528

E 78528

CERTIFICATE OF DEATH

59

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital. ST. 9-18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret A. Kelly.

(a) RESIDENCE NO 1317 Wilcox St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 10 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed or divorced (wife or husband of) WIFE of John E. Kelly.

6 DATE OF BIRTH (month, day, and year) May 9, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	65	10	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Patrick Hagerty.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Mary Ann Gallagher.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant John E. Kelly. (husband)

(Address) 1317 Wilcox St.

15 Filed ..., 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 5, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis.
Chronic Diabetes Mellitus.
Lobar pneumonia.
Diabetic gangreen, right foot & leg.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1317 Wilcox St.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto A. Reinhardt, M. D. Coroner

4/6/32 19 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Cathedral Cemetery — DATE OF BURIAL: Apr. 9 19 32

20 UNDERTAKER: Stanley Staack Sons, Inc. — ADDRESS: 1301 E. Eager St.

G. BAYNARD JONES, M. D.

R. & H.

NOTE.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 78529

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

71-001 E 78529

13-52

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4135 Roland Ave. St., (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hyland P. Stewart

(a) Residence: No. 4135 Roland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mamie Adams

6. DATE OF BIRTH (month, day, year) Aug. 15, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney-at-law

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent County Md.

FATHER

13. NAME William H. Stewart

14. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER

15. MAIDEN NAME Sarah E. Murphey

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hyland P. Stewart
(Address) 4135 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem'ty Date April 7 1932
(Signed) John C. Mitchell
19. UNDERTAKER John C. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED , 19 A.C.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5 , 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 4 , 1931 to April 5 , 1932

I last saw h[illegible] alive on April 5 , 1932 Death is said to have occurred on the date stated above, at 8:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased

If so, specify

(Signed) Henry C. Clark M. D.

4-6-32 (Address) Lafayette Apts.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 78530

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78530

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1209 John St. 11-24 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie M. Daly.

(a) Residence: No. 1209 John St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William B Daly

6. DATE OF BIRTH (month, day, year) Oct 21 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Centreville Md

FATHER

13. NAME Samuel D. Truitt

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Susan Colbreath

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT William B Daly
(Address) 1209 John St

18. BURIAL, CREMATION, OR REMOVAL Holy Rude Hastings Date April 8. 1932

19. UNDERTAKER John O. Mitchell Son
(Address) 1900 Eutaw Place

20. FILED . 19 April 8 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5 . 1932

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .

I last saw h alive on January 5 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
1 year	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. H. Kirk M. D.
(Address) Coroner

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78531 131 E 78531

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5001 Gwyn Oak Ave Ward) 26-6-4

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. — mos. — ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pauline Hornig

(a) Residence: No. 5001 Gwyn Oak Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Paul Hornig

6. DATE OF BIRTH (month, day, year) Jan 20 1845

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Robert Versky

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christina Ulrich

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. C. W. Gross
(Address) 5001 Gwyn Oak Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Apr 8, 1932

19. UNDERTAKER J. Fred Coerdens & Son
(Address) 217 S. Paca St

20. FILED ....., 19.....
11 8 44 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1932 to Apr 6, 1932

I last saw h[illegible] alive on Apr 6, 1932 Death is said to have occurred on the date stated above, at 5-[illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	[illegible] yrs
Other contributory causes of importance:	
Bronchiopneumonia	8 hrs

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Cl Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ....., 19....

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. T. Lyper M. D.

(Address) 3321 Fulton Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 1932 [illegible]

M. D. R. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

78532

CERTIFICATE OF DEATH

E 78532

107-001

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 26-37 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Wallace Bremmel

(a) Residence: No. no home St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 12, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) Eastern Shore Md.

MOTHER

15. MAIDEN NAME Eliza Dennis

16. BIRTHPLACE (city or town) (State or country) Eastern Shore Md.

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Antrim Cem. Date Apr. 7 1932

19. UNDERTAKER Chris. H. Johnson
(Address) 4[illegible] Pennsylvania Ave.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1932 to April 4, 1932

I last saw him alive on April 4, 1932. Death is said to have occurred on the date stated above, at 8:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	6 Days
Other contributory causes of importance: Hyperpyrexia [illegible]	[illegible]

Name of operation No Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature] M. D.

(Address) Balto. City Hosp.

Information desired is necessary, supreme. Any answer to any question should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78533

CERTIFICATE OF DEATH

E 78533

1. PLACE OF DEATH Baltimore City Hospitals — 82-001 — Registered No.

CITY OF BALTIMORE: (No. ..... St. 27-46 Ward.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maggie Curtis (Mary Magdalene Holmes)

(a) Residence: No. 412 Cedarcroft Rd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Divorced

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Alva Curtis

6. DATE OF BIRTH (month, day, year): 1888?

7. AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Middlesex Co. Va.

FATHER

13. NAME: John Holmes

14. BIRTHPLACE (city or town) (State or country): ? Va.

MOTHER

15. MAIDEN NAME: Martha ?

16. BIRTHPLACE (city or town) (State or country): ? Va.

17. INFORMANT: Records of
(Address): Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem. Date 4-7-32

19. UNDERTAKER David Earnest
(Address) 716 Pa Ave

20. FILED ... 19... M... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1930 to April 3, 1932

I last saw her alive on April 3, 1932 Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into Centrum	11-5-30
Arteriosclerosis	Unk
Hypertension	Unk

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jas G Thwaites M. D.

(Address) Balto. City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001 E 78534

E 78534

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3201 Chestnut Ave ST., 13-52 WARD)

2-FULL NAME Charles E Burgess

(a) RESIDENCE No. 3423 Chestnut Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ....min.
	61	5		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William A. Burgess

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Theresa A Strickerman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Howard Burgess

(Address) 34 Wellington St

15 Filed ..., 192... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/5 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death?..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) John Monroe, M. D. Coroner

4/6, 1932 (Address) 3632 Roland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Marys Hampden	Apr 7 1932
20 UNDERTAKER	ADDRESS
H.S. Marshall	3539 Falls Rd

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

E 78535

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001

107 E 78535

CERTIFICATE OF DEATH

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital St. 18-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Pitts

(a) RESIDENCE NO. 745 Vine Street St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Florence Pitts

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years: 39 Months: Days: IF LESS than 1 day ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Odd

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Virginia

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (City or town) _____

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country)

14 Informant Florence Pitts

(Address) 745 Vine St

15 Filed _____, 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 32

4 - 5

17 I HEREBY CERTIFY, That I attended deceased from 4 - 4, 19 32, to 4 - 5, 19 32

that I last saw him alive on 4 - 5, 19 32

and that death occurred, on the date stated above, at 10 55 m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

_____ (duration) _____ yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) _____

_____ (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted

If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Lee Gerne Burnett, M. D.

4 6, 19 32 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cem

Date of Burial: 4/8 19 32

20 UNDERTAKER: Isaiah L Brown Sons

ADDRESS: 108 W Montgomery St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 78536

23 E 78536

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1429 Monroe, 15-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael Dolbin

(a) Residence: No. 1429 Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 30, 1913

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
18	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jumbler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co.

FATHER

13. NAME Geo Dolbin

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Rosie Thomas

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Rosalie Dolbin

(Address) 1429 Monroe

18. BURIAL, CREMATION, OR REMOVAL

Place St. Charles Date 4/8/32

19. UNDERTAKER Mrs. Geo. A. Hollan

(Address) 1631 Druid Hill Ave

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/5/32

22. I HEREBY CERTIFY, That I attended deceased from 3/7/32, 19 , to 4/5/32, 19

I last saw h alive on 3/7/32. Death is said to have occurred on the date stated above at .m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pul. Tuberculosis	About 1/25/32

Other contributory causes of importance:

Had Pneumonia in the Winter of 1930 & 1931 & was sick with this time.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. Lee Rot M. D.

(Address) 924 Mad. ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 78537

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. Provident Hosp. ST. 14-20 WARD)

2-FULL NAME Gar Randall

(a) RESIDENCE No. 1428 Division ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

173

E 78537

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 3 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	1	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Waiter
(b) General nature of industry, business, or establishment in which employed (or employer) 1070
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Annapolis Md

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Emma Randall

(Address) 1428 Division

15 Filed 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 3rd 19 32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest + Autopsy (Inquest, autopsy or inquiry) find that said deceased came to Suicide death on the day stated above.

The CAUSE OF DEATH* was as follows: Suicide

Pistol wound of Brain

(duration) yrs. hour, ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) H. Floyd Corner, M. D.

Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Natural Cemetery

DATE OF BURIAL 4/7 19 32

20 UNDERTAKER Wm Geo. H. Holland

ADDRESS 1601 Druid Hill

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M.—5—50L.

E 78538

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001 E 78538

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) Broadway (St.) 15-21 (Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irene R. Carter

(a) RESIDENCE No. 718 (Usual place of abode) Cumberland St. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Howard Carter

6 DATE OF BIRTH (month, day, and year): June 22 1858

7 AGE: Years 43 | Months 9 | Days 13 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Janitress
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): West Virginia

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Howard Carter

(Address) 718 Cumberland

15 Filed _____, 192 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 5th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. Several days

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) _____ (Coroner) _____ M. D.

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: 6/8/32

20 UNDERTAKER: Archibald A. Gude — ADDRESS: 1850 N. Carey

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

678539.

CERTIFICATE OF DEATH

48-678539

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2454 Shirley Ave, St. 15-28 Ward)

Length of residence in city or town where death occurred Yrs. mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Fannie Damet

(a) Residence: No. 2454 Shirley Ave., St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Wolf Damet

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER
13. NAME Samuel Guth
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Julia —
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wolf Damet
(Address) 2454 Shirley Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmt. Cem. Date 4-7- 1932

19. UNDERTAKER Ideal Funeral, Inc.
(Address) 1439 E. Balto. St.

20. FILED , 19 4-7-32 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-6- 1932

22. I HEREBY CERTIFY, That I attended deceased from January, 1930 to April 6, 1932
I last saw h[illegible] alive on April 6 1932 death is said to have occurred on the date stated above, at 6.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Cancer of the body of the Uterus	
(Other contributory causes of importance)	
Diabetes Mellitus	

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Nathan Abrahamson, M. D.
(Address) 1515 N. Bentalou St.

INSTRUCTIONS: Use typewriter or write plainly in ink. Answer each question. If none, so state. If unknown, so state. EXACTNESS IS REQUIRED. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 78540

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 78540

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 N Kennard Ward) 174-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emmet S Richardson

(a) Residence: No. 811 N Kennard Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie S Richardson

6. DATE OF BIRTH (month, day, year) July 2 1864

7. AGE Years 67 Months 9 Days 3 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 09

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME William Thomas Richardson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Sarah Davis

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Lucy F Richardson

(Address) 2820 Woodbourne

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 4/7/32

19. UNDERTAKER J M Cook

(Address) Park & Laurel Sts

20. FILED 4/7 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 11 1931 to April 5 1932

I last saw him alive on April 5 1932 Death is said to have occurred on the date stated above, at 6:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Pneumonia	about 2 wks
Other contributory causes of importance: Carcinoma of Liver	Months

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alma B Lemon M. D.

4/6/32 (Address) 718 N Patterson Park Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78541

CERTIFICATE OF DEATH

47 E 78541

1. PLACE OF DEATH Baltimore City Hospitals (Tbc.) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 25-32 Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Niemann

(a) Residence: No. 2301 Cedley st. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Niemann

6. DATE OF BIRTH (month, day, year) March 28, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
51	50		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 915

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Henry Niemann

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Mary Nichoff

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date 8th 1932

19. UNDERTAKER E Schloman & Son
(Address) 1039 Hanover st

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from February 24, 1932 to April 5, 1932

I last saw him alive on April 5, 1932 death is said to have occurred on the date stated above, at 5.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulm. Carcinoma	Unknown
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Lawrence H. Sona, M. D.
(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T —100 B—50L

E 78542

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78542

CERTIFICATE OF DEATH

6 16 181

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital ST. 6 WARD)

2-FULL NAME John E. Keyes.

(a) RESIDENCE NO 1333 N. Patterson Park Ave ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs 2 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married HUSBAND of Cayherine Keyes.

6 DATE OF BIRTH (month, day, and year) February 6, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	2	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Lubricating Oil merchant.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Lourie D. Keyes.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Sarah J. Elliott.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Catherine E. Keyes. (wife)

(Address) 1333 N. Patterson Park Ave.

15 Filed ....., 192 .... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

3rd degree burns over 1/2 of body.
Caused while burning rubbish.
Occidental Death.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) 118 S. York St. yrs. mos. ds.

18 Where was disease contracted if not at place of death? March 16, 1932

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [illegible] M. D. Coroner

4/6/32, 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery DATE OF BURIAL April 8 1932

20 UNDERTAKER Henry Lutz ADDRESS 1203 N. Broadway

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 78543

HEALTH DEPARTMENT—CITY OF BALTIMORE

161 1801

E 78543

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE. (No. 1218 W Lexington ST. 18-26 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Moses Calvert McDaniel

(a) RESIDENCE NO. 1218 W Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 4 1932

7 AGE — Years | Months | Days: 2 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Thomas McDaniel

11 BIRTHPLACE OF FATHER (city or town) S C
(State or country)

12 MAIDEN NAME OF MOTHER Ester Tippett

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Thomas McDaniel
(Address) 1218 W. Lexington St

15 Filed ____ 19____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6-32

17 I HEREBY CERTIFY, That I attended deceased from April 4, 1932 to April 6, 1932

that I last saw h last alive on April 6, 1932

and that death occurred, on the date stated above, at 10-30 P m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H H Wiley M. D.

, 19 (Address) 1021 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Int Zion Cemetery — DATE OF BURIAL: April 7, 1932

20 UNDERTAKER: Mrs Katie R. Williams — ADDRESS 2211 Lanvale St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. H. 1268-9

E 73544 HEALTH DEPARTMENT—CITY OF BALTIMORE E 73544

CERTIFICATE OF DEATH

X 51

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 7-9 Ward)

Length of residence in city or town where death occurred yrs. mos. 3 hrs. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Max Friedlander

(a) Residence: No. Hazelton, Pa. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Friedlander

6. DATE OF BIRTH (month, day, year) July 21/1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brick maker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Daniel Friedlander

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Helene Buchofser

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) George Friedlander (son) Mt. Vernon, N.Y.

18. BURIAL, CREMATION, OR REMOVAL Mt. Pleasant N.Y. Date Apr 7 .. 1932

19. UNDERTAKER (Address) Jno. O. Whitehead & Son 1601 Eastern Ave

20. FILED .. 19 .. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 6/32 19

22. I HEREBY CERTIFY, That I attended deceased from .. 19 .. to .. 19 ..

I last saw h alive on .. 19 .. Death is said to have occurred on the date stated above, at 6 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Urinary Bladder with metastases to liver	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury .. 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. H. Cozen Coroner, M. D.

(Address) 508 E. Monument

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-11 250B

E 78545

HEALTH DEPARTMENT—CITY OF BALTIMORE E 78545

E 78545

CERTIFICATE OF DEATH

66-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6116 Reisterstown Rd. St., 28-63 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Jane M. Huth

(a) Residence: No. 6116 Reisterstown Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Late Joseph W. Huth

6. DATE OF BIRTH (month, day, year) Sept. 16, 1873.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John F. Potts

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Catherine Hagen

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Joseph H. Huth
(Address) 6116 Reisterstown Rd.

18. BURIAL, CREMATION, OR REMOVAL Interment
Place St. Charles Cem. Date 4/7/32 19

19. UNDERTAKER Harry L. Tuttle
(Address) 4101 Edmondson Ave.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6. 1932

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1932 to April 5 1932

I last saw h[illegible] alive on April 5 1932 death is said to have occurred on the date stated above, at 12 10A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver.	
Atypical Tuberculosis	
Pulmonary Fracture	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) [illegible] M. D.

(Address) 5301 Garrison Blvd.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2508

78546

HEALTH DEPARTMENT—CITY OF BALTIMORE 78546

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2815 Quantico Ave. St. 15-58 Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dorathea Lenz

(a) Residence: No. 2815 Quantico Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Late Alexander Lenz

6. DATE OF BIRTH (month, day, year) Dec. 27, 1854.

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
77	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Wash. D. C.

FATHER

13. NAME Jacob Miller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mr. J. Frederick Lenz, 2815 Quantico Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date 4/7/32 19...

19. UNDERTAKER (Address) Harry A. Tuttle, 4101 Edmondson Ave.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929 to June 5, 1932

I last saw her alive on April 4, 1932 death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

Arteriosclerosis	

Name of operation — Date of —

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) J. Thomas Dubson, M. D.

(Address) 1001 N. Linwood Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks

78547 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 78547

52

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No) 1738 S. 6 Charles ST. 23-32 WARD

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Sarah A. Price

(a) RESIDENCE NO. 1738 S. 6 Charles ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of George Price

6 DATE OF BIRTH (month, day, and year) Sept 23, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	6	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Portsmouth Va.

PARENTS
10 NAME OF FATHER John D. Willder
11 BIRTHPLACE OF FATHER (city or town) (State or country) England
12 MAIDEN NAME OF MOTHER Rebecca Knapp
13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Blanche N. Jacobs
(Address) 1738 S. Charles St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 6, 1932

17
I HEREBY CERTIFY, That I attended deceased from April 2, 1931, to April 6, 1932
that I last saw her alive on April 5, 1932
and that death occurred, on the date stated above, at 3:45 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Face
Indef.
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Exhaustion
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) H. L. Campbell M. D.
4/6, 1932 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem. DATE OF BURIAL April 9 1932

20 UNDERTAKER A. Howard Evans ADDRESS 352 Hart Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

78548

23 E 78548

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 9 W. Hill St. ST. 22-31 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mabel I. Strovel.

(a) RESIDENCE NO. 9 W. Hill St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. 0 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) April 2, 1911

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	0	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Sales lady 0-7
(b) General nature of industry, business, or establishment in which employed (or employer): The Hub.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Joseph Strovel.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Elizabeth Miller.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant George A. Strovel. (brother)

(Address) 2810 E. Hamilton Ave.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 5, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [illegible] Coroner, M. D.

4/6/32, 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Apr. 8" 32
20 UNDERTAKER	ADDRESS
Lord & Cook	203 N. Liberty

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AdCo. 5-31 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

78549

CERTIFICATE OF DEATH

131 E 78549

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1446 N. 36th St. St., 13 Ward)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dr. John Harry Moyer

(a) Residence: No. 1446 N. 36th St. St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa M. Moyer

6. DATE OF BIRTH (month, day, year) March 18-1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	—	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drugs
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER
13. NAME John Moyer
14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT M. N. Bean
(Address) 1446 N. 36th St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date April 8, 1932

19. UNDERTAKER Horace F. Burgee
(Address) 3631 Falls Road

20. FILED ..., 19 32 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1932.

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1932 to April 5, 1932
I last saw him alive on April 5, 1932 death is said to have occurred on the date stated above, at 7:45 P. m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis following attack of Lagrippe

Date of onset

Other contributory causes of importance:

Chronic Interstitial Nephritis 5 years duration

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. Fuller, M. D.
(Address) 3611 Roland Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78550

CERTIFICATE OF DEATH

V/31 E 78550

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2930 Hudson St., 26 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Caroline Bauernschub.

(a) Residence: No. 2930 Hudson St., 26 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Late John J. Bauernschub

6. DATE OF BIRTH (month, day, year) June 11th 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Martin Bauernschub.

(Address) 2930 Hudson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date April 9th 1932

19. UNDERTAKER Feller-Geider Inc.

(Address) 408 E. Oliver St.

20. FILED ..... 19..... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6th 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1931 to April 6 1932

I last saw her alive on April 6 1932 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Debility of Aged — Date of onset

Other contributory causes of importance: Chr. Myocarditis & Nephritis

Name of operation ..... Date of .....

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Joseph Toulney M. D.

(Address) 800 S. Ellwood Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1269-S

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78551

CERTIFICATE OF DEATH

E 78551

Registered No. 108 E 78551

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 635 S. Patterson Pk. Ave. W-3 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary R[illegible] Stanton

(a) Residence: No. 635 S. Patterson Park Ave. W. 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Child.

6. DATE OF BIRTH (month, day, year) Oct 21 1926

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
5	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Edward Stanton

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Prayder

16. BIRTHPLACE (city or town) (State or country) Bal. J. Md.

17. INFORMANT Edward Stanton Father

(Address) 635 S. Patterson Park ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park. Date April 8 1932

19. UNDERTAKER Lilly & Sons

(Address) 1708 Wolfe St.

20. FILED . 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6 1932

22. I HEREBY CERTIFY, That I attended deceased from March 23 1932 to Apr. 6 1932

I last saw her alive on " 5 1932 Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Bilateral)	3/23
Other contributory causes of importance: Uremia Failure	

Name of operation None Date of

What test confirmed diagnosis? Sputum Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elias J. Weer M. D.

4/7/32 (Address) 400 S. Bond St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 78552

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78552

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. da. How long in U. S. If of foreign birth? 45 yrs. mos. da.

2. FULL NAME Severn Pyzdrwoski

(a) Residence: No. 2214 Canary Court St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Martha

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records of

(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Date April 8, 1932

19. UNDERTAKER Fitzgerald

(Address) 1930 Eastern Ave

20. FILED ..... 19 H.C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1932 to April 6, 1932

I last saw h alive on April 6, 1932 Death is said to have occurred on the date stated above, at 3:20 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chr Arteriosclerosis fibrillation	3 months unknown

Other contributory causes of importance:

Arteriosclerosis	unk

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas E Crawford M.D.

(Address) Balto. City Hosp.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 78553 (1)

E 78553

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5809 Clover Road St. 27-55 Ward)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel M. Rosenberg

(a) Residence: No. 5809 Clover Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Laura

6. DATE OF BIRTH (month, day, year): July 1. 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clothing Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): New York

FATHER

13. NAME: Elias Rosenberg

14. BIRTHPLACE (city or town) (State or country): N. Y. Poland

MOTHER

15. MAIDEN NAME: Sarah Silverberg

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: I. H. Rosenberg

(Address) 1414 Callow ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Hebrew Friendship Date: April 8 1932

19. UNDERTAKER: Sol Leizear & Bro

(Address) 112 N Gay St.

20. FILED ..... M. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4/6 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/11/31 19 to 4/6 1932

I last saw him alive on 4/6 1932 Death is said to have occurred on the date stated above, at 10:40 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis of Portal	
Inferior Cerebral artery	10 mos

Other contributory causes of importance:

General Arteriosclerosis	1 year

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.

(Address) 1320 Eutaw Place

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-20—ST & T—100 B—50L

E 78554

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 78554

93-004

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. William & Hughes Sts. ST. 24-33 WARD)

2-FULL NAME Lewis E. Airey.

(a) RESIDENCE NO 411 E. Hanburg St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. ---mos.---ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of Mary E. Airey.

6 DATE OF BIRTH (month, day, and year) August 1, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	8	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Marine Engineer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Dorchrster Co. Md.

PARENTS

10 NAME OF FATHER Andrew Airey.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dorchester Co. Md.

12 MAIDEN NAME OF MOTHER Elizabeth Bell.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dorchester Co. Md.

14 Informant Mary E. Airey. (wife)

(Address) 411 E. Hanburg St.

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 5, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Alan F. Winslow, M. D. Coroner

4/7/32 19 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western

DATE OF BURIAL April 9 1932

20 UNDERTAKER John F Denny

ADDRESS 745 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

78555

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

52 E 78555

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2228 Orleans St 6-10 Ward)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henrietta Guessman

(a) Residence: No. 2228 Orleans St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. Guessman

6. DATE OF BIRTH (month, day, year) Jan 27/1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wendell Lohrs

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Annie Gumacht

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Chas. Guessman

(Address) 2228 Orleans St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date Jan 8, 19 37

19. UNDERTAKER Philip Hewig

(Address) 2010 Orleans St

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5 19 37

22. I HEREBY CERTIFY, That I attended deceased from Nov. 32 to April 5 32

I last saw her alive on April 5 32 Death is said to have occurred on the date stated above, at 8.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Post'd Elem)	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis Krause, M. D.

(Address) Med. Arts Bldg.

OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 250B

E 78556

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78556

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Caton & Hilkeal Ave) (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Alice S. Fox

(a) Residence: No. 2031 Eutaw Place Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~single~~, widowed, or ~~divorced~~
~~HUSBAND~~ (or) WIFE of Late W. J. Fox

6. DATE OF BIRTH (month, day, year) Aug 29th 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia

FATHER

13. NAME Frederick Strow

14. BIRTHPLACE (city or town) (State or country) ~~Frederick Strow~~ Penna

MOTHER

15. MAIDEN NAME Susan Strow

16. BIRTHPLACE (city or town) (State or country) Phila.

17. INFORMANT Alberta S. Fox
(Address) Gibson Island

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date April 9th 1932

19. UNDERTAKER Henry Jenkins & Co
(Address) Eutaw Place & Lanvale St

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6 1932

22. I HEREBY CERTIFY, That I attended deceased from April 4th, 1932, to April 6th 1932

I last saw her alive on April 6, 1932 death is said to have occurred on the date stated above, at 4.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4-3-32
Rt Lower Lobe -	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Physical & Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury ...

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify ...

(Signed) Nyalmer S. Anderson M. D.

(Address) St Agnes Hospital

SUBJECT OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 78557

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 001 ✓ E 78557

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 23-33

CITY OF BALTIMORE: (No. 35 E. Henrietta ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Nettie M. Dunivin DUNIVIN

(a) RESIDENCE NO. 35 E. Henrietta ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Dunivin

6 DATE OF BIRTH (month, day, and year): April 5 1877

7 AGE: Years 55; Months —; Days 1; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House - wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: James H. Short

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Nellie Bradley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs. Gertrude Feigen Daughter

(Address) 35 E. Henrietta St

15 Filed . . 19 . . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 6 1932

17 I HEREBY CERTIFY, That I attended deceased from March 12, 1932, to Apr. 6, 1932,

that I last saw h[illegible] alive on Apr. 6, 1932

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Cardiac dilitation

following mitral insufficiency

Mar 12 (duration) yrs. 32 mos. ds.

CONTRIBUTORY (Secondary) Terminal Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? 35 E Henrietta St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Wallace Walters, M. D.

. 19 (Address) 827 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oxford Md via Auto

DATE OF BURIAL: April 8 1932

20 UNDERTAKER: John P. Denny

ADDRESS: 715 Light St

Important. See instructions on back of certificate.

M. D. B. 1268-9

78558

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 78558

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ... St. 8-17 Ward)

Registered No. ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Hill

(a) Residence: No. 2020 Llewellyn St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) May 31, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Brunswick Va.

FATHER

13. NAME Sam Hill

14. BIRTHPLACE (city or town) (State or country) ? Va.

MOTHER

15. MAIDEN NAME Anna Harris

16. BIRTHPLACE (city or town) (State or country) ? Va.

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place La Grace Va. Date April 7 1932

19. UNDERTAKER M. F. U. Blood
(Address) Mt. Auburn

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-4-32 . 19

22. I HEREBY CERTIFY, That I attended deceased from 3-31-32 . 19 . to 4-4-32 . 19 .
I last saw him alive on 4-4-32 . 19 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3-24-32

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ... M. D.
(Address) Balto. City Hosp.

APPLICATION OF DEATH to be filled in by undertaker. See instructions on back of certificate.
OCCUPATION is very important.

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

78559 23 L 78559

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1831 E Eager St., 7-13 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yr. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Smith

(a) Residence: No. 1834 E Eager St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

3a. If married, widowed, or divorced (or) WIFE of Mose Smith

6. DATE OF BIRTH (month, day, year) April 5 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	—	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sparrows Point Md

FATHER

13. NAME John Chapman

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Carrie Hood

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT John Chapman (Father)
(Address) 1831 E Eager st

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date April 9, 1932

19. UNDERTAKER Mrs. R. G. Elliott
(Address) 1925 Eastlandave

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1932, to April 6, 1932

I last saw h er alive on April 5, 1932 death is said to have occurred on the date stated above, at 7:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Nov 1931

Other contributory causes of importance:

Cardiac exhaustion

Name of operation none Date of

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. F. Young, M. D.

(Address) 1427 E Monument St

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 78560

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

E 78560

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) Conduit House St. 11-7 (WARD)

2-FULL NAME Geo Fleming

(a) RESIDENCE NO 108 E Hamilton ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary.

6 DATE OF BIRTH (month, day, and year) [illegible] 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	—	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER John Fleming

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Martha [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant [illegible]

(Address) 911 Eutaw St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 5th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) few hours

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H E Kirk, M. D. Coroner

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cemetery

DATE OF BURIAL Nov 8 1932

20 UNDERTAKER Mrs R H Elliott

ADDRESS 422 E Lexington

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 78561 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78561

CERTIFICATE OF DEATH

125-002

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 16-22 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Stanley

(a) Residence: No. 815 N. Stricker St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hilda

6. DATE OF BIRTH (month, day, year) Sept. 5, 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Dorchester Md.

FATHER

13. NAME Richard

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME John Ann

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records of

(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Claiborne Date April 8, 1932

19. UNDERTAKER Mr R A Elliott

(Address) 1125 Eastend Av

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1932 to April 6, 1932

I last saw him alive on April 6, 1932 Death is said to have occurred on the date stated above, at 11:45 m/.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess of liver Indefinite months	month

Other contributory causes of importance:

Anemia, secondary	

Name of operation Date of

What test confirmed diagnosis Autopsy? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas Shmoke M. D.

(Address) Balto. City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78562

CERTIFICATE OF DEATH

23

E 78562

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1326 Shields ST., 17-24 WARD

2—FULL NAME George M. Roberts

(a) RESIDENCE NO. 1326 Shields ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	M

a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Roberts

6 DATE OF BIRTH (month, day, and year) March 28-93

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39		8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Samuel Price

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Susan Lands

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mary E. Roberts

(Address) 616 N. Fairmount Ave

15 Filed 4-7 1932 19 A. P. H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/6/32

17 I HEREBY CERTIFY, That I attended deceased from Feb 5 1932 to Apr 6 1932

that I last saw h alive on Apr 6 1932

and that death occurred, on the date stated above, at 5.40 P m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) Thos. D. Woolridge M. D.

4/7 1932 (Address) 703 W. Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National

DATE OF BURIAL 4/9 1932

20 UNDERTAKER Emil H. Hawkins

ADDRESS 1-31 N. Gilmor

Important. See instructions on back of certificates.

M. D. B. 1268-9

78563

HEALTH DEPARTMENT—CITY OF BALTIMORE

78563

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1812 Edmondson Ave. St., 46-37 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 2 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph McCawley

(a) Residence: No. 1812 Edmondson Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Coral Lee McCawley

6. DATE OF BIRTH (month, day, year) Feb. 3, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mgr. 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Plaza Bowling Alley

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Jos. McCawley

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Katie McCawley

(Address) 1812 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Apl. 8 . 1932

19. UNDERTAKER Wm. Wickens Sons

(Address) North & Pa Aves

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5 . 1932

22. I HEREBY CERTIFY, That I attended deceased from March 28. 1932 to Apl. 5- . 1932

I last saw him alive on Apl 4. . 1932 Death is said to have occurred on the date stated above, at 6.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Haemorrhage	3-11-32

Other contributory causes of importance:

Exhaustion.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Theo. C. Blake M. D.

(Address) 719 Med. Arts Bldg

OCCUPATION is very important. See instructions on back of certificate. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified.

M. D. B. 1268-9

George B. McClelland Frazee

HEALTH DEPARTMENT—CITY OF BALTIMORE

L 78564

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 15-6 Ward

Length of residence in city or town where death occurred 68 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

B.M.C.

2. FULL NAME George Frazee

(a) Residence: No. 3305 Guyons Falls Pkwy Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ida Frazee

6. DATE OF BIRTH (month, day, year) Mar. 4-1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. lineman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Isaac Frazee

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Barbara Thomas

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date Apr 9 1932

19. UNDERTAKER Wm. J. Tickler Son
(Address) North & Penn

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1932 to April 7, 1932

I last saw h[illegible] alive on April 7, 1932 Death is said to have occurred on the date stated above, at [illegible] m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral arteriosclerosis	4 yrs
Probably thrombosis	Terminal

Other contributory causes of importance:

Bronchopneumonia	2 wks

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Rudell Munsell, M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 78565

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78565

CERTIFICATE OF DEATH

X 53

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital ST., 7-9 WARD)

2-FULL NAME Hugh Fraser Benson Jr.

(a) RESIDENCE NO 1040 W. 6th St. ST., ... WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. / ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

Erie, Pa.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 21. 1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	5	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Erie
(State or country) Penna

PARENTS

10 NAME OF FATHER Hugh F Benson

11 BIRTHPLACE OF FATHER (city or town) Buffalo
(State or country) N. Y.

12 MAIDEN NAME OF MOTHER Jean M. Carroll

13 BIRTHPLACE OF MOTHER (city or town) Erie
(State or country) Penna

14 Informant Hugh F Benson
(Address) Erie Penna

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6th 32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock-hemorrhage-post operative

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Brain Tumor

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? yes Date of Apr 6/32

Was there an autopsy? yes at Hopkins

What test confirmed diagnosis?

(Signed) John Walker, M. D. Coroner

4/7/32 (Address) 106 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Erie, Penna — DATE OF BURIAL April 7, 1932

20 UNDERTAKER W. J. Tuckey & Sons — ADDRESS North St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CONDITION is very important. See instructions on back of certificates.

AaCo. 5-31 250B

E 78566

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78566

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 10-14 Ward)

Length of residence in city or town where death occurred 40 yrs mos ds How long in U.S. If of foreign birth 40 yrs mos ds

2. FULL NAME Frederick Kallhauch

(a) Residence: No. Preston & Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 19th 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81 70	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frederick Kallhauch
14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Fredericka Heim
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Little Sisters of the Poor
(Address) Preston & Valley St

18. BURIAL, CREMATION, OR REMOVAL
Place Govdmill, Harford Co. Md Date Apr. 9 1932

19. UNDERTAKER Rita Wiedefeld
(Address) 914 Greenmount Ave

20. FILED ..... 19..... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5th 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 29 1931 to April 1932
I last saw h alive on April 1932 death is said to have occurred on the date stated above, at 4.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Nephritis	?
Other contributory causes of importance: Uremia	Dec 31

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. M. C. Carter, M. D.

(Address) 111 W Monument

M. D. B. 1265-9

E 78567 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 78567

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 853 W. University Pky. St., 13-52 Ward)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Scott Gay

(a) Residence: No. 853 W. University Pky. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lallie Batdorff

6. DATE OF BIRTH (month, day, year) 6/4/1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 030

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Clair, Pa.

FATHER

13. NAME Samuel Gay

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Thompsons

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Dr. Leslie Gay
(Address) 1014 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL
Rock Creek Assn. D. C. Date 4/9/32 19

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1720 Eutaw Place

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/7/32 19

22. I HEREBY CERTIFY, That I attended deceased from August 28 1929 to April 7 1932

I last saw him alive on April 4th 1932 Death is said to have occurred on the date stated above, at 4:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension or Cardio Vascular Disease. Coronary Thrombosis.	August 28-29
Other contributory causes of importance: Convalescence from Lobar Pneumonia (Lung at) Meningitis	March 14-32 Aug 28-1929

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. W. Bridgman M. D.

(Address) 11 E. Chase St.

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

APR 1932 E. HUNTER M. D.

AACo. 5-31 250R

E 78568

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78568

CERTIFICATE OF DEATH

29-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-58 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. if of foreign birth? 30 yrs. mos. ds.

2. FULL NAME Rabbi Raphael Friedlander

(a) Residence: No. 3814 Park Heights Ave. St., Ward. Baltimore Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	M

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rachel

6. DATE OF BIRTH (month, day, year) 1867

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
65	6	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rabbi

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 018

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Nathan Henry Friedlander

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Minnie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT May Friedlander

(Address) 3814 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Roredale Date 4/8 19 32

19. UNDERTAKER S. Levinson Bro

(Address) 1121 E Balto St

20. FILED 19 Registrar

B. Ellis

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7 1932

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1932 to April 7 1932

I last saw him alive on April 7 1932 death is said to have occurred on the date stated above, at 1-30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus Meningitis Focus?	5 days
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Spinal Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M Bluestone, M. D.

(Address) Sinai Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

78569

CERTIFICATE OF DEATH

E 78569

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3009 Ellerslie Ave (St.) 9 (Ward)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles M Myer

(a) Residence: No. 3009 Ellerslie Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mary L Myer

6. DATE OF BIRTH (month, day, year): Sept 25, 1854

7. AGE: Years 78; Months 2; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired C W O

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Thomas M Myer

(Address) 3009 Ellerslie Ave

18. BURIAL, CREMATION, OR REMOVAL: Chestnut Ridge Cemetery Date Apr 8th, 1932

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

20. FILED . . . . . 19 . . . . Registrar

A. B 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1932, to Apr 5, 1932

I last saw him alive on Apr 5, 1932 Death is said to have occurred on the date stated above, at 9 30 P m.

The principal cause of death and related causes of importance were as follows:

mitral regurgitation
chronic heart.

Date of onset: last year

Other contributory causes of importance: Hypostatic Pneumonia — Apr 2 32

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. J. Shuster Jr. M. D.

(Address) 632 Gorsuch Av. Balt. Md.

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

Dr Duker 928 E. North Ave Balto 0368

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78570

CERTIFICATE OF DEATH

93-0 E 78570

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2106 Harford Rd (Ward) 46

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hannah P. ~~Taylor~~ Fiedler

(a) Residence: No. 2106 Harford Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If ~~married~~ widowed, ~~or divorced~~, (or) WIFE of ~~Chas~~ V. Taylor

6. DATE OF BIRTH (month, day, year) Jan 18th 1851

7. AGE: Years 81 | Months 2 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Harford Co Md

FATHER

13. NAME: James Craver

14. BIRTHPLACE (city or town) (State or country): Harford Co Md

MOTHER

15. MAIDEN NAME: Elizabeth Cantler

16. BIRTHPLACE (city or town) (State or country): Harford Co Md

17. INFORMANT: Mrs Laura Pollack
(Address) 2106 Harford Rd

18. BURIAL, CREMATION, OR REMOVAL: Loch Raven Cemetery Date Apr 9th 1932

19. UNDERTAKER: Wm Cook
(Address) 1217 St Paul St

20. FILED ... 19— Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 7th, 1932

22. I HEREBY CERTIFY, That I attended deceased from MAR 23 1932, 19 to APR 7 1932, 19

I last saw her alive on Apr 7 1932, 19 Death is said to have occurred on the date stated above, at 2.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
24 hours	

Other contributory causes of importance: Chronic Myocarditis & Senile Deterioration

Name of operation None Date of

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury X, 19X

Where did injury occur? X X X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X X X

Manner of injury X X X

Nature of injury X X X

24. Was disease or injury in any way related to occupation of deceased? No If so, specify X X X

(Signed) Chas H Duker, M. D.

(Address) 928 E North Ave

M. D. B. 1268-9

78571

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 53 E 78571

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vanora Dunn

(a) Residence: No. Sherrard W Va St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W Va

FATHER

13. NAME Elbert Dunn

14. BIRTHPLACE (city or town) (State or country) W Va

MOTHER

15. MAIDEN NAME Nella Burnsides

16. BIRTHPLACE (city or town) (State or country) W Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Elm Grove W Va Date 4/7/32 19

19. UNDERTAKER Joseph Ahrens

(Address) Fairmont

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1932 to April 7, 1932

I last saw her alive on April 7, 1932 Death is said to have occurred on the date stated above, at 4 65 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Brain tumor - cerebellar	
malignant glioma	yrs ago
Other **contributory causes** of importance:	
operation	4-7

Name of operation Cerebellar exploration Date of 4-7

What test confirmed diagnosis Autopsy? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement

A&Co. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78572

45 E 78572

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2214 Aiken St. St. 9-18 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert H. Leonard

(a) Residence: No. 2214 Aiken St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Kettie Seay Leonard

6. DATE OF BIRTH (month, day, year) May 5, 1864.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Marshall B. Leonard
14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME M. Wright
16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT (Address) Mrs. Kettie E. Leonard 2214 Aiken St.

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date 4/8/32 19

19. UNDERTAKER (Address) [illegible] 4101 Edmondson Ave.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1932, to April 6, 1932, I last saw him alive on April 5, 1932, death is said to have occurred on the date stated above, at 4:30 a m.

The principal cause of death and related causes of importance were as follows:

Epithelioma Lip (Elmin), Toxemia — Date of onset

Other contributory causes of Importance:

Epithelioma & Infection

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E. Hayman, M. D.
(Address) 1702 N Carolina st

OCCUPATION is very important. See instructions on back of certificate.

A4Co. 5-31 2508

E 78573

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78573

CERTIFICATE OF DEATH

93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2521 W Baltimore St., 70-69 Ward)

Length of residence in city or town where death occurred. Life mos ds How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Miriam L. Schaper

(a) Residence: No. 2521 W Baltimore St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry M. Schaper

6. DATE OF BIRTH (month, day, year) June 30, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Richard Alexander

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Virginia Bell

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Henry M. Schaper
(Address) 2521 W. Balto St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudown Park Date 4/9/1932

19. UNDERTAKER Harry H. Witzke
(Address) 4012 Edmondson Ave.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/6 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/31, 1932 to 4/6, 1932

I last saw h[illegible] alive on 4/6, 1932 death is said to have occurred on the date stated above, at 10:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3/31

Other contributory causes of importance:
Arteriosclerosis
myocarditis chronic

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos. E. Staley, Jr. M. D.

(Address) 4012 Edmondson Avenue

OCCUPATION is very important. See instructions on back of certificate.

1932 G. HANSON JONES, M. D.

11-26-64

M. D. B. 1268-9

E 78574

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107 - E 78574

1. PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No. ..... St. 23-34 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William H. Blair

(a) Residence: No. 37 E. Heath St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret R.

6. DATE OF BIRTH (month, day, year) April 22, 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) St. Mary's Co. Md.

FATHER

13. NAME James

14. BIRTHPLACE (city or town) (State or country) ? Md.

MOTHER

15. MAIDEN NAME Agnes E. Hines

16. BIRTHPLACE (city or town) (State or country) ? Md.

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date April 9 1932

19. UNDERTAKER Margaret L. Flynn
(Address) 1422 Light St.

20. FILED ..... 19... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1932 to April 6, 1932

I last saw him alive on April 6, 32. Death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epidermoid Hemorrhage Alcoholism, Chr. Toxic	Dec 1930
Other contributory causes of importance: Bronchopneumonia	2 dys.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jas. E. Emmert M.D.

(Address) Balto. City Hosp.

AACo. 5-H 2108

HEALTH DEPARTMENT—CITY OF BALTIMORE

78575

93-003 E 78575

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4819 Frankford ave St. ..... Ward) 26-41

Length of residence in city or town where death occurred 26 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? 26 yrs. ..... mos. ..... ds.

2. FULL NAME Linda Richman

(a) Residence: No. 4819 Frankford ave St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lonas

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	85			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham Ezroff
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Linda
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Richman 2nd
(Address) 4819 Frankford ave

18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Date 4-8, 1932

19. UNDERTAKER Jack Lewis Inc
(Address) 1429 E. Baltimore St

20. FILED ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1932 to April 7, 1932.
I last saw her alive on April 7, 1932 death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis.	
Other contributory causes of importance:	
Myocardial failure	

Name of operation — Date of —
What test confirmed diagnosis? Physical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Nathan H. Shpritz M.
(Address) 2351 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

78576

CERTIFICATE OF DEATH

97 E 78576

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1301 E Eager St. 10-W Ward)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. if of foreign birth 5 yrs. ... mos. ... ds.

2. FULL NAME Henry J. Hoeck

(a) Residence: No. 1301 E. Eager St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or WIFE) of Margaret Hoeck

6. DATE OF BIRTH (month, day, year) Aug. 29 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Funeral Director
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME Henry Hoeck
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Catherine Roth
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry J. Hoeck
(Address) 3208 Pelham Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cemet Date Apr. 11 1932

19. UNDERTAKER Fred Lassahn Son
(Address) 1401 Edmondson Ave. Baltimore Md

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) APR - 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 10th, 1932 to April 7, 1932
I last saw h[im] alive on April 2nd 1932 death is said to have occurred on the date stated above, at 9:25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	1 yr.

Other contributory causes of importance:

Hypertension

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) D. Hoffman M. D.
(Address) 4900 Belair Road

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—7-17-26—A Co.—200 Bks.

E 78577

HEALTH DEPARTMENT—CITY OF BALTIMORE

78577

CERTIFICATE OF DEATH

95-002

REGISTERED NO. 22-30

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Gardener

(a) RESIDENCE NO. 611 S Green St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Entire yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 52 Months Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Wilmington, Delaware

(State or country)

PARENTS

10 NAME OF FATHER Isaac Gardener

11 BIRTHPLACE OF FATHER (City or town) Delaware

(State or country)

12 MAIDEN NAME OF MOTHER Ellen Boyd

13 BIRTHPLACE OF MOTHER (city or town) Maryland

(State or country)

14 Informant Provident Hospital

(Address) Reads

15 Filed ..... 19.. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 32

4 - 6

17 I HEREBY CERTIFY, That I attended deceased from 4 - 4 19 32 to 4 - 6 19 32

that I last saw h[illegible] alive on 4 - 6 19 32

and that death occurred, on the date stated above, at 7:10 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia Edema

(duration) yrs. mos. 2 da.

CONTRIBUTORY Hypertension Arteriosclerosis

(Secondary) Delirium tremens

(duration) yrs. mos. da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Geo. W. McDonogh M. D.

4-7. 19 32 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Centreville Md

Date of Burial 4-9-1932

20 UNDERTAKER Robt W Eddins

ADDRESS Centreville Md

Eddins

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 78578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 78578

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 3035 Mayfield Ave. ST. 26-40 WARD)

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME George Maseth

(a) RESIDENCE No. 3035 Mayfield Ave. ST. WARD
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louise Maseth

6 DATE OF BIRTH (month, day, and year) Aug. 9. 1831

7 AGE	Years	Months	Days	IF LESS than 1 day, hrs. or min.
	70	7	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Copper Worker

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER John S. Maseth

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Barbara Troeger

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. William J. Geidt (Daughter)
(Address): 3035 Mayfield Ave.

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 3. 1932

17 I HEREBY CERTIFY, That I attended deceased from March 31. 1932. to April 6. 1932
that I last saw h[illegible] alive on " 6. 1932
and that death occurred, on the date stated above, at 10.00p m.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not of place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Phys. Signs

(Signed) Chas. A. Neer M. D.

4/4/32 (Address) 4025 Park Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel Cemetery

DATE OF BURIAL: Apr. 9. 1932

20 UNDERTAKER: Henry Sander & Sons, Inc.

ADDRESS: Baltimore & Broadway

TION is very important. See instructions on back of certificates. ...ly be properly classified. Exact statement of OCCUPA-

M. D. B. 1268-9

E 78579

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78579

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3301 Boston street St., 7th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John F. Fitzpatrick

(a) Residence: No. 3301 Boston street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Late Mary Ann Fitzpatrick

6. DATE OF BIRTH (month, day, year) December 16 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Dorothy Jones.
(Address) 3301 Boston street

18. BURIAL, CREMATION, OR REMOVAL.
Place Druid Hill Date April 11, 1932

19. UNDERTAKER Geo. A. Weber
(Address) 203 N. Arlington Ave.

20. Filed April 8 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1 1932 to April 7 1932

I last saw h alive on April 7 1932 Death is said to have occurred on the date stated above, at 4:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis Pelvis	4/1/32
Chronic Myocarditis	Prob

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased

If so, specify

(Signed) Horace B. Jellow M. D.

(Address) 1 S. Highland Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 78580

Dr Thomas Bowyer

E 78580

HEALTH DEPARTMENT—CITY OF BALTIMORE

Lucile M. Murphy

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 66 Rossiter St. 70-76 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. 1 mos. 25 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Henry C. Siegfried

(a) Residence: No. 66 Rossiter St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

*5a. If married, widowed or divorced: HUSBAND of (or) WIFE of: John C. Siegfried

6. DATE OF BIRTH (month, day, year): Feb 13, 1854

7. AGE: Years 78; Months 1; Days 25; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Jacob Sears

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Rosenmund

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Wm G. Siegfried

(Address): 66 Rossiter St

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: 4/1/32

19. UNDERTAKER: J. Wm. Gaither

(Address): 1950 W. Baltimore St.

20. FILED, 19 32

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 1st, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1932 to April 1, 1932

I last saw her alive on April 1, 1932 Death is said to have occurred on the date stated above, at 5.25 P.M.

The principal cause of death and related causes of importance were as follows:

arteriosclerosis
myocarditis

Date of onset: April 31 1932

Other contributory causes of importance:

myocarditis —

Name of operation: Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas J. Bowyer M. D.

(Address) 3632 Fred. ave.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

E 78581

M. D. H. 1268-5

E 78581 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 570 S. Bruns Ave. Ward) 20-69

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Robert L. Flanderspfer

(a) Residence: No. 570 S Bruns Ave St.. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 5 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Chester H. Flanderspfer

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Nellie E. Tudor

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT C. H. Flanderspfer
(Address) 570 S. Bruns Ave. 32

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Hill Date 4/8/32 19

19. UNDERTAKER F. D. Pfeifert
(Address) 155 N. Eutaw St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/6/32 19

22. I HEREBY CERTIFY, That I attended deceased from April 4 1932 to April 6 19

I last saw him alive on April 5 12 1932 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis —	1 wk
Acute Intestinal Intoxication	2 days

Other contributory causes of importance:

Pertussis —	3 wks

Name of operation none Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, how? none

Signed E. Kelly Hennig M. D.

4/7/32 (Address) 2000 Hollins St

(Instructions on back of certificate.)

E 78582

E 78582

2-30 20 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 138 Mc Phail ST. 70-69 (WARD)

2-FULL NAME Elizabeth G. Nine

(a) RESIDENCE NO 138 Mc Phail ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced, ~~HUSBAND of~~ (or) WIFE of Adam Nine

6 DATE OF BIRTH (month, day, and year) Sept. 9, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
77	75	6	27 28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Ernst Baum

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dora Fisher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Barbara Gaffney

(Address) 138 Mc Phail St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6th, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) Suddenly yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio - sclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Guy N. Cromwell, M. D. (Coroner)

4/7, 1932 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenlawn

DATE OF BURIAL April 9 1932

20 UNDERTAKER F. H. Gilbert

ADDRESS 532 Baltic

TION is very important See instructions on back of certificate.

E 78583

E 78583

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1702 Wilkens Ave St. 14-28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John E McKeown

(a) Residence: No. 1702 Wilkens Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Katie B. McKeown

6. DATE OF BIRTH (month, day, year) Aug 26 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Nicholas McKeown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Ellen Ryan

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Katie B McKeown
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem Date Apr 8 1932

19. UNDERTAKER Vernon Kellner
(Address) 1732 Holland St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5 1932

22. I HEREBY CERTIFY, That I attended deceased from March 22 1932 to April 5 1932

I last saw h— alive on April 5 1932 Death is said to have occurred on the date stated above, at 625A

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	

Other contributory causes of importance:
Senile Anasarca

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edwards L Morgan M. D.

(Address) 711 Cathedral St

OCCUPATION is very important. See instructions on back of certificate.

E 78584

E 78584

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH 4105 Main Ave - Forest Park St. 15-64 Ward) 13V 6-12-W-40

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 77 yrs 9 mos 16 ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Amelia E. Bauer

(a) Residence: No. 4105 Main Ave St., Forest Park Ward.
(If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 22nd 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

MOTHER FATHER

13. NAME George L. Bauer
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Blessing
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs John Lang
(Address) 4301 Main Ave - Forest Park

18. BURIAL, CREMATION, OR REMOVAL
Place Emmanuel Cemetery Date 4/10/32

19. UNDERTAKER Mc. Fadden & Son
(Address) 2523 Edmondson Ave

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7th 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 29. 1932 to April 7 1932
I last saw h she alive on April 6 1932 death is said to have occurred on the date stated above, at 12.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Sclerosis	3 yrs
Other contributory causes of importance: Intestinal Neoplasm	4 mos

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ..... 19....
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? If so, specify None

(Signed) John F. Crane M. D.
(Address) 612 W 40

Spec.—1-30—M. & T.—250 Blks

E 78585 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78585

CERTIFICATE OF DEATH.

124-002

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4003 Glenmore Ave ST. 27-43 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James William O'Keefe

(a) RESIDENCE No 4003 Glenmore Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mabel Carroll O'Keefe

6 DATE OF BIRTH (month, day, and year) Apr 6 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None Retired 066

(b) General nature of industry, business, or establishment in which employed (or employer) Salesman

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER William O'Keefe

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Hately

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant Mrs. Mabel O'Keefe (Address) 4003 Glenmore Ave.

15 Filed Apr 8 1932 E K G Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 6 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1932, to Apr. 6, 1932, that I last saw him alive on Apr. 6, 1932, and that death occurred, on the date stated above, at 10.45 P. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

(duration) 1 yrs. + mos. ds.

CONTRIBUTORY (Secondary) Secondary Anemia

(duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) George D. Lipsey, M. D.

, 19 (Address) 432 S. Patterson Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Patricks Cem

DATE OF BURIAL April 9, 1932

20 UNDERTAKER Leo S. Cook

ADDRESS 1723 Bolton

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78586

CERTIFICATE OF DEATH

131 E 78586

Registered No. 12-49

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3308 Brentwood Ave. St. Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Good

(a) Residence: No. 3308 Brentwood St., E. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	C	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Martha Good

6. DATE OF BIRTH (month, day, year) Mar. 5 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Can

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Andrew Good

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Bentley

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Martha Good

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date Apr 5, 19

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6th, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 9th, 1930 to April 6th, 1931

I last saw h— alive on April 5th, 1931. Death is said to have occurred on the date stated above, at 1230 Pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	12/1/31
Other contributory causes of importance:	
Chronic Corneylingtoar Nephritis	?

Name of operation — Date of —

What test confirmed diagnosis: Clinical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas Sturgeon M.D. M. D.

(Address) 4 E 25 St

Spec.—1-30—M. & T.—250 Blks

78587

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108 E 78587

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 Orkney Road Govans ST. 27-48 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME WILLIAM R. NELSON

(a) RESIDENCE NO. 520 Orkney Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 3, 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
47		10 11	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Secy-Treas- French-Bray 609

(b) General nature of industry, business, or establishment in which employed (or employer) Printing Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Alex. Nelson

11 BIRTHPLACE OF FATHER (city or town) (State or country) New Jersey

12 MAIDEN NAME OF MOTHER Annie M. Reed

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Mary L.W. Nelson

(Address) 520 Orkney Road, Govans

Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7-1932

17

I HEREBY CERTIFY, That I attended deceased from March 27, 1932, to April 7, 1932,

that I last saw h[illegible] alive on April 7, 1932,

and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) S. D. Bishop, M. D.

April 8, 1932 (Address) 501 Student

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Baltimore, Cemetery

DATE OF BURIAL 4/9/32 19

20 UNDERTAKER Chas. P. Kraus & Son

ADDRESS 118 W. Mt. Royal Ave

E Add 78588

E 78588

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

83

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mrs Hope Retreat St., 13-52 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 11 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George E Getz

(a) Residence: No. 3825 Beech av St., Ward. Life
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) May 6 1866

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or... min.
	63	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country) Unknown

FATHER

13. NAME John Getz
14. BIRTHPLACE (city or town) Baltimore
(State or country) Md

MOTHER

15. MAIDEN NAME Margaret Smith
16. BIRTHPLACE (city or town) Baltimore
(State or country) Md

17. INFORMANT Mrs Hope Reeds
(Address) Mrs Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rood Date April 9 1932

19. UNDERTAKER [illegible]
(Address) 700 E. Lombard

20. FILED ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1927, to April 7, 1932

I last saw h[illegible] alive on April 6, 1932 death is said to have occurred on the date stated above, at 6.20 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	?
Valvular Insufficiency	
Dropsy	2 Weeks

Other contributory causes of importance:

Pneumonia	Unknown

Name of operation None Date of —

What test confirmed diagnosis? Phy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Milton P. Stiles M. D.

(Address) Mrs Hope Retreat

CAUTION—This information is very important. See instructions on back of certificate.

M. D. B. 1268-9

78589

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 E 78589

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 Patapsco Ave. St. 25-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. 1 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Infant of Genevie & Doston Davis

(a) Residence: No. 407 Patapsco Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 6 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Doston Davis

14. BIRTHPLACE (city or town) (State or country) Wyoming

MOTHER

15. MAIDEN NAME Genevie Polovich

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Doston Davis
(Address) 407 Patapsco Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Bird Hill Cem Date 4/8 193

19. UNDERTAKER D. F. McCully
(Address) 130 E Fort Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 6 1932 to Apr 6 1932
I last saw her alive on Apr 6 1932 Death is said to have occurred on the date stated above, at 9P m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [illegible] M. D.

(Address) 6 Hanover St

Spec.—9-30—A. & Co.—250 Bks.

E 78590

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 78590

1. PLACE OF DEATH Baltimore City Hospts. 82-00

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. Md ST. 3-4 WARD)

2. FULL NAME Ella Bowman

(a) RESIDENCE NO. 240 S. Dallas St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7-21-78

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	8	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work /

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington, D.C.

PARENTS

10 NAME OF FATHER Aaron Weems

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Nearest Relative
(Address) Balto City Hosts

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/5/32

17

I HEREBY CERTIFY, That I attended deceased from 3/2/, 19 32 to 4/5/, 19 32

that I last saw h[illegible] alive on 4/4/, 19 32

and that death occurred, on the date stated above, at 5.10 P. M.

The CAUSE OF DEATH* was as follows:

Cerebral Accident

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Cardiac Hypertrophy

[illegible] (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of ...

Was there an autopsy? ...

What test confirmed diagnosis? ...

(Signed) ... M. D.

4/5, 19 32 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL ... 19 ...

20 UNDERTAKER [illegible]

ADDRESS ...

APR - 1932

8-1932 H.S. 680.5

Fold is very important. See instructions on back of certificates.

A4Co. 5-31 250B

Sluzewska ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE 78591

78591

CERTIFICATE OF DEATH

93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., 3 Ward)

Length of residence in city or town where death occurred yrs. 26 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine Slezewski or Sluzewski

(a) Residence: No. 7041 Fleet St. St., Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, year): Unk.

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Europe Unknown

MOTHER FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): "

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Baltimore City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Place Holy Name Date April 7 1932

19. UNDERTAKER: M. J. Rozenek
(Address) 930 Eastern Ave

20. FILED ..... 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4-5-32

22. I HEREBY CERTIFY, That I attended deceased from 4-27-1929 to 4-5-1932

I last saw her alive on 4-5, 1932 death is said to have occurred on the date stated above, at 11:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio.	
Vascular Disease	1 yr.
Various ulcer.	2 yrs.
Other contributory causes of importance: Broncho pneumonia	4 days

Name of operation: No Clinical Date of: No.

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Richard E. Cuttle, M. D.
(Address) Balto. City Hospitals

78592

HEALTH DEPARTMENT—CITY OF BALTIMORE

78592

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2510 Strathmore Ave (St.) (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susan A. Curran

(a) Residence: No. 2510 Strathmore Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James J. Curran

6. DATE OF BIRTH (month, day, year) D.C. 8, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. * Home 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Patrick H. Burns

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Butler

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Katherine Curran 2510 Strathmore Ave

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cem. April 9, 1932

19. UNDERTAKER (Address) John F. Moran 2000 E. Baltimore St

20. FILED ..., 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6 1932

22. I HEREBY CERTIFY, That I attended, deceased from Jan 6 1932 to April 6 1932

I last saw h[illegible] alive on April 6 1932 and that death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis,
Hypertension

Date of onset

Other contributory causes of importance:

Hypostatic Pneumonia,

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. Colley M. D.

(Address) 5703 Harford Rd

78593

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-801 ✓ E 78593

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3625 Wilkins Ave St., 25-72 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara V. Echman

(a) Residence: No. 3625 Wilkins Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David E Echman

6. DATE OF BIRTH (month, day, year) Jan 19th 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent County

FATHER

13. NAME Thomas Lambert

14. BIRTHPLACE (city or town) (State or country) Kent County

MOTHER

15. MAIDEN NAME ? Benton

16. BIRTHPLACE (city or town) (State or country) Kent County

17. INFORMANT David E Echman

(Address) 3625 Wilkins Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 4-9- 1932

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hollins sts

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-6-1932

22. I HEREBY CERTIFY, That I attended deceased from 5-16-25. 19 . to 4-6 . 1932

I last saw her alive on 4-5 . 1932 death is said to have occurred on the date stated above, at 8.7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterial Hypertension	1925
Cerebral Hemorrhage	4-5-32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Lloyd Johnson M. D.

(Address) 720 E Frederick Ave Balto

1-30—M. & T.—100 B—50L

E 78594

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 78594

REGISTERED NO. 7

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1A.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 105 N. Carey St. 18-26 WARD)

2-FULL NAME Mildred L. Beatty

(a) RESIDENCE NO 105 N. Carey ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 20, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1		17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER Herman M. Beatty

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Marie Lepo

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Herman M Beatty
(Address) 105 N Carey St

15 Filed . 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 7 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Measles

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical Signs

(Signed) Guy Y. Cromwell M. D. Coroner

4/8. 1932 Address 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem

DATE OF BURIAL: 4-9 1932

20 UNDERTAKER: Robert Brooks & Son

ADDRESS: Carlton Hollins

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

78595 HEALTH DEPARTMENT—CITY OF BALTIMORE 78595

CERTIFICATE OF DEATH

REGISTERED NO. 1317

1. PLACE OF DEATH

CITY OF BALTIMORE (No.) 3814 White Ave. (St.) (Ward) 27-43

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Annie E. Stansbury

(a) RESIDENCE NO. 3814 White Ave. (St.) (Ward)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Stansbury

6 DATE OF BIRTH (month, day, and year) Nov. 14. 1859,

7 AGE	Years	Months	Days 23	If LESS than 1 day, hrs. or min.
	72	4	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sales Lady

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Stewart Co.

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Alfred H. Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah J. Gray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mrs. Gladie Ratchet
(Address) 3814 White Ave.

15 Filed Apr. 8 1932 C. Hampson Jones M. D. Registrar
R. P. H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7, 1932

17 I HEREBY CERTIFY, That I attended deceased from March 19, 1932, to April 7, 1932

that I last saw h[illegible] alive on April 6, 1932

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic Inter. Nephritis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Typical Signs

(Signed) Chas. C. Pitts M. D.

4/7, 1932 (Address) 408 S. Bentalou

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem. DATE OF BURIAL Apr. 9 1932

20 UNDERTAKER Wm. C. Black ADDRESS 927 N. Broadway

1-20—M. & T.—100 B—50L.

E 78596

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78596

CERTIFICATE OF DEATH

REGISTERED NO. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2041 E Oliver ST., 8-17 WARD)

2-FULL NAME John. J. Willey.

(a) RESIDENCE NO. 2041 E Oliver ST., ____ WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Single~~

6 DATE OF BIRTH (month, day, and year) Jan. 25th 1932 nearly

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	13/12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Gordon Willey.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Lillian Lockeman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Lillian M Willey

(Address) 2041 E Oliver St.

15 Filed ____, 192 ____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Gastro-intestinal Indigestion

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? Date of ____

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. H. Oates, M. D. Coroner

1932 (Address) 508 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery — DATE OF BURIAL 4-9 1932

20 UNDERTAKER Bernard C Hart — ADDRESS 1000 S Paca St

FROM A very important see instructions on back of certificate.

A&Co. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78597 E 78597

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 7 yrs. ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME August Nehrmann

(a) Residence: No. 622 Rutland Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 24 1924

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	3	13 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy, (at home)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D C

FATHER

13. NAME August Nehrmann

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Louise Loeffler.

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT August Nehrmann
(Address) 162½ Rutland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London PK. Date 4-11 1932

19. UNDERTAKER Mrs Chas A G Richter
(Address) 432 Edmondson Ave

20. FILED ..... 19 .....

R. C. H. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7 1932

22. I HEREBY CERTIFY, That I attended deceased from March 25 1932 to April 7 1932

I last saw h— alive on April 7 1932 death is said to have occurred on the date stated above, at 1.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Mesenteric glands	7
Other contributory causes of importance: Anemia	15 days

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No (Specify)

(Signed) ..... M. D.

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

Coroner Li... Cumberland + Burial

E 78598

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78598

CERTIFICATE OF DEATH

REGISTERED NO. 176

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto Gen'l Hospital WARD 16-28

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Brookhart

(a) RESIDENCE NO. 2838 W. Lanvale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married,~~ or ~~Divorced~~ (write the word): Widowed

5a If ~~married~~, widowed, or ~~divorced~~ (or) WIFE of John Brookhart

6 DATE OF BIRTH (month, day, and year) July 6th 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	9	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife 037
(b) General nature of industry, business, or establishment in which employed (or employer): at Home
(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Joseph Emrine

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Z.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Raymond Emrine

(Address) 2838 W. Lanvale St

15 Filed ... 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 6th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:*

Ruptured Gall Bladder & Peritonitis

(duration) yrs. mos. one ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home Date of Apr 6

Did an operation precede death? No

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. W. Lewis, M. D. Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Apr 9th 1932

ADDRESS

20 UNDERTAKER: Wm Cook 1217 St Paul St

TION is very important. See instructions on back of certificate.

8 1932

AKB

A&Co. S-11 250B

78599

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78599

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital — Registered No. 95-002
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 9-15 St., [illegible] Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Martin Drouy (Nora)

(a) Residence: No. 1000 E. Preston St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

3a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of Mr Martin Drouy

6. DATE OF BIRTH (month, day, year) June 10, 1905

7. AGE Years	Months	Days	if LESS than 1 day, hrs. or min.
26 yrs.	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME James D. Cronin (d)

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Katherine Linehan (d)

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Cathedral Cemetery Apr 11th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/8 1932

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1932, to April 8, 1932

I last saw her alive on April 8 1932 death is said to have occurred on the date stated above, at 1 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	
Other contributory causes of importance: Terminal Uremia	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) R Trance M. D.

(Address) Union Memorial Hosp.

M. D. B. 1268-9

Richardson 112 W - 2.51

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78600

CERTIFICATE OF DEATH

E 78600

124-002

Registered No. 12-51

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2213 Huntingdon St. (Ward) 12

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Moser

(a) Residence: No. 2213 Huntingdon St., Ward. 16 years (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Katherine Moser

6. DATE OF BIRTH (month, day, year): Oct 4 - 1867

7. AGE: Years 64 | Months 6 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Conrad Moser

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Anna Matterer

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Katharina Moser
(Address) 2213 Huntingdon

18. BURIAL, CREMATION, OR REMOVAL
Place Johnstown Pa Date 4/10 1932

19. UNDERTAKER: William Cobb
(Address) 1217 St Paul Street

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 8 1932

22. I HEREBY CERTIFY, That I attended deceased from June 8 1932 to June 8 1932

I last saw him alive on June 8 1932 Death is said to have occurred on the date stated above, at 7:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure Sudden	
Chronic Nephritis	
& Renal Insufficiency	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. L. Rich M.D.

(Address) 112 W. 20th St

Spec.—9 30—A. & Co.—250 Bks.

E 78601 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78601

CERTIFICATE OF DEATH.

53V

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 5928 York Road ST. 27-48 WARD)

2. FULL NAME Frank Joseph Wiesinger

(a) RESIDENCE NO. 5928 York Road ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie Wiesinger

6 DATE OF BIRTH (month, day, and year) Dec. 3, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	4	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grocer

(b) General nature of industry, business, or establishment in which employed (or employer) Grocery Store

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Joseph Wiesinger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Minnie Wiesinger 5928 York Road

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6, 1932

17

I HEREBY CERTIFY, That I attended deceased from February 2, 1932, to April 6, 1932

that I last saw him alive on April 6, 1932

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of cervical glands of neck. Metastasis of lungs, liver, intestines, pancreas,

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) S. W. Bishop M. D.

April 8, 1932 (Address) 521 E. Eden St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetry

DATE OF BURIAL 4/9/32 19

20 UNDERTAKER C. Vernon Lemmon.

ADDRESS 4611 Park Heights Ave.

Spec.—9-30—A. & Co.—250 Bks.

E 78602 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78602

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 330 E 26th St. 12-50 ST. ..... WARD)

2 FULL NAME William L. Tomlinson

(a) RESIDENCE NO. 330 E. 26th St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Kate E. Tomlinson

6 DATE OF BIRTH (month, day, and year) June 12 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	9	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk. 69

(b) General nature of industry, business, or establishment in which employed (or employer) Belvedere Hotel.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown.

14 Informant Vernon Tomlinson
(Address) 330 E 26th St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7, 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to Apl 7, 1932
that I last saw h[illegible] alive on Apl 6, 1932
and that death occurred, on the date stated above, at 2a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cystitis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Thorium x-ray

(Signed) E T Engelman M. D.

4/8, 1932 (Address) 330 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. St. Mary's, Hampden

DATE OF BURIAL April 9 1932

20 UNDERTAKER Chenoweth & Son

ADDRESS 3[illegible] Chestnut Ave

AACo. 5-31 250B

78603 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 78603

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital — Registered No. 99
CITY OF BALTIMORE: (No. Wilkens & Caton Ave. St.) 13-57 (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr William Sakers
(a) Residence: No. 1525 W. 36th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ellen Sakers

6. DATE OF BIRTH (month, day, year) Sept 9, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	6	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C15
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER
13. NAME Lucha Sakers
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Elizabeth Hoppe
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Ellen E. Sakers
(Address) 1525 W 36th St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date April 11, 1932

19. UNDERTAKER Chenoweth Son
(Address) 3615 Eastern Ave.

20. FILED ..... 19.... Registrar. R.P.H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-7-1932

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1932 to April 7, 1932
I last saw h~~im~~ alive on April 7, 1932 death is said to have occurred on the date stated above, at 2.40 p. m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Coronary Embolism.

Other contributory causes of importance: Endarteritis Obliterans

Name of operation (Amputation of Left Leg) Date of 4-1-32
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Grace Vocalo, M. D.
(Address) St Agnes Hospital

A4Co. 5-11 250B

78604 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

48, E 78604

CERTIFICATE OF DEATH

Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2126 W. Lexington St., 8-17 (Ward)

Length of residence in city or town where death occurred 2 yrs ____ mos ____ ds How long in U.S. if of foreign birth? ____ yrs ____ mos ____ ds

2. FULL NAME Mrs. Mary C. Denny

(a) Residence: No. 2126 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Walter H. Denny

6. DATE OF BIRTH (month, day, year): Oct. 29 1870

7. AGE: Years 61 62 | Months 6 5 | Days 9 7 | If LESS than 1 day hrs or min

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: at home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Elkton Md.

MOTHER FATHER

13. NAME: Alfred M. Smith
14. BIRTHPLACE (city or town) (State or country): Elkton Md.
15. MAIDEN NAME: Anna P. Jaggers
16. BIRTHPLACE (city or town) (State or country): Elkton Md.

17. INFORMANT: Mrs. Mary Smith
(Address) 2126 W. Lexington St

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Date: May 9 1932

19. UNDERTAKER: George W. Schnaut
(Address) 541 Frederick Ave.

20. FILED ____ 19 ____ A. S. N. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1932 to April 6 1932

I last saw ____ alive on April 6 1932 death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Uterus and Bladder Hemiplegia Arteriosclerosis Nephritis Chronic

Date of onset

Other contributory causes of importance:

Pulmonary Oedema

Name of operation: None Date of: No

What test confirmed diagnosis: Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Norman C. Nelson M. D.

4/7/32 (Address) 2151 Allendale

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

78605 X 48 E 78605

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Womans Hospital W. 20 St., ~~Ward~~)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. 5 mos. 5 ds. How long in U.S. If of foreign birth? Life yrs. ds.

2. FULL NAME Nettie C. Bates.

(a) Residence: No. 121 W. Cottage Place St., ~~Ward~~ York, Penna.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert F. Bates.

6. DATE OF BIRTH (month, day, year) Nov. 2, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home.

10. Date deceased last worked at this occupation (month and year) March, 1932

11. Total time (years) spent in this occupation 27 yrs

12. BIRTHPLACE (city or town) (State or country) York County Pa.

FATHER

13. NAME Samuel Brubaker.

14. BIRTHPLACE (city or town) (State or country) Harrisburg. Ohio.

MOTHER

15. MAIDEN NAME Lucinda Delligan.

16. BIRTHPLACE (city or town) (State or country) York County Pa.

17. INFORMANT Robert F. Bates

(Address) 121 W Cottage Place. York, Pa.

18. BURIAL, CREMATION, OR REMOVAL.

Place York, Penna Date Apr. 9 1932

19. UNDERTAKER Stewart & Bowen Co.

(Address) 102 W. North Avenue

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 3, 1932 to Apr. 8, 1932

I last saw h er alive on Apr 8 1932 death is said to have occurred on the date stated above, at. 8.05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage, left, with hemiplegia.	Apr 7, 1932
Other contributory causes of importance	
Carcinoma of uterus	1 year?

Name of operation Panhysterectomy Date of Apr. 7, 1932

What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? ✓ Date of injury ✓ 19✓

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓

(Signed) Rudolph L. Schork M. D.

(Address) Womans Hospital.

Spec.—8-16-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78606 ✓ E 78606

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2753 Maryland Ave (WARD) 7-5

2—FULL NAME Elizabeth Gattin

(a) RESIDENCE NO. 2753 Maryland Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

3a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 24—1868?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home ooo

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Chas. E. Gattin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Chicago Ill.

12 MAIDEN NAME OF MOTHER Eliza J. Mullikin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va "

11 Informant Chas. E. Gattin

(Address) 53 Maryland Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 9-1932

17 I HEREBY CERTIFY, That I attended deceased from June 10- 1929 to April 9 1932.

that I last saw h alive on April 8- 1932

and that death occurred, on the date stated above, at 4:- a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis with hypertension

(duration) 5- yrs. mos. da.

CONTRIBUTORY (Secondary) Cerebral thrombosis

(duration) yrs 1 mos. 6 da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What (test confirmed diagnosis)? ✓

(Signed) Robert L. Mullikin, M. D.

4 9, 1932 (Address) 711 W. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: April 11 1932

20 UNDERTAKER: Gray & Francis

ADDRESS: 53 Madison Ave

April 9-1932

Spec.—2-23-28—L. P. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 78607

E 78607

REGISTERED NO. 198

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md Penitentiary (Ward) 11-2

2—FULL NAME Walter Frederick Wright

(a) RESIDENCE NO. 1323 Madison Ave St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: B

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 7-26-1904

7 AGE: Years 27 | Months 8 | Days 13 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farm

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Clinton Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Elizabeth Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Blackstone Virginia

14 Informant: Elizabeth Taylor Jefferson

(Address): 1323 Madison Ave

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH 1932

16 DATE OF DEATH (month, day, and year): April 8

17 I HEREBY CERTIFY, That I attended deceased from Feb 2 . 1932. to Apr 8 . 1932.

that I last saw h[illegible] alive on Apr 8 . 1932

and that death occurred, on the date stated above, at 12.00 A m.

The CAUSE OF DEATH* was as follows:

Dislocation of Fifth Cervical Vertebrae

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hanged by Order of Court (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Usual

(Signed) John D. Aubrey, M. D.

. 19 (Address) 3012 Northway Drive

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Lebanon Cemetery

DATE OF BURIAL: April 9 1932

20 UNDERTAKER: Archibald A. Gaddis

ADDRESS: 1870 McCulloh St.

AACo. 5-11 2500

78608

HEALTH DEPARTMENT—CITY OF BALTIMORE

131 E 78608

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Agnes Hosp. 2-E St., (Ward) 2-E

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Zeller

(a) Residence: No. 308 S. Chester St., Ward. .....
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: single

6. DATE OF BIRTH (month, day, year): May 11-1884

7. AGE	Years	Months	Days	If LESS than 1 day, .. hrs or .. min.
	47	10	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cutter &
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bennetts Cutting
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER
13. NAME: George Zeller
14. BIRTHPLACE (city or town) (State or country): Md

MOTHER
15. MAIDEN NAME: Elizabeth Zeller
16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Manning Hardesty
(Address) 308 S. Chester St.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date April 9, 1932

19. UNDERTAKER: Riley Zeller Inc.
(Address) 232 N. Eutaw St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4-7, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-6, 1932, to 4-7, 1932

I last saw him alive on 4-7 1932 death is said to have occurred on the date stated above, at 10:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration & decompensation	4-6-32
Other contributory causes of importance: Chronic Nonvenereal Nephritis.	11-1-31

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) [illegible] M. D.
(Address) St Agnes Hospital

M. D. B. 1268-9

B 9973
B 78609

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

56 E 73609

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 25 Ward) 75

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Erma Burley

(a) Residence: No. 3914 - 2nd St. St., ... Ward. Brooklyn Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 19-1925

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md —

FATHER

13. NAME Eli Burley

14. BIRTHPLACE (city or town) (State or country) Md -

MOTHER

15. MAIDEN NAME Effie Allen

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 4/11 . 1932

19. UNDERTAKER Sarah E Brown Sons

(Address) 108 W Montgomery St

20. FILED ..... . 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 8 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 31 . 1932 to Apr. 8 . 1932

I last saw her alive on Apr. 8 . 1932 Death is said to have occurred on the date stated above, at 1:15 P.m.

The principal cause of death and related causes of importance were as follows:

Rheumatic heart disease with myocardial failure

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... . 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. T. Bedford . M. D.

(Address) Johns Hopkins Hosp.

Instructions on back of certificate. See instructions on back of certificate. Every question must be answered. If any important

M. D. B. 1268-9

78619 E 78610

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 23-31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Cross

(a) Residence: No. 112 W Cross St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 27 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1		13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Wm Carter

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Pauline Cross

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 4/9 . 1932

19. UNDERTAKER Isaiah R Brown & Son
(Address) 1012 W Montgomery St

20. FILED ..... . 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7 . 1932

22. I HEREBY CERTIFY, That I attended deceased from April 5 . 1932 to April 7 . 1932

I last saw him alive on April 7 . 1932 Death is said to have occurred on the date stated above, at 12 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Influenza Meningitis	4-3-32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... . 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) John A Lanahan M. D.

(Address) Johns Hopkins Hospital

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78611

E 78611

CERTIFICATE OF DEATH

82-091

REGISTERED NO. 22-31

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Woodfolk

(a) RESIDENCE NO. 120 W. Hughes St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Mal.	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lelia Woodfolk

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 40

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia

PARENTS

10 NAME OF FATHER Warner Woodfolk

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Lucy Robinson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant Bertha Saunders

(Address) 120 W. Hughes St.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1932

4 - 7

17 I HEREBY CERTIFY, That I attended deceased from 4-4, 1932 to 4-7, 1932

that I last saw him alive on 4-7, 1932

and that death occurred, on the date stated above, at 2:20 P. M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 5 da.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical + Autopsy

(Signed) Geo. W. McDonald, M. D.

4-7, 1932 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson Cemetery

Date of Burial 4/10 1932

20 UNDERTAKER Walter B. Spriggs

ADDRESS 139 W. Hanley St.

very important. See instructions on back of certificates.

M. D. H. 1269-9

E 78612 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 vE 78612

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 731 Greenmount Ave St. 10-14 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henrietta Blackston

(a) Residence: No. 731 Greenmount Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Harry Blackston

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mamie Boone

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mamie Blackston
(Address) 731 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date 4-9- 1932

19. UNDERTAKER E. Lee Wright
(Address) 728 McCulloh St

20. FILED ... 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 6/32. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 6.30 A.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis (Duration about 5 months)

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) J. H. Bailey Coroner, M. D.

(Address) 508 E. Lanvale

INSTRUCTIONS IN BLUE are important. See instructions on back of certificate.

A&Co. 5-31 250B

78613

HEALTH DEPARTMENT—CITY OF BALTIMORE

78613

CERTIFICATE OF DEATH

1317

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Franklin Square Hospital
CITY OF BALTIMORE: (No. 22 Gay St & Calhoun St Ward) 2-4
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry J Brockschmidt

(a) Residence: No. 201 E Orleans St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 23, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	42	9	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER
13. NAME William Brockschmidt
14. BIRTHPLACE (city or town) (State or country) Balto.
15. MAIDEN NAME Clara Reeb
16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Clara Brockschmidt
(Address) 2013 Orleans St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date April 12, 1932

19. UNDERTAKER Wm. C. Miller & Son
(Address) 2334 E. Monument St.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1932 to April 8, 1932
I last saw him alive on April 8, 1932 death is said to have occurred on the date stated above, at 8.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia with chronic interstitial nephritis	
Uremia of about 2 weeks duration	

Other contributory causes of importance:

Name of operation None. Date of
What test confirmed diagnosis Blood Chemistry Was (it) an autopsy? No

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? — Date of injury ... 19 ...
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Thomas B Schreiber, M. D.
(Address) Franklin Square Hospital

Spec.—1-30—M. & T.—250 Bks

78614 E 78614

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH 1231 Lafayette ave. REGISTERED NO. 23
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1731 (St.) Lafayette ave. (Ward) 7-1-002

2-FULL NAME Samuel Robinson

(a) RESIDENCE NO. 1231 W. Lafayette Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) about 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
about 66				

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Ordinary
(c) Name of employer unknown

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS
10 NAME OF FATHER Nathaniel Robinson
11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia
12 MAIDEN NAME OF MOTHER unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Samuel Robinson
(Address) 1231 W. Lafayette Ave

15 Filed Apr 4 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8 April 32

17 I HEREBY CERTIFY, That I attended deceased from 26/3/ 1932 to 8 April 1932
that I last saw him alive on " " 1932
and that death occurred, on the date stated above, at 12 p.m.

The CAUSE OF DEATH* was as follows:
Acute Nephritis
over 2 wks
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia
(duration) abt 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore, Md.
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical Signs
(Signed) Chas. Mansfield Hood M. D.
1932 (Address) 1501 E. Eager St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Cemetery — DATE OF BURIAL April 9 1932

20 UNDERTAKER Archibald A. Gaddis — ADDRESS 1840 Eutaw St.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78615 E 78615

CERTIFICATE OF DEATH

46

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 831 N. Gilmor St. 16-23 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds How long in U.S. If of foreign birth? yrs. mos. ds

2. FULL NAME Alice Henderson

(a) Residence: No. 831 N. Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Robert Henderson

6. DATE OF BIRTH (month, day, year) 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kingsville Va
(State or country)

FATHER

13. NAME Saunders Reed

14. BIRTHPLACE (city or town) Kingsville Va
(State or country)

MOTHER

15. MAIDEN NAME Mary Foster

16. BIRTHPLACE (city or town) Kingsville Va.
(State or country)

17. INFORMANT Frank Henderson
(Address) 710 N. Gilmor St.

18. BURIAL, CREMATION, OR REMOVAL
Place Int. Auburn Cem. Date Apr. 10. 1932

19. UNDERTAKER Chas. H. Johnson
(Address) 746 N. Gilmor St.

20. FILED ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 3, 1932 to Apr. 7, 1932

I last saw her alive on Apr 7, 1932 death is said to have occurred on the date stated above, at 3 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma stomach	Winter of 1931

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Surgical Ex. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. Garland Connell M. D.

(Address) 1534 Cathedral St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

78616

CERTIFICATE OF DEATH

X 13 NE 78616

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary Ward) 6-9

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert I. Rolle

(a) Residence: No. Middle River, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lavasia M. (Masson)

6. DATE OF BIRTH (month, day, year) Oct 10, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	5	23 ??	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. nf

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Easton, Md.

FATHER

13. NAME Fedaman F. Rolle

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Eliza Webb

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. L.M. Rolle
(Address) Middle River, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Spring Hill C. (Cockeysville Md.) Date April 10 1932

19. UNDERTAKER J. G. Connelly
(Address) Essex Md.

20. FILED . . 19 . . Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 8/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 5.35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Apoplexy)	12 hrs.

Other contributory causes of importance:
Chr. Nephritis
Genl Arteriosclerosis

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. F. H. Bell Coroner, M. D.
(Address) Rolle Bldg.

Spec.—8-16-29—L. F. S.—100 Blks.

E 78617

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78617

CERTIFICATE OF DEATH

107-001

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 801 S. Bond ST. 7-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Dorothy Stec

(a) RESIDENCE NO. 801 S. Bond ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	S.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	8	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Stec

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Sophia Alekszalza

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Sophia Stec

(Address) 801 S Bond St

15 Filed ..., 19... Registrar A.P.W.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 8 32

17 I HEREBY CERTIFY, That I attended deceased from April 6, 1932 to April 8, 1932

that I last saw her alive on April 8, 1932

and that death occurred, on the date stated above, at 7.05 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Otitis Media

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Andrew Simonoski, M. D.

4/9, 1932 (Address) 2529 Eastern Ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross a.a.c.

DATE OF BURIAL April 9 1932

20 UNDERTAKER Wm S. Falkowski

ADDRESS 2007 Eastern Ave

M. D. H. 1268-9

78618

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 78618

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) St. 11-34 (Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Green

(a) Residence: No. 904 Bolton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 13, 1903

7. AGE	Years	Months	Days	If LESS than 1 day.. hrs. or min.
	28	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Lottie Moore

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 4/9/32

19. UNDERTAKER Wm. Geo. R. Hobbs & Co.
(Address) 1031 Eutaw St.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1932 to April 7, 1932

I last saw her alive on April 7, 1932 Death is said to have occurred on the date stated above, at 12:45 m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephrosis more than 6 months Anemia secondary	6 months

Other contributory causes of importance:

Name of operation Autopsy Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas Ghiwood Jr. M. D.
(Address) Balto. City Hosp.

AACo. 5-31 2500

78619

HEALTH DEPARTMENT—CITY OF BALTIMORE

78619 X53 E

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Woman's Hospital St. 24-30 Ward)

Length of residence in city or town where death occurred 1 yrs. 3 mos. 1 ds. How long in U. S. If of foreign birth? 1 yrs 1 mos 1 ds.

2. FULL NAME Hattie Alma Kramer

(a) Residence: No. Bloomingdale Exercise New York N. Y.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Adam Kramer

6. DATE OF BIRTH (month, day, year) April 20, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) January 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sanfield Iowa

MOTHER FATHER

13. NAME Thomas Hall

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Alice Munhall

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Thomas M Towne

(Address) 2700 Natchez Ave Cleveland Ohio

18. BURIAL, CREMATION, OR REMOVAL Date 4/9 1932

Indianapolis Ind

19. UNDERTAKER William Cook

(Address) 217 St Paul St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1932, to April 8, 1932

I last saw h[illegible] alive on April 8, 1932, death is said to have occurred on the date stated above at 12:55 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of thyroid

Date of onset 1930

Other contributory causes of importance:

Name of operation Attempted thyroidectomy Date of 2/11/32.

What test confirmed diagnosis Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Deeanne Herlong M. D.

(Address) Woman's Hospital

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78620

CERTIFICATE OF DEATH

157 1004

E 78620

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2545 Robb ST., 9-th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Edward Louis Taylor

(a) RESIDENCE NO. 2545 Robb ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

7 DATE OF BIRTH (month, day, and year) 4-7-32

8 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			1 2	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

10 BIRTHPLACE (city or town) Balto.,
(State or country) Md.

11 NAME OF FATHER John Edward Taylor

11 BIRTHPLACE OF FATHER (city or town) Balto.,
(State or country) Md.

12 MAIDEN NAME OF MOTHER Leona Kness

13 BIRTHPLACE OF MOTHER (city or town) Balto.,
(State or country) Md.

14 Informant John Edw. Taylor (Father)
(Address) 2545 Robb St.

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-9-32

17 I HEREBY CERTIFY, That I attended deceased from 4-7-, 1932, to 4-9-, 1932, that I last saw him alive on 4-8-32, 19, and that death occurred, on the date stated above, at 1 20 A. m.

The CAUSE OF DEATH* was as follows:

Imperforate anus

(duration) From birth yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical evidence

(Signed) Dr. B. Sybert, M. D.

4/9, 19 (Address) 2502 Harford Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	4/9 1932
20 UNDERTAKER Harvey Stovall Funeral Serv.	ADDRESS 1301 E Eager St

C. HAMPSON JONES, M.D.
1937

M. D. R. 1268-9

78621

HEALTH DEPARTMENT—CITY OF BALTIMORE

78621

CERTIFICATE OF DEATH

13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 328 S Eldon St. 14-28 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael Ahern

(a) Residence: No. 328 S Eldon St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bridget Ahern

6. DATE OF BIRTH (month, day, year) Apr 14 1844

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	11	23	24

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 500

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Timothy Ahern

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mahoney

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Bridget Ahern

(Address) 328 S Eldon St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date 4/11 1932

19. UNDERTAKER Fenger A Farley

(Address) Fulton & Forsyth

20. FILED 1932 H. C. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/7 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/25 1931 to 4/7 1932

I last saw h[illegible] alive on 4/7 1932 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — ?
Chronic interstit[illegible] nephritis — ?
Senility.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. P. Stacy M. D.

(Address) 401 N Edmondson Ave

M. D. R. 1268-9

78622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 78622

1. PLACE OF DEATH Baltimore City Hospitals (Thc.) 9-17

CITY OF BALTIMORE: (No. ..... St., ... (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Yeager

(a) Residence: No. 1849 Harford ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Yeager

6. DATE OF BIRTH (month, day, year) Feb. 11, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Christopher Yeager

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Hofer

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Park Wood Date 4/12 19 32

19. UNDERTAKER Fred Lazarus Sons

(Address)

20. FILED 7401 Belair Road

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from January 28 1931 to April 8 1932

I last saw him alive on April 8 1932 Death is said to have occurred on the date stated above, at 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	6 year

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Lawrence A. Sena M. D.

(Address) Baltimore City Hospitals

Spec.—8-16-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78623

E 78623

CERTIFICATE OF DEATH

59

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1731 N. Caroline ST. 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary F Adams

(a) RESIDENCE NO. 1731 N. Caroline ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced (or) WIFE of James E. Adams

6 DATE OF BIRTH (month, day, and year) Jan 2 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	3	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Dorchester Co, Md

PARENTS

10 NAME OF FATHER John Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dorchester Co. Md

12 MAIDEN NAME OF MOTHER Elizabeth Wheatley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dorchester Co.

14 Informant James E. Adams

(Address) 1731 N. Caroline St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/7/32

17 I HEREBY CERTIFY, That I attended deceased from Feb. 19 32 to 4/7 19 32,

that I last saw her alive on 4/7 19 32

and that death occurred, on the date stated above, at 10.15 P m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

Arteriosclerosis

Cardiovascular renal disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phy Exam.

(Signed) Joseph E. Blum, M. D.

19 (Address) 1351 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Moreland Memorial Park

DATE OF BURIAL 4-11 1932

20 UNDERTAKER H. C. Hagenbuch Jr

ADDRESS Ellicott City Md

1-30—M. & T.—100 B—60L.

E 78624

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78624

CERTIFICATE OF DEATH

23

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Municipal Hospital ST. 4-34 WARD

2-FULL NAME Tudor Sinu

(a) RESIDENCE NO 1840 Belt ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About 57				

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer B & O. R.R.

9 BIRTHPLACE (city or town) (State or country) Roumania

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Roumania

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Roumania

14 Informant Mrs. Calden

(Address) 1840 Belt St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 8 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1840 Belt St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) B. Herzog M.D. Coroner, M. D.

April 9, 1932 (Address) 1205 N Patterson Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. DATE OF BURIAL: April 11 1932

20 UNDERTAKER: Wm. Hickman Sons ADDRESS: North Ave

78625 E 78625

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital 59 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 22-63 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Count Glanville (Glanville)

(a) Residence: No. 3807 Gwynn Oak Ave. St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of M. Claire Glanville

6. DATE OF BIRTH (month, day, year) Nov 16 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Arcamore Ia.

FATHER

13. NAME Wm E Glanville

14. BIRTHPLACE (city or town) (State or country) New Zealand

MOTHER

15. MAIDEN NAME Ida Bassett

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date Apl. 11 1932

19. UNDERTAKER Tom Pickpee Sons
(Address) North & Pennsylvania Ave.

20. FILED ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-8 ..., 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-25-32, 19.., to 4-8-32, 19..

I last saw him alive on 4-8-32 death is said to have occurred on the date stated above, at 2:22 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	6 1/2 year
Bronchial Pneumonia	13 days

Other contributory causes of importance:

Pulmonary Embolism	15 minutes

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert F. Thomas M.D.

(Address) Md. General Hospital

E 78626

E 78626

Spec. [illegible] T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1400 Belvidere Ave ST. [illegible] WARD 63

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Marion N. Gibson

(Residence in Baltimore: No. 1400 Belvidere Ave St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. April 17, 1890 (Month) (Day) (Year)

7-AGE. 41 yrs. 11 mos. 23 ds. If LESS than 1 day, [illegible] hrs. or [illegible] min.

8-OCCUPATION: (a) Trade, profession, or particular kind of work Nurse (b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). White Hall. Md

PARENTS.

10-NAME OF FATHER. James Albert Gibson

11-BIRTHPLACE OF FATHER (State or Country). Pa

12-MAIDEN NAME OF MOTHER Sarah Hammond

13-BIRTHPLACE OF MOTHER (State or Country). Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. M. F. Wiley

(Address) Detour Md

15- Filed [illegible], 191[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 9, 1932 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1932, to April 9 1932, that I saw h[illegible] alive on April 9 1932, and that death occurred, on the date stated above, at 8 30 a.m.

The CAUSE OF DEATH* was as follows: Adenoma left breast

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uterine Metastasis

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

April 9, 1932 (Address) 2[illegible] Garrison Blvd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Stewartstown Pa

DATE OF BURIAL, Apr 13, 1932

20-UNDERTAKER Wm J Pickett Sons

ADDRESS North Pa

AACo. 5-31 250B

E 78627

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78627

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Joseph C. Brown

(a) Residence: No. Brooklandville, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 21, 1880

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min
	51	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. gardener
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

MOTHER'S NATIVITY

12. BIRTHPLACE (city or town) (State or country) md.
13. NAME Christopher Brown
14. BIRTHPLACE (city or town) (State or country) md.
15. MAIDEN NAME Mattie Hawkins
16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Chestnut Ridge Date Apr. 17 1932

19. UNDERTAKER Wm. C. Woods & Son
(Address) Towson, Md.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9. 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/8/, 1932 to 4/9/, 1932

I last saw h-- alive on 4/9/32, 19 death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
typhoid fever	3/25/32

C. C. Coroner Dr. Mooney

Other contributory causes of importance:
Intestinal perforations (multiple) & generalized peritonitis.
Gastro enterostomy & cauterization of perforations

Name of operation ..... Date of 4/8/32

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Samuel McC. Lawrason M. D.

(Address) Union Memorial Hosp.

M. D. R. 1768-8

E 78628

S-9444

Edward J. Carr

E 78628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 91-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward J. Carr

(a) Residence: No. 147 Jewett St. St., ... Ward. Providence R I

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) July 13-1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	8	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst Eng-

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 130

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) R. I. -

13. NAME Thomas Carr

14. BIRTHPLACE (city or town) (State or country) R. I. -

15. MAIDEN NAME Helen Byrne

16. BIRTHPLACE (city or town) (State or country) R. I. -

17. INFORMANT Friends

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Providence R. I. Apl 7 1932

19. UNDERTAKER Joseph Peterson

(Address) 156 Eutaw Ave

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1 1932 to Apr. 7 1932

I last saw him alive on Apr. 9 1932 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcal endocarditis	3 wks.
Acute decompensation	

Other contributory causes of importance: Anaemia

Name of operation None Date of

What test confirmed diagnosis? Clinical Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lloyd S. Lewis M. D.

(Address) Johns Hopkins Hosp.

M. D. B. 1268-9

78629

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78629

CERTIFICATE OF DEATH

83

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2050 Kennedy Ave St., 9-16 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Elmira Grove

(a) Residence: No. 2050 Kennedy St., 9 Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Linda R Grove

6. DATE OF BIRTH (month, day, year) March 20 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67		20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife 027

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME James Ebbetts

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Hoops

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs H. Lankister (Address) Carrollton Ohio

18. BURIAL, CREMATION, OR REMOVAL Place Stewartstown Pa Date April 12 1932

19. UNDERTAKER H. B. Mathias (Address) Stewartstown Pa

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9 1932

22. I HEREBY CERTIFY, That I attended deceased from March 8 1932 to April 9 1932

I last saw her alive on April 5 1932. Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

Paresis — Date of onset: 2 yrs ago

Other contributory causes of importance:

Cerebral Arterio Sclerosis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Paul Fuhrman, M. D.

(Address) 18 W. Main St.

M. D. B. 1268-9

78630

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

134E 78630

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 126 W Lanvale St., 17-20 Ward)

Length of residence in city or town where death occurred 79 yrs. 10 mos. 16 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Henry Brown

(a) Residence: No. 126 W. Lanvale St., 11 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Imogene Bechtel

6. DATE OF BIRTH (month, day, year): May 24 1852

7. AGE — Years: 79 | Months: 10 | Days: 15/16 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired P.R. Freight Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 073

10. Date deceased last worked at this occupation (month and year): April 1928

11. Total time (years) spent in this occupation: 49yrs

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Thomas Richardson Brown

14. BIRTHPLACE (city or town) (State or country): Kent Co Md

MOTHER

15. MAIDEN NAME: Mary E. Hynson

16. BIRTHPLACE (city or town) (State or country): Kent Co Md.

17. INFORMANT (Address): Mrs Wm H. Brown 126 W Lanvale St

18. BURIAL, CREMATION, OR REMOVAL: Place St Paul church yard Kent Co Md Date April 11 1932

19. UNDERTAKER (Address): Henry W. Jenkins Son Co McCulloh & Orchard Sts

20. FILED ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from August, 1928 to April 8, 1932

I last saw h[illegible] alive on April 8, 1932 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

Prostatitis - Stone in kidney. Cystitis (chronic) Urethral retention from stone in kidney.

Date of onset

Other contributory causes of importance:

Increasing malnutrition and myocardial insufficiency - Uraemia

Name of operation: Prostatectomy Date of 1928

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Frank R. Smith, M. D.

(Address) 727 N. Calvert St.

M. D. R. 1265-A

E 78631 ✓ E 78631

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 217 W Lanvale St. 11-24 Ward)

Length of residence in city or town where death occurred about 45 yrs. 3 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin Hughes Read

(a) Residence: No. 217 W Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anne Cleland Read

6. DATE OF BIRTH (month, day, year) Dec 16 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Charleston S.C.

FATHER

13. NAME Benjamin Hughes Read

14. BIRTHPLACE (city or town) (State or country) Charleston S.C.

MOTHER

15. MAIDEN NAME Mary Middleton

16. BIRTHPLACE (city or town) (State or country) Charleston S.C.

17. INFORMANT Bur Rutledge

(Address) 1208 Eutaw Pl.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 4-10 1932

19. UNDERTAKER Henry W. Jenkins' Son Co

(Address) Orchard & Calhoun

20. FILED ..... 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8th 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 22 1932 to Apr 8 1932

I last saw h alive on Apr 8 1932 Death is said to have occurred on the date stated above, at 2.30 m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset Mar 22 1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bur Rutledge M. D.

(Address) 1208 Eutaw Place

E 78632

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 78632

186-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 214 Northway Guilford St. 17-44 Ward)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alletha Vannort

(a) Residence: No. 214 Northway Guilford St., Ward. Charlestown Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Samuel Vannort

6. DATE OF BIRTH (month, day, year) October 27 1839

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	92	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

FATHER

13. NAME Joseph Usilton.

14. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

MOTHER

15. MAIDEN NAME Sarah Lamb

16. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

17. INFORMANT James W. Chapman Jr.
(Address) 214 Northway Guilford.

18. BURIAL, CREMATION, OR REMOVAL

Place Chestertown Md. Date April 10 1932

19. UNDERTAKER Cook
(Address) 1003 W. Baltimore St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4. 9. 1932

22. I HEREBY CERTIFY, That I attended deceased from March 24 1932 to April 9 1932

I last saw her alive on April 9 1932 death is said to have occurred on the date stated above, at 3.56 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Toxaemia	Apl. 6 32
Fracture femur, right. Tuberculosis	Mar. 16 32

(Other contributory causes of importance)

Name of operation ..... Date of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following. Accident, suicide, or homicide? Accident Date of injury Mar 16 32

Where did injury occur? In room
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. 214 Northway Guilford

Manner of injury Fall on rug.

Nature of injury Fracture right femur

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) James C. Clarke M.D.

4.7.32 (Address) Fairfield apt. Charlestown Md.

No. 78633

HEALTH DEPARTMENT—CITY OF BALTIMORE

46 E 78633

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Sinai Hospital
CITY OF BALTIMORE: (No. ..... St., 2-16 Ward)
Length of residence in city or town where death occurred 40 yrs mos ds How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME Hyman Fagan
(a) Residence: No. 1811 E. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed or divorced HUSBAND of (or) WIFE of Sophia Fagan

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac Fagan
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Solomon
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sophia Fagan (wife)
(Address) 1811 E. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lebanon Date 4-10- 1932

19. UNDERTAKER Dorsey Bros. Inc.
(Address) 1439 E. Baltimore St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1932 to April 5, 1932
I last saw him alive on April 5 1932 death is said to have occurred on the date stated above, at 7:07 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Ventriculus Carcinoma of the Stomach	year 1931
Other contributory causes of importance Cachexia	April 1932

Name of operation Jejunostomy, gastrostomy, none Date of April 5, 1932
What test confirmed diagnosis? Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. Elzerodmeyer, M. D.
(Address) Sinai Hospital

E 78634

E 78634

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

133

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 13-20 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Frankel

(a) Residence: No. 2233 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Aaron Frankel

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Isaac Isaacs

14. BIRTHPLACE (city or town) (State or country) Russia.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT L. Kaufman
(Address) 1434 E. Balt. St.

18. BURIAL, CREMATION, OR REMOVAL
Place Levindale Cem. Date 4-10- 1932

19. UNDERTAKER Geo. Krug & Co.
(Address) 1434 E. Balt. St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-9 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-9 1930 to 4-9 1932

I last saw h[illegible] alive on 4-9 1932 death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis.	2 yrs.
Anemia	2 mos.

Other contributory causes of importance:

Spinal meningitis & adhesions	2½ yrs.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. B. Kirsh M. D.

(Address) Sinai Hospital

AACo. 5-11 250R

E 78635

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78635

CERTIFICATE OF DEATH

× 53

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 12-24 Ward)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S. if of foreign birth? yrs mos ds.

2. FULL NAME Mrs. Lucia V. Mead (Jennie Hedges Maad)

(a) Residence: No. Adelaide Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lucius V. Mead

6. DATE OF BIRTH (month, day, year) Mar. 5, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 07

12. BIRTHPLACE (city or town) (State or country) New Berlin, N.Y.

FATHER

13. NAME Adelbert Lorenzo Hedges

14. BIRTHPLACE (city or town) (State or country) New Berlin, N.Y.

MOTHER

15. MAIDEN NAME Mary Jane Hedges

16. BIRTHPLACE (city or town) (State or country) New Berlin, N.Y.

17. INFORMANT Mrs. Lucia V. Mead
(Address) Bel Air, Md.

18. BURIAL, CREMATION OR REMOVAL
Place Rock Creek Cem. D.C. April 12 1932
Hastings Mrs. D.C.

19. UNDERTAKER John C. Mitchell & Bros.
(Address) 1210 Eutaw Place

20. FILED 19 Apl Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1 1932

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1932, to April 1, 1932

I last saw her alive on April 1, 1932 death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of bladder	3 yr ago
Renal insufficiency, uremia	April 1, 32
I	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Cystoscope Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) R. France M. D.

(Address) Union Mem. Hospital

78636

E 78636

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

16-68 + 82-001

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No.) West Balto General Hospital (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nicholas T. Lang

(a) Residence: No. 107 Beaumont Ave St. Ward. Catonsville

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced — HUSBAND (or) WIFE of: Mrs. Julia J. Mehlazer

6. DATE OF BIRTH (month, day, year): Dec 8 1864

7. AGE: Years 67 | Months 4 | Days 1 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mfg.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Geo Lang.

14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

15. MAIDEN NAME: Anna F.

16. BIRTHPLACE (city or town) (State or country): Bavaria

17. INFORMANT: Mrs Julia J. Lang.

(Address) 107 Beaumont Ave Catonsville

18. BURIAL, CREMATION, OR REMOVAL: New Cathedral Date Apr 12 1932

19. UNDERTAKER: Chas C. Mitchell & Sons.

(Address) 1201 Eutaw Place

20. FILED (Date) Apr 11 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr 9 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Other contributory causes of importance: Senility

Date of onset

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. E. Finch M. D.

Coroner

(Address)

M. D. 78637

E 78637.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2310 Wichita ave 15-60 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Legum

(a) Residence: No. 2310 Wichita ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Abraham

6. DATE OF BIRTH (month, day, year) 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Abraham Legum

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Bessie Balser

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT D. R. Legum

(Address) 3100 Hilton st

18. BURIAL, CREMATION, OR REMOVAL

Place Norfolk Va Date April 10 1932

19. UNDERTAKER S. Levinson Bro

(Address) 1127 E Balto st.

20. FILED . 19 . Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 . 1931 to April 9 . 1932

I last saw her alive on April 8 1932 Death is said to have occurred on the date stated above, at 8.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocarditis	Dec 15/31
Other contributory causes of importance: arterio-sclerosis hypertension	1928

Name of operation no Date of —

What test confirmed diagnosis? typical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Walter S Dukert M. D.

(Address) 2220 Garrison ave

E.D. 78638

E 78638

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Dr Kader

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4105 Park Heights ave 15-46 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ellis Kellert

(a) Residence: No. 4105 Park Heights ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Katie

6. DATE OF BIRTH (month, day, year) 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Post office clk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Morris Kellert

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Lizzie Kellert

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Isaac Kellert

(Address) 4013 Pimlico Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew brothers ave Date April 11 1932

19. UNDERTAKER J Ferguson Bro

(Address) 1527 E Baltimore St.

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1932 to Apr. 9th 1932

I last saw him alive on Apr 9 1932 Death is said to have occurred on the date stated above, at 4.20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?
Other contributory causes of importance: Renal Tuberculosis	?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. Kader M. D.

(Address) 2306 Eutaw Pl.

AACo. 5-31 250B

E 78639 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78639

CERTIFICATE OF DEATH

172-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4405 La Salle Ave St. 26-42 Ward 2

Length of residence in city or town where death occurred 8 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? 50 yrs. ... mos. ... ds.

2. FULL NAME Regina L. Hermann

(a) Residence: No. 4405 La Salle Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Hermann

6. DATE OF BIRTH (month, day, year) Sept 25-1845

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	6	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Germany.

13. NAME Henry Gnau

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Mary C. Eibach

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Marie Schlipshuck (Address) 4405 La Salle Ave

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cem. Date 4-11 1932

19. UNDERTAKER Leonard J. Roach (Address) 5305 Harford Rd.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-7 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 5 1932 to Apr 7 1932

I last saw her alive on Apr 7 1932 death is said to have occurred on the date stated above, at 8:50 P.m.

The principal cause of death and related causes of importance were as follows:

Strangulated Hernia — Date of onset 4/4/32

Other contributory causes of importance:

None

Name of operation — Date of ...

What test confirmed diagnosis? — was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Benj. L. Hayden M. D.

(Address) 216 N. Caroline St.

E 78640

1-30—M & T—100 B—50L

✓ E 78640

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) President 402 (St.) 16-23 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Regina D. Dorsey.

(a) RESIDENCE No. 1816 Carlton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Jan 15-1932

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Chas Dorsey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Bessie Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Bessie Dorsey

(Address): 1816 Carlton

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 8th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Hall Heath, M. D. Coroner

(Address) 1816 Carlton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Calvary Cem — DATE OF BURIAL: April 11 1932

20 UNDERTAKER: Joseph A. Lively — ADDRESS: 409 N. Mount St

78641

E 78641

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Good Shepherd Hospital

CITY OF BALTIMORE: (No. 512 Gilmore St. St., 9-18 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Anna Warner

(a) Residence: No. 637 Lafayman St St., 40 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): widow

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1871

7. AGE: Years 61 | Months — | Days — | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Mason Hurley

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Celine —

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Sydney Hanson
(Address) 409 N. Carey.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 4-10 1932

19. UNDERTAKER David Eaton
(Address) 976 Lemmon ave.

20. FILED ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-7-1932

22. I HEREBY CERTIFY, That I attended deceased from 4-1-1932 to 4-7-1932

I last saw her alive on 4-7-1932 death is said to have occurred on the date stated above, at 11:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	3-15-32
Lung abscess	4-1-32
Cardiac failure	4-7-32

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. Aubrey Marshall, M. D.

(Address) 1838 Druid Hill Ave.

Spec.—1-30—M. & T.—250 Blks

E 78642

E 78642

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2221 Guilford Ave ST., 12-50 WARD)

2-FULL NAME Julia O. Burns

(a) RESIDENCE NO. 2221 Guilford Ave ST., WARD (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced (or) WIFE of: James Burns

6 DATE OF BIRTH (month, day, and year): July 2[illegible]71

AGE: Years 60 | Months 8 | Days 10 | If LESS than 1 day, hrs. or min.

61

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country): Ireland

10 NAME OF FATHER: Thomas O'Meara

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Anna Gleason

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland.

14 Informant (Address): James Burns 2221 Guilford Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 7-32

17 I HEREBY CERTIFY, That I attended deceased from April 7 1932, 19 24 to April 7 1932, that I last saw h[illegible] alive on April 7 1932 2-45 P. m. and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Chronic Nephritis —

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary): Myocarditis —

(duration) — yrs. 7 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No —

What test confirmed diagnosis? Clinical Examination

(Signed) John W Lankford — M. D.

April 7, 1932 (Address) 1327 Park Ave Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Catheridal

DATE OF BURIAL: April 11 1932

20 UNDERTAKER: Leo G. Cook

ADDRESS: 1723 Pratt St

E 78643

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78643

131

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Joseph Hoop 1-9 St., (Ward)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mamie Williams
(a) Residence: No. 624 N. Dallas St St., Ward.
(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	34			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tiaska Florida
13. NAME John Richburg
14. BIRTHPLACE (city or town) (State or country) Ala
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Ala
17. INFORMANT John Lee Williams
(Address) 622 N. Dallas St
18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 4-12 1932
19. UNDERTAKER Jas. H. Skinner
(Address) 1625 E. Monument St
20. FILED ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1932
22. I HEREBY CERTIFY, That I attended deceased from April 6, 1932 to April 8, 1932
I last saw h[illegible] alive on April 8, 1932 Death is said to have occurred on the date stated above, at 8:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Chronic Nephritis	?
Other contributory causes of importance: Uremia	April 5/32

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) [illegible] M. D.
(Address) Joseph Hoop

A4Co. 5-31 250B

78644

HEALTH DEPARTMENT—CITY OF BALTIMORE E 78644

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1616 Lafayette St., 8-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Giacomo Merolla

(a) Residence: No. 1616 Lafayette St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 24-1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	79	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Marco Merolla

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Marie ?

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Laura Bacigalupa

(Address) 1616 Lafayette

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date April 11, 1932

19. UNDERTAKER Martin V. Gippe Inc

(Address) 37 E. Lee St.

20. FILED ____ 19 ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1932 to April 8, 1932

I last saw him alive on April 8, 1932 death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	3 years

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Joseph L. Valentine M. D.

(Address) 14 So Broadway

E 78645

E 78645 Cm—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2617 Penna. Ave ST. 13-59 (WARD)

2 FULL NAME Josephine Earhart

(a) RESIDENCE No. 2617 Penna. Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? 75 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: white | 5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed or divorced (or) WIFE of George W. Earhart

6 DATE OF BIRTH (month, day, and year) Jan. 29, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	2	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Patrick Horrigan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Bridget

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Anna E. Horgan
(Address) 2617 Penna. Ave.

15 Filed ____ 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 8 - 32

17 I HEREBY CERTIFY, That I attended deceased from Febry 17, 1932 to Apr 8, 1932

that I last saw h er alive on Apr 7. 1932

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Nephritis Chronic

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 2 yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical methods

(Signed) George C. Shannon M. D.

4/9, 1932 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: April 11, 1932

20 UNDERTAKER: Martin Fahey & Sons — ADDRESS: 1827 W North Ave

M. D. R. 1265-9

78646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124E 78646

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3503-Claremont Street St. 26-37 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth 25 yrs. mos. ds.

2. FULL NAME Michael Celozzi

(a) Residence: No. 3503-Claremont Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Carmela (Tosches)

6. DATE OF BIRTH (month, day, year) 4/9/1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	11	18 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Construction Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Domenico Celozzi

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Angela Marie Fratta

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Filippo Tosches

(Address) 3509-Claremont Street.

18. BURIAL, CREMATION, OR REMOVAL Date 4/11/32, 19

19. UNDERTAKER

(Address)

20. FILED ....., 19.. .....
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1932 to April 6, 1932

I last saw h.. alive on April 6, 1932 Death is said to have occurred on the date stated above, at 2:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Edema	4/6/32
Other contributory causes of importance:	
Hepatic Cirrhosis	1931

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

(Address) 306 N. .....

E 78647 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78647.

CERTIFICATE OF DEATH.

89-002

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1017 E. Baltimore St. Presbyterian Hospital ST. 4-46 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leroy Graham Jr.

(Residence in Baltimore: No. 2008 Alameda Ave. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, October (Month) 4 (Day), 1910 (Year)

7-AGE, 1 yrs. 6 mos. 7 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Student
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER, Leroy V. Graham

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Edith Penock

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leroy V. Graham Sr.

(Address) 2008 Alameda Ave.

15-

Filed ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 8 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 6 1917, to April 8 1917, that I saw him alive on April 8 1917, and that death occurred, on the date stated above, at 11:30 P.m.

The CAUSE OF DEATH* was as follows:

Mastoiditis

..... (Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Embolism of Brain

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Lampman M. D.

April 8, 1917 (Address) Presbyterian Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cemetery

DATE OF BURIAL, 4/11/17 191.

20-UNDERTAKER George J. Kelly Inc

ADDRESS 1735 Hoffman

H. HAMPSON JONES, M. D.

Spec.—9-30—A & Co.—250 Blks

E 78648

78648

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary ST. 69 WARD)

2 FULL NAME Mrs Marion James

(a) RESIDENCE NO Aberdeen, Md ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of J.C.H James

6 DATE OF BIRTH (month, day, and year) Aug 4, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	8	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife — 057

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Darlington, Md

PARENTS

10 NAME OF FATHER William H Andrew

11 BIRTHPLACE OF FATHER (city or town) (State or country) Darlington, Md

12 MAIDEN NAME OF MOTHER Mary J Fisher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Darlington St. Md

14 Informant Husband
(Address)

15 Filed ..... 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 10, 1932

17 I HEREBY CERTIFY, That I attended deceased from March 23, 1932, to April 10, 1932

that I last saw her alive on April 10, 1932

and that death occurred, on the date stated above, at 2:55 P. M.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Sigmoid Colon, with ulceration and rupture of bowel.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Peritonitis, generalized.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of April 9, 1932

Was there an autopsy? Yes

What test confirmed diagnosis? Operation & Autopsy

(Signed) Richard C. Cumming M. D.

April 12 1932 (Address) The Church Home and Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Aberdeen Md

DATE OF BURIAL April 13 1932

20 UNDERTAKER W. J. Tuckner & Son

ADDRESS Baltimore

78649 E 78649

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 92-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3501 Falls Road St. ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs ... How long in U. S. If of foreign birth? ... yrs ... mos. ... ds.

2. FULL NAME Laura G. Rigdon

(a) Residence: No. 3501 Falls Rd St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gary Rigdon

6. DATE OF BIRTH (month, day, year) Feb. 2-1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	2	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co Md

13. NAME Joshua Catta

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

15. MAIDEN NAME Laura G Buttes

16. BIRTHPLACE (city or town) (State or country) Balto Co

17. INFORMANT Gary Rigdon (Address) 3501 Falls Rd

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Date Apr 12 32

19. UNDERTAKER D. Murphy & Sons (Address) 359 Dallas Road

20. FILED 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9 1932

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1932 to Apr 9 1932

I last saw h[illegible] alive on Apr 8 1932 death is said to have occurred on the date stated above, at 2 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Chronic Myocarditis	1920
Other contributory causes of importance Cerebral Hemorrhage	March 25 1932

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place. No

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) H G Jones M. D.

(Address) 720 N. North Ave

H. D. B. 1268-9

E 78650

E 78650

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

595

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St., 7-12 Ward)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. if of foreign birth? 61 yrs. mos. ds.

2. FULL NAME John Jira

(a) Residence: No. 2112 Ashland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frances

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate 65

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

13. NAME Louis Jira

14. BIRTHPLACE (city or town) (State or country) Bohemia

15. MAIDEN NAME Catherine Spora

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Friends JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Apl 11 1932

19. UNDERTAKER Frank Gorsuch Sons
(Address) 846 Eastern Ave

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7 1932

22. I HEREBY CERTIFY, That I attended deceased from March 1932 to April 7 1932

I last saw him alive on April 7 1932 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	10 yrs
Hypertension	
Myocardial failure (	2 mos.
? Coronary Occlusion	

Other contributory causes of importance:

Diabetes mellitus

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 1932

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Allen Benner M. D.

(Address) Johns Hopkins Hospital

E 78651

78651

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry D Renninger

(a) Residence: No. 2803 Kennedy St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	mar.

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Christina Renninger

6. DATE OF BIRTH (month, day, year) 6-26-1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	9	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Reading Pa.

13. NAME Wm Renninger (F)

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Anna Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INTERMENT (Address) Catherine P. Sloan 2803 Kennedy Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Loudon Park Date April 12. 1932

19. UNDERTAKER (Address) Fred A. Krause & Son 703 Harford Ave.

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-9 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-7, 1932 to 4-9, 1932

I last saw him alive on 4-9 1932 death is said to have occurred on the date stated above, at 4.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vascular Renal Disease	
Benign Hypertrophy Prostate Gland	
Uremia.	10 days

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? > Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Richard C. Tittle, M. D.
(Address) Balto. City Hospitals

78652

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78652

CERTIFICATE OF DEATH

Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp 22d St) 11-24 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Katie Finnigan

(a) Residence: No. 1105 McCulloh St St., ... Ward. ..... (If non resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	colored	married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dave Finnigan

7. DATE OF BIRTH (month, day, year) .....

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W. 037
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Lewis Spencer

14. BIRTHPLACE (city or town) (State or country) —

15. MAIDEN NAME George Wood

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT University Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ..... 19....

19. UNDERTAKER
(Address)

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-5 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-1 1932 to 4-5 1932

I last saw h[illegible] alive on 4-5 1932 death is said to have occurred on the date stated above, at 10:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uterine fibroids	3 mos
Other contributory causes of importance:	
Cerebral hemorrhage	?
Post operation shock	

Name of operation Hysterectomy Supra Date of 4/5/32

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J W Stonebraker M. D.

(Address) Univ. Hosp.

M. 78853

E 78653

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Baltimore City Hospitals 4-25

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Susan Purnell

(a) Residence: No. 221 Jasper St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6b. DATE OF BIRTH (month, day, year): ? ? 1863

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	69?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ? or

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): ? Ga.

13. NAME: Allen Cole

14. BIRTHPLACE (city or town) (State or country): ? Ga.

15. MAIDEN NAME: Sarah Cole

16. BIRTHPLACE (city or town) (State or country): ? Ga.

17. INFORMANT (Address): Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place: Woodlawn Date: 4-11, 1932

19. UNDERTAKER (Address): Wm. H. Chase Sons 638 N. Gilmor

20. FILED ... 2 ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1920 to April 8, 1932

I last saw her alive on April 8, 1932 Death is said to have occurred on the date stated above, at 11:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic & senile changes Hypertension	1/1/19

Other contributory causes of importance:

Name of operation: None Date of:

What test confirmed diagnosis: ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) ... M. D.

(Address) Balto. City Hosp.

E 78654

1-30—M. & T.—100 B—50L

E 78654

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 V

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1022 N. Stockton ST. 16-23 WARD

2-FULL NAME Alex Jones.

(a) RESIDENCE NO. 1022 N. Stockton ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 3 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE Col | 5 Single, Married, Widowed, or Divorced (Write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) Oct 6-1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	2	5 6	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Alex Jones

11 BIRTHPLACE OF FATHER (City or town) Elizabeth City N. C.
(State or country)

12 MAIDEN NAME OF MOTHER Annie Wiley

13 BIRTHPLACE OF MOTHER (City or town) Portsmouth Va.
(State or country)

14 Informant Annie Jones
(Address) 1022 N. Stockton

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Regular

(Signed) H. C. Smith, M. D.
Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL Apr 11 1932

20 UNDERTAKER Sam'l M. Chase & Son

ADDRESS 638 N. Gilmor

Spec.—2-29-28—L. F. S.—500 Blks.

78655

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78655

CERTIFICATE OF DEATH

131

1—PLACE OF DEATH 1617 McCulloh Street REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 14-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Susie Parker

(a) RESIDENCE NO. 1617 McCulloh ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	A. A.	Widow

6 If married, widowed, or divorced (or) WIFE of Myles Parker

DATE OF BIRTH (month, day, and year) October 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) A. A. Co., Md

10 NAME OF FATHER Andrew Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) A. A. Co., Md

12 MAIDEN NAME OF MOTHER Harriet Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) A. A. Co., Md

Informant Bell Blake

(Address) 1617 McCulloh St

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-8-32

17 I HEREBY CERTIFY, That I attended deceased from 4/5 . 1932. to 4 8 . 1932.

that I last saw h alive on 4/8 . 1932

and that death occurred, on the date stated above, at 4 30 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility, arteriosclerosis Chr. Nephritis (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? unk

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Carson C. Johnson, M. D.

4-10 1932 (Address) 628 Baker

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL W. Auburn — DATE OF BURIAL Apr 11 1932

20 UNDERTAKER Sam'l W. Chase & Son — ADDRESS 638 N. Gilmor

AACo. 5-31 250B

78656 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93 03 E 78656

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Hilton Court Apts. Liberty Hts Ave & Hilton St
CITY OF BALTIMORE: (No. 46 St.) (Ward)
Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U.S. if of foreign birth? 46 yrs. mos. ds.

2. FULL NAME Frederick A. Weber

(a) Residence: No. Hilton Court Apts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emilie Weber

6. DATE OF BIRTH (month, day, year) Sept. 14 1871

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	60	6	7556	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany
13. NAME Fredk Weber
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Elise ?
16. BIRTHPLACE (city or town) (State or country) Ger
17. INFORMANT Mrs Emilie Weber
(Address) Hilton Court Apts.
18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Apr 11 1932
19. UNDERTAKER Wm. J. Tickner & Son
(Address) North & La Fayette
20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 9 1932

22. I HEREBY CERTIFY, That I attended deceased from April 6 1932 to Apr 9 1932
I last saw h[illegible] alive on Apr 9 1932 death is said to have occurred on the date stated above, at 5:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Edema of lungs Coronary thrombosis	

Other contributory causes of importance: Edema of lungs ? Nephritis

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Tickner M. D.
(Address) 3201 Garrison Blvd

1-78657-100 B—50L

E 78657

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 86

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1505 Kensett ST. 13-54 (WARD)

2-FULL NAME Jerome Lefkourtz

(a) RESIDENCE NO. 1505 Kensett ST., ... WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb. 23. 1932

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer None

9 BIRTHPLACE (City or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Joseph Lefkourtz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Agnes Price

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Joseph Lefkourtz
(Address) 1505 Kensett St

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/10 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above. 10.45 A M

The CAUSE OF DEATH* was as follows:

Convulsions

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) ....., M. D.
Coroner

....., 19 ..... (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. — DATE OF BURIAL April 02 1932

20 UNDERTAKER Wm J. Tuckers Sons — ADDRESS North Pa

78658

HEALTH DEPARTMENT—CITY OF BALTIMORE

78658

59

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Union Memorial Hospital
CITY OF BALTIMORE: (No. 33rd & Calvert Sts St. 12 Ward)
Length of residence in city or town where death occurred 69 yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Robert J. Padgett
(a) Residence: No. 3703 N. Charles St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6. If married, widowed, or divorced (for) WIFE of Caroline R. Padgett

7. DATE OF BIRTH (month, day, year) Dec 26th 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	3	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. President Asphalt Block Paving Co
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. + Pen-Mar Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore
13. NAME Robert J. Padgett
14. BIRTHPLACE (city or town) (State or country) Baltimore
15. MAIDEN NAME Anna Jane Hammell
16. BIRTHPLACE (city or town) (State or country) Baltimore Md
17. INFORMANT Mrs Padgett
(Address) 3703 N Charles St.
18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cemetery Date April 12 1932
19. UNDERTAKER Chas. H. Black
(Address) 742 W. North ave
20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10th 1932
22. I HEREBY CERTIFY, That I attended deceased from April 5th 1932, to April 10th 1932
I last saw him alive on April 10 1932, death is said to have occurred on the date stated above, at 1:50 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis Diabetes gangrene (foot right)	

Other contributory causes of importance:
~~Cardiac failure~~
Coronary thrombosis

Name of operation amputation 3rd toe right foot Date of April 12 1932
peri arterial sympathectomy (right)
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Samuel McLanahan M. D.
(Address) Union Memorial Hosp

AaCo. 5-21 250B

E 78659 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78659

CERTIFICATE OF DEATH

V 131

Registered No. 25577

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3712 Leo St. St. 25 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Margaret A. Williams

(a) Residence: No. 3712 Leo St. St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): married

6. If married, widowed, or divorced: Husband of (or) WIFE of Hamilton T. Williams

7. DATE OF BIRTH (month, day, year) Oct 6-1856

8. AGE: Years 75 | Months 6 | Days 2 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Samuel Waterworth

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Jane Murray

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Rosie Williams

(Address) 3712 Leo St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem. Date April 11 1932

19. UNDERTAKER Leby & Zeller Inc.

(Address) 103 N. Wight St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 4 1932 to April 8 1932

that I last saw h alive on 19 death is said to have occurred on the date stated above, at 7:10 P m

The principal cause of death and related causes of importance were as follows:

	Duration
Chronic Nephritis (Long Standing)	
Arteriosclerosis (Long Standing)	
Chronic Myocarditis	

Other contributory causes of importance: Chronic Malaria Feb 10/32

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no (If so, specify)

(Signed) Edw. D. Hostla M. D.

(Address) 4700 Pennsylvania

1-30—M. & T.—100 B—50L

78660

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78660

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1371 Gilmor ST., 15-22-23 WARD)

2-FULL NAME Eliza Young

(a) RESIDENCE NO. 1371 Gilmor ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ellsworth Young

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE: Years 58; Months; Days; If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Elijah Waltz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Nancy --

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Ellsworth Young

(Address) 1371 Gilmor

15 Filed ..... 19 32 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) Harry Hollenbeck, M. D. Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: April 12 1932

20 UNDERTAKER: Thomas E. Kelson — ADDRESS: 1303 Preston St

M. D. H. 1268-9

E 78661

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78661

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 129 N. Belnord Ave. 6-10 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Schramm

(a) Residence: No. 129 N. Belnord Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Schramm

6. DATE OF BIRTH (month, day, year) Feb. 24, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	1	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto, Md.
(State or country)

13. NAME Peter Leibert

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mary McAllister
(Address) 2403 Gilmore St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date April 13 1932

19. UNDERTAKER J. Wm. Miller & Son
(Address) 2532 Reisterstown Rd.

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 9 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11 1932 to Apr. 9 1932

I last saw her alive on Apr. 9 1932 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Embolism — Date of onset 3/15/32

Other contributory causes of importance:

Chronic Valvular Heart Disease — Date of onset 1926

Name of operation None Date of

What test confirmed diagnosis? Phy. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

AACo. 5-11-2508

78662

E 78662

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 154

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 20-69 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Otto

(a) Residence: No. 2109 W Mulberry St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 4-2-32

AGE	Years	Months	Days	If LESS than 1 day, 9 hrs 25 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) University Hosp. Md.

13. NAME Boy Evan Otto

14. BIRTHPLACE (city or town) (State or country) Maryland Eastern Shore

15. MAIDEN NAME Margaret Hauck

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date 19

19. UNDERTAKER
(Address)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-2-32, 19

22. I HEREBY CERTIFY, That I attended deceased from 4-2-32, 19 to 4-2-32, 19

I last saw h[illegible] alive on 4-2-32 19 death is said to have occurred on the date stated above, at 10:45 p.m.

The principal cause of death and related causes of importance were as follows:

Prematurity - 32 wks. — Date of onset

Other contributory causes of importance:

Congenital Cyanosis
Fr Mother.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Isaac R. Langstroth M. D.

(Address) Univ. Hosp.

UNIVERSITY OF MARYLAND MAR 9 - 1932

M. D. B. 1268-9

78663

E 78663

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 36-37 107-001 Registered No.

CITY OF BALTIMORE: (No. ..... St., ... Ward.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clifton D. Sewell

(a) Residence: No. no home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lena Heiner

7. DATE OF BIRTH (month, day, year) Mar. 29, 1873

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59		9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 050

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Richard Sewell

14. BIRTHPLACE (city or town) (State or country) ? Md.

15. MAIDEN NAME Elizabeth Allen

16. BIRTHPLACE (city or town) (State or country) ? Md.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Fulton Ck. Date 4/11 19 32

19. UNDERTAKER (Address) 1116 Edmondson Ave

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1932 to April 8, 1932

I last saw him alive on April 8, 1932 Death is said to have occurred on the date stated above, at 4:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10 days
Arteriosclerosis	Unknown

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jas. Arnold Jr. M. D.

(Address) Balto. City Hosp.

E 78664

AACo. 5-11 250R

78664

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Cert. Bur. 161-004

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1141 Munroe Circle St. ..... Ward)

Length of residence in city or town where death occurred 0 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME David W. Stewart

(a) Residence: No. 1141 Munroe Circle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) April 7, 1932

AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
			3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ooo
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) 1141 Munroe
(State or country) Lucles S Balto Md

13. NAME William B Stewart

14. BIRTHPLACE (city or town)
(State or country) S Carolina

15. MAIDEN NAME Marian Russell

16. BIRTHPLACE (city or town)
(State or country) S Carolina

17. INFORMANT William Stewart
(Address) 1141 Munroe Circle

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date April 11, 1932

19. UNDERTAKER A. Hayward Evans
(Address) 38 E Fort Ave

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1932, to April 10, 1932

I last saw h... alive on April 9 1932 death is said to have occurred on the date stated above, at 8-45 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pneumonia

Other contributory causes of importance:

Exhaustion

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. E. H. Campbell M. D.

(Address) 1644 Edmondson

78665

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78665

CERTIFICATE OF DEATH

107-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 E. Fayette St., 5-8 (Ward)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rebecca Dallmeyer

(a) Residence: No. 912 E. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Dallmeyer

7. DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Dallmeyer

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Lehmann

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Nathan Dallmeyer Son.
(Address) 2115 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Olivet Date 4-11- 1932

19. UNDERTAKER Jack Kaufman Inc.
(Address) 1129 E. Baltimore St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-11-32 . 19

22. I HEREBY CERTIFY, That I attended deceased from Apr. 3d, 1932, to Apr. 11, 1932
I last saw h[illegible] alive on Apr. 10, 1932 death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	Apr. 3-32
Other contributory causes of importance:	
Cardiac dilatation	Apr. -

Name of operation None. Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. Kraus M. D.
(Address) 2306 Eutaw Place

M. D. R. 1268-9

78666 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 78666

CERTIFICATE OF DEATH

97-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4701 Catalpa Rd St. 27-42 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Grace L. Flagg

(a) Residence: No. 4701 Catalpa Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, Widowed, or ~~Divorced~~ (write the word)
F.	W	Widowed

6a. If married, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Winnie Flagg

6. DATE OF BIRTH (month, day, year) Nov 5th 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	5	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edgar A. Flagg
(Address) 4701 Catalpa Rd

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date April 11th 1932

19. UNDERTAKER Fortney & Hoke
(Address) 2224 E. Baltimore St

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7th 1932

22. I HEREBY CERTIFY, That I attended deceased from July 15 1931 to April 7 1932

I last saw him alive on March 9 1932 Death is said to have occurred on the date stated above, at 11:50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary disease of the Heart.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) James A. Mellon M. D.

(Address) 3540 Ellerslie Ave

E 78667

E 78667

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 162

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2531 W North Ave ST. 15-68 WARD)

2 FULL NAME Annie Virginia Bull

(a) RESIDENCE NO 2531 W North Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 59 yrs. 10 mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W.

5 ~~Single, Married, Widowed, or Divorced~~ (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred L. Bull

6 DATE OF BIRTH (month, day, and year) June 28-1844

7 AGE Years 87 Months 9 Days 12 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Alexandria Va.

PARENTS

10 NAME OF FATHER James W. Simpson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hampton Va.

12 MAIDEN NAME OF MOTHER Ann Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Yorktown Va.

14 Informant Mrs Mary Bull (Address) 2531 W North Ave

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 10th 1932

17 I HEREBY CERTIFY, That I attended deceased during last few years 19

that I last saw her alive on April 9th 19 32

and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows: About 2 weeks ago took "cold", with slight bronchitis, & general weakness. No fever. Yesterday (visited after little rest in exertion. No dyspnea, no heart lesion. No hypertension.

CONTRIBUTORY (duration) yrs. mos ds.

(Secondary) Infirmities of old age fits this case. Gen. health often good.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? No Date of X

Was there an autopsy? No

What test confirmed diagnosis? Nothing special

(Signed) A. M. Hoffman M. D.

(Address) 2500 Harrison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park DATE OF BURIAL April 12th 1932

20 UNDERTAKER Putnam & Love ADDRESS 2224 Eutaw St.

Spec—9-30—A. & Co.—250 Bks

E 78668

78668 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78668

CERTIFICATE OF DEATH.

X-108

REGISTERED NO

1. PLACE OF DEATH Church Home Infirmary (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 6-9 ST. WARD)

2. FULL NAME Mrs Anna Kappel (Anna Kappel) 2yrs in 4yrs

(a) RESIDENCE NO 66 Dundalk Ave ST. WARD Dundalk Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos 21 ds. How long in U. S. (if foreign birth)? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced (or) WIFE of Floyd O. Kappel

6 DATE OF BIRTH (month, day, and year) Sept. 13, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	6	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER Moses Strickler

11 BIRTHPLACE OF FATHER (city or town) York (State or country) Pa.

12 MAIDEN NAME OF MOTHER Melvina Lotz

13 BIRTHPLACE OF MOTHER (city or town), (State or country) Ohio

14 Informant Floyd O Kappel (Address) 66 Dundalk Ave.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) X-9-32

17
I HEREBY CERTIFY, That I attended deceased from May 19, 1932, to Apl 9, 1932
that I last saw her alive on Apl 9, 1932
and that death occurred, on the date stated above, at 10:50 P.M.

The CAUSE OF DEATH* was as follows:
Lobar pneumonia

(duration) yrs. mos 26 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death? at Home
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? X-Ray

(Signed) Allyn B. Gleeter M. D.
, 19 (Address) Church Home & Inf

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Zanesville, Ohio — DATE OF BURIAL 4/13 1932

20 UNDERTAKER John G. Connelly — ADDRESS Ecker Rd

E 78669

E-80 78669 00 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V23

REGISTERED NO. 23-31

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 130 Winter St. ST. WARD

2-FULL NAME Annie Simms.(C)

(a) RESIDENCE NO. 130 Winter St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. 3 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) January 1,1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	3	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None. 0 0 0
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Charles Simms.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Susie Camphor.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Mary Pulley.(C) sister.

(Address) 130 Winter St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 8.1932[19]

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Paul Leonardi X ....., M. D. Coroner

4/11/32 .19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Cemty

DATE OF BURIAL 4/11 1932

20 UNDERTAKER Walter D. Sprigg

ADDRESS 89 N Monroe

C. D. B. 1268-9

78670 **HEALTH DEPARTMENT—CITY OF BALTIMORE** № 78670

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) St. 23-31 (Ward)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gladys Gross

(a) Residence: No. 903 Bevans St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug. 24, 1910

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

13. NAME Albert Parker

14. BIRTHPLACE (city or town) (State or country) ? Md.

15. MAIDEN NAME Hannah Gross

16. BIRTHPLACE (city or town) (State or country) ? Md.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Cemetery Date 4/12 1932

19. UNDERTAKER (Address) Walter B. Long 137 N. Hanover St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from October 26, 1931 to April 9, 1932

I last saw her alive on April 9, 1932 Death is said to have occurred on the date stated above, at 4:45 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, Rheumatic Endocarditis, chr	1927

Other contributory causes of importance:

Name of operation N.D. Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) M. D.
(Address) Balto. City Hosp.

E 78671

E 78671

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3302 Hudson ST. 76-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth Kraemer

(a) RESIDENCE NO. 3302 Hudson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) July 3, 1917

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		9	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

10 NAME OF FATHER George C. Kraemer

11 BIRTHPLACE OF FATHER (city or town) Baltimore, Md.
(State or country)

12 MAIDEN NAME OF MOTHER Bertie Greene

13 BIRTHPLACE OF MOTHER (city or town) Baltimore, Md.
(State or country)

Informant George C. Kraemer

(Address) 3302 Hudson St

Filed APR 11 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7, 1932

17 I HEREBY CERTIFY, That I attended deceased from August 7, 1931, to April 7, 1932,

that I last saw her alive on April 7, 1932

and that death occurred, on the date stated above, at 11:45 p m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs of death

(Signed) L. E. Kronishas, M. D.

4-8-32 (Address) 3037 O'Donnell St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel

DATE OF BURIAL April 11 1932

20 UNDERTAKER Wendell & Lippel

ADDRESS 300 S Eden

1-30—M & T—100 B—501.

78672

Rothar

E 78672

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 78-001

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5453 Jonquil ST. 27-54 WARD

2-FULL NAME Joseph L. Rothar

(a) RESIDENCE: NO. 5453 Jonquil ST., ... WARD .....

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mildred Rothar

6 DATE OF BIRTH (month, day, and year) Sept 27 1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	5	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Machanic Engineer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Brooklyn N Y

PARENTS

10 NAME OF FATHER Henry C Rothar

11 BIRTHPLACE OF FATHER (city or town) (State or country) Brooklyn N Y

12 MAIDEN NAME OF MOTHER Ann J Stevens

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Brooklyn N Y

14 Informant Ward Rothar

(Address) Pine Windsor md

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/10 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Carbon Monoxide Gas
Gas Heater in Bath
Accidental

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John Mowbray M. D. Coroner

4/11 1932 (Address) 32 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster Meadow Branch — DATE OF BURIAL 4/13 1932

20 UNDERTAKER A H Bankard & Son — ADDRESS Westminster Md

M. D. H. 1265-A

E 78673

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78673

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1910 Asquith St. St., 9-14 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louise Guen

(a) Residence: No. 1910 Asquith St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lutzmann.

6. DATE OF BIRTH (month, day, year) Unknown.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 47			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Lutzmann

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Lutzmann

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Adele Guen.
(Address) 1910 Asquith St.

18. BURIAL, CREMATION, OR REMOVAL.
Place Laurel Cem. Date Apr. 11 no 193-

19. UNDERTAKER Wm. R. Ellis & Son
(Address) 723 Eastern Ave.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8 1932

22. I HEREBY CERTIFY, That I attended deceased from April 5 1932 to April 8 1932

I last saw h-z alive on April 8 1932 Death is said to have occurred on the date stated above, at 9 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3-4-32

Other contributory causes of importance:

Name of operation none Date of no

What test confirmed diagnosis? Clinic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) L. E. Krall M. D.

(Address) 920 E. 20 St.

AACo. 5-31 250B

Kamka

HEALTH DEPARTMENT—CITY OF BALTIMORE

36 E 78674

CERTIFICATE OF DEATH

8674

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Joseph's Hospital

CITY OF BALTIMORE: (No.) 2 Aisquith St. (Ward) 7

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christian Kamka

(a) Residence: No. 3810 Foster Ave City Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Annabelle Kamka

7. DATE OF BIRTH (month, day, year): Jan 26/1893

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	11	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Radio Repair

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Brunswick Music Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto

13. NAME: Chas Kamka

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME: Elizabeth Mallus

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Annabelle Kamka

(Address) 3810 Foster Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Oak Lawn Date: Apr 11 19 32

19. UNDERTAKER: Philips Mortuary

(Address) 2016 Edmondson Ave

20. FILED ....., 19.. Reg'l. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4-8-32 19

22. I HEREBY CERTIFY, That I attended deceased from 4-4-32, 19.., to 4-8-32, 19.., I last saw h.. alive on 4-8-32 19.. death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	
Hemorrhagic	
Septicaemia	

Other contributory causes of importance:

Diabetes

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. H. Hendrix M. D.

(Address) 22 West Mulberry

E 78675

1-30—35M 78675 00 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 93-004

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

1-PLACE OF DEATH — Pronounced dead at the Mercy Hospital.

CITY OF BALTIMORE: (No. ..... ST., 4-7 WARD)

2-FULL NAME L. Eastman Welch.

(a) RESIDENCE NO ..... Eldersburg, Md. ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. / ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) January 3, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	3	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Carpenter.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER David C. Welch.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER A. Virginia ------

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Mary A. Frederick.

(Address) Sykesville, Md.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 11, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardiat Insufficiency.
Acute dilatation of the heart.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Savings Bank of Baltimore, April 11, 1932

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [signature] Coroner, M. D.

4/11/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park.

DATE OF BURIAL: 4/11 1932

20 UNDERTAKER: Harry Wheeler

ADDRESS: Sykesville Md

78676 E 78676

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. West Balto Gen Hosp. St. H-2-5 Ward)
Length of residence in city or town where death occurred 22 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Paul Vernon Van Voorhis

(a) Residence: No. 207 W. Franklin St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ------

7. DATE OF BIRTH (month, day, year) ---

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min
	47	--	-	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Bucyrus Ohio

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mrs. A. Stahler
(Address) 207 W. Franklin St

18. BURIAL, CREMATION, OR REMOVAL
Place Bucyrus, Ohio Date April 12 1932

19. UNDERTAKER Leo H. Sittig
(Address) 2700 Edmondson Ave

20. FILED ..., 19... N.F.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/10/32 19

22. I HEREBY CERTIFY, That I attended deceased from 4/8, 1932 to 4/10, 1932

I last saw h[illegible] alive on 4/10 1932 death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	3/27/32
Other contributory causes of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Harry Ashman, M. D.
(Address) West Balto Gen Hosp.

1-30—M & T—100 B—50L

78677

E 78677

V 186-001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1522 Mc Henry ST. 14-24 WARD)

2-FULL NAME Henry Meier

(a) RESIDENCE NO 1522 Mc Henry ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catharine Meier

6 DATE OF BIRTH (month, day, and year) Mar 27-1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	88	-	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Julia E. Miller

(Address) 1522 Mc Henry St.

15 Filed ....., 192 . Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 10, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fall downstairs — accidental

(duration) suddenly yrs. mos. ds.

CONTRIBUTORY (Secondary) Fracture of skull

(duration) Sudden mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Guy N. Cromwell M. D. Coroner

4/11, 1932 (Address) 203 Patapsco Ave, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Paul Cemetery

DATE OF BURIAL 4/13/32

20 UNDERTAKER J. H. Wiegmann

ADDRESS 1850 W Baltimore St

E 78678

E 78678 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-001

REGISTERED NO. 70-69

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 S. Calverton Road ST., 70 WARD)

2-FULL NAME Henry Kolbe

(a) RESIDENCE NO 106 S. Calverton Rd ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. 8 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 18, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
55	55	8	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work — Huckster
(b) General nature of industry, business, or establishment in which employed (or employer) — Fish
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) — Baltimore Md

PARENTS

10 NAME OF FATHER — Henry Kolbe

11 BIRTHPLACE OF FATHER (city or town) (State or country) — Germany

12 MAIDEN NAME OF MOTHER — Dora Borman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) — Germany

14 Informant — John A. Kolbe

(Address) — 4 N. Fremont Road

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 8 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Suicide by Illuminating Gas

(duration) ?, yrs. mos ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy A. Cromwell M. D.

4/11 1932 (Address) 203 Patapsco Ave Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Western Cemetery

DATE OF BURIAL 4/11/32

20 UNDERTAKER — F. B. Passano

ADDRESS 1850 N. Broadway

M. D. B. 1268-9

E 78679 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78679

CERTIFICATE OF DEATH

94-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1729 N. North ave St., 15-21 Ward)

Length of residence in city or town where death occurred 55 yrs. 11 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Bigl

(a) Residence: No. 1729 N. North ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 4th 1846

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	11	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Dalton Mass

13. NAME of father Isaac Bigl

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME of mother Lizzie Bader

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Emma L Ahrl
(Address) 1912 Linden ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date April 13, 1932

19. UNDERTAKER Harry W. Ellen
(Address)

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from March, 1932 to April 11, 1932

I last saw him alive on April 6, 1932. Death is said to have occurred on the date stated above, at 7:46 m.

The principal cause of death and related causes of importance were as follows:

	Date at onset
Acute Myocarditis	
and Chronic Arterio Sclerosis	2 yrs
of Heart	

Other contributory causes of importance:

Senile Marasmus

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.

(Address) 1605 N. North ave

78680 Fischer E 78680

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH Md Gen Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 5 Ward)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Fischer

(a) Residence: No. 1 W 32 Patterson Park Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 24 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	3	14 15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Mr. (?) Fenwig

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Fenwick

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Cem Date April 13 1932

19. UNDERTAKER Leo S. Cook
(Address) 1723 N. Patterson Park Ave

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 - 9 - 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/3/32, 19.., to 4/9/32, 19..
I last saw h[illegible] alive on 4/9/32 death is said to have occurred on the date stated above, at 8:25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
carcinoma liver	2 -

Other contributory causes of importance:
cardiac insufficiency 18 hrs.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert F. Chenowith M. D.
(Address) Md General Hospital

AACo. 5-31 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

78681 E 78681

CERTIFICATE OF DEATH

111-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 N Luzerne ave St. 6-10 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry H. Flickenschildt.

(a) Residence: No. 9 N Luzerne ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida B Kramer

7. DATE OF BIRTH (month, day, year) Apr 15 1807

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	73	11	24 28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundryman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) South Carolina

13. NAME Henry Flickenschildt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs C E Barker

(Address) 6305 Mayflower Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem Date April 12 1932

19. UNDERTAKER John Ulrich

(Address) 2008 Orleans St

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 9th, 1932, to April 9th, 1932

I last saw him alive on ... 1932 death is said to have occurred on the date stated above, at 10 30 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
April 9th 1932	
Pulmonary Congestion	
Other contributory causes of importance: none	about

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Jacob L Werner, M. D.

(Address) 30 S. Broadway

E 78682

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Mercy Hospital St. 27-42 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ernest Vollber

(a) Residence: No. 3100 Glendale Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Matilda Vollber

6. DATE OF BIRTH (month, day, year) May 30 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	10	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto; Md

13. NAME Henry Vollber
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Elizabeth Ernst
16. BIRTHPLACE (city or town) (State or country) Germany
17. INFORMANT Hospital Records
(Address)
18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date April 12, 1932
19. UNDERTAKER John F. Mondo
(Address) 3000 E. Baltimore St.
20. FILED , 19 Apr
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/9, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/4, 1932, to 4/9, 1932
I last saw h[illegible] alive on 4/9, 1932 Death is said to have occurred on the date stated above, at 12 55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	Weeks 2
Other contributory causes of importance: Concomitants of brew	?

Name of operation Laparotomy Date of 4/7/32
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. W. Gardner, M. D.
(Address) Mercy Hospital

Spec.—B-30—A & Co.—250 Blks

78683 E 78683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

121
REGISTERED NO.

1 PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Church Home and Infirmary 2-W WARD)

2 FULL NAME Mrs. Catherine Sandler

(a) RESIDENCE NO. 2921 East Baltimore St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced
HUSBAND of (or) WIFE of: Andrew E. Sandler

7 DATE OF BIRTH (month, day, and year): Sept. 9, 1881

8 AGE: Years 50 | Months 7 | Days 21 | If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Baltimore

11 NAME OF FATHER: Charles Hohman

12 BIRTHPLACE OF FATHER (city or town) (State or country): Balto.

13 MAIDEN NAME OF MOTHER: Catherine Hohman

14 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto.

Informant: Mr. Andrew E. Sandler
(Address): 2921 E. Balto. St.

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 10, 1932

17
I HEREBY CERTIFY, That I attended deceased from April 4, 1932, to April 10, 1932

That I last saw her alive on April 10, 1932

and that death occurred, on the date stated above, at 1.05 A. M.

The CAUSE OF DEATH* was as follows:

Appendicitis, ruptured, gangrenous.

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary): Peritonitis, general 22 yrs.
(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? YES Date of April 4, 1932

Was there an autopsy? YES

What test confirmed diagnosis? Operation and Autopsy

(Signed) Richard C. Cumming M. D.

April 12, 1932 (Address) The Church Home and Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oakdown

DATE OF BURIAL: April 13, 1932

20 UNDERTAKER: John A. Moran

ADDRESS: 3000 E. Baltimore

M 78684

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78684

92-001

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1344 Woodyear St., 15-23 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Turner

(a) Residence: No. 1344 Woodyear St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER FATHER

13. NAME "

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Northwestern Police Dept
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date . 19

19. UNDERTAKER [illegible]
(Address)

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18/34

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at ? m.

The principal cause of death and related causes of importance were as follows:

Cardiac Valvular Insufficiency ? — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. J. Pace M. D.
Coroner

(Address) 508 E Mt

AACo. 5-31 250B

(Jesse Smith)

HEALTH DEPARTMENT—CITY OF BALTIMORE

78685

CERTIFICATE OF DEATH

107 C 001

E 78685

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 W. Fay St. 1½ Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 7 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jesse Smith

(a) Residence: No. 2 W. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day... hrs. or ... min.
	36			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Soldier
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME OF FATHER Howard Smith

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME OF MOTHER Ida Watts

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Ida Smith
(Address) 643½ W. Lombard St

18. BURIAL, CREMATION, OR REMOVAL
Place National Date April 12, 1932

19. UNDERTAKER Thompson-Lee
(Address) 3615-17 Eastern Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/6, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/6, 1932 to 4/11, 1932

I last saw him alive on 4/6, 1932 death is said to have occurred on the date stated above, at 6:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	1 wk
Other contributory causes of importance:	
Edema	1 wk

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. Gallagher Gardner M. D.

(Address) 1 W. Mulberry, Balto

B. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78686 E 78686

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 324 S. Ellwood Ave. St., 1-W Ward)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME FANNIE HOWARD BELL

(a) Residence: No. 324 S. Ellwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Richard Littleton Bell

DATE OF BIRTH (month, day, year) May 7, 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	11	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Charles A. Holloway

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Margaret Gallop

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Carroll Jones (Daughter)

(Address) 5307 Bland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Apr. 12, 1932

19. UNDERTAKER Avery Sadler & Sons, Inc. Fannie F. Bell

(Address) Baltimore St. & Broadway.

FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 28 to April 9, 32

I last saw h[illegible] alive on April 5, 1932 Death is said to have occurred on the date stated above, at 3.45 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Leonard M. D.

(Address) 20 W. Lanvale St

A&Co. S-11 250B

(Elvina Powers)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78687

CERTIFICATE OF DEATH

E 78687.

Registered No. 9 E 78687

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital St. 3-4 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elvina Powers

(a) Residence: No. 243 So Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of /

7. DATE OF BIRTH (month, day, year) 2-5-32

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Temple Powers

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Lonely

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Dorothy Powers

(Address) 243 So Eden St.

18. BURIAL, CREMATION, OR REMOVAL

Place Ht. Hebron Cemetery Date 4-11 1932

19. UNDERTAKER Jack Lewis Inc

(Address) 1429 E. Baltimore St.

20. FILED 1932 R. P. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1932, to April 10, 1932

I last saw h[illegible] alive on April 10 1932 death is said to have occurred on the date stated above, at 5-00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	3/23/32
Other contributory causes of importance:	
Convulsions	4/5/32

Name of operation None Date of operation

What test confirmed diagnosis? Clinical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Pete Meranchi M. D.

(Address) Sydenham Hospital

M. D. B. 1268-8

78688

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93 E 78688

1. PLACE OF DEATH Baltimore City Hospitals 76-37 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julius Markowski

(a) Residence: No. no home (Usual place of abode) St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Dora

7. DATE OF BIRTH (month, day, year) April 6, [redacted]

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
(Age at last birthday 65 or 70)			2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ? Poland

13. NAME Lucas

14. BIRTHPLACE (city or town) (State or country) ? Poland

15. MAIDEN NAME Annie ?

16. BIRTHPLACE (city or town) (State or country) ? Poland

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Rosary Date April 12, 1932

19. UNDERTAKER (Address) [illegible]

20. FILED ..... 19.... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1930 to April 8, 1932

I last saw him alive on April 8, 1932 Death is said to have occurred on the date stated above, at 10:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chr	Mar 1931
Other contributory causes of importance: Arteriosclerosis Hypertension	Mar 1931

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fat Arnold Jr. M. D.

(Address) Balto. City Hosp.

Dr Pokorny 2200 E Madison St

1-20—M. & T.—100 B—50L

78689

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 210-001 ✓

E 78689

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Dr Frebb Hospital ST., 9-17 WARD)

2-FULL NAME Minnie Sinkenbrying

(a) RESIDENCE NO. Lansdowne Md ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. / ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Johna M Sinkenbrying

6 DATE OF BIRTH (month, day, and year): Feb 15, 1858

7 AGE: Years 74 | Months 1 | Days 25 | If LESS than 1 day, hrs. or min. .....

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Cutter, Clothing
(b) General nature of industry, business, or establishment in which employed (or employer): Self
(c) Name of employer: Lonnabone Co

9 BIRTHPLACE (city or town) (State or country): Germany.

PARENTS

10 NAME OF FATHER: Theodore Sinkenbrying

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Barbara Flock

(Address) Lansdowne Md

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 10 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Crushed right chest, punctured lung, shock.

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary): Struck by automobile

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? Harford Rd + Glenmont Ave

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? none

(Signed) Joseph Pokorny, M. D. Coroner

, 19 (Address) 2200 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine

DATE OF BURIAL: 12/14 1932

20 UNDERTAKER: J M Cook

ADDRESS: 1212 Eutaw St

HAMPSON JONES, M. D.

1-30—M & T—100 B—50L

E 78690

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78690

CERTIFICATE OF DEATH

10

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital. ST. 14-20 WARD)

2-FULL NAME Mary L. Thornton. (C)

(a) RESIDENCE NO 1513 Brevard St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 5 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) November 2, 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	1	5	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William Thornton (C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) West Virginia.

12 MAIDEN NAME OF MOTHER Alice M. Batty. (C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant William E. Thornton. (C) father

(Address) 1513 Brevard St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 11, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Croup,
Probably Diptheritic.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1513 Brevard st. Aprit 10, 1932

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto A. Reinhardt, M. D. Coroner

4/11/32 (Address) 1017 E. Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loc. Antrim Cem. DATE OF BURIAL 4/11 1932

20 UNDERTAKER Edward F. Hemsley ADDRESS 1128 Bridge

M. D. B. 1268-9

78691 HEALTH DEPARTMENT—CITY OF BALTIMORE 15 E 78691

259597

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St., 19-27 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Washington

(a) Residence: No. 322 N. Calhoun St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	—

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) mar 17 1932

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		3 hrs	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NO
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Baby Washington

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Penn ?

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL
Date 19
Place

UNDERTAKER
(Address)

FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) apr-8 1932

22. I HEREBY CERTIFY, That I attended deceased from apr 5 1932 to apr 8 1932

I last saw h[illegible] alive on apr 8 1932 Death is said to have occurred on the date stated above, at 7.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4-1-32
Otitis media	4-3-32
Erysipelas	4-6-32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?
— If so, specify .....

(Signed) Quinn H. Lewis M.D. M. D.

(Address) Johns Hopkins Hospital

2-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

78692

CERTIFICATE OF DEATH

46 E 78692

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp ST. 17-26 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Payton

(a) RESIDENCE NO. 708 W Franklin ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Col'd

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Provident Hosp & Dispen

(Address)

15 Filed ..... 192 ..... R. P. M. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 2nd 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. B. Lurie, M. D. Coroner

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

APR 11 1932
UNIVERSITY OF MARYLAND
G. HAMPSON JONES, M. D.

AACo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

78693

CERTIFICATE OF DEATH

50 E 78693

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 13-54 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella G Holden

(a) Residence: No. 2202 Linden Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept 1. 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	7	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Daniel Holden

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Annie Murphy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary Broadus

(Address) 3317 Waterwald Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Apr. 12. 1932

19. UNDERTAKER Rita Rudefeld

(Address) 1411 Greenmount Ave

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-10, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-26, 1932, to 4-10, 1932

I last saw h alive on 4-10 1932 death is said to have occurred on the date stated above, at 1:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of right breast	

Other contributory causes of importance:

Pulm. pneumonia, right lower lobe	2 days?

Name of operation Radical amputation right breast Date of 4-1-32

What test confirmed diagnosis? Surgical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Stonecipher, M. D.

(Address) University Hosp

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

78694 — E 78694

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 730 Harford Ave St. 10-14 Ward)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Catherine Costello

(a) Residence: No. 730 Harford Ave St., ... Ward. ...
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 1864

AGE	Years	Months	Days	If LESS than 1 day. hrs. or min.
68	67	6		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

13. NAME James Costello

14. BIRTHPLACE (city or town) Ireland
(State or country)

15. MAIDEN NAME Rose Kelly

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Mrs. Agnes Kirsch
(Address) 730 Harford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date April 12 19 32

19. UNDERTAKER Bila Mudfield
(Address) 914 Greenmount Ave

20. FILED ... 19 32 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1932 to April 9, 1932

I last saw her alive on April 9 1932 death is said to have occurred on the date stated above, at 8:30 P m

The principal cause of death and related causes of importance were as follows:

Gr Grippe — Date of onset April 7/32

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robt Dorsch M.D.

(Address) 936 Monument St

H. D. B. 1268-9

78695 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 78695

CERTIFICATE OF DEATH

Registered No. 53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1613 Llewellyn St., 8-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Patrick Henry Bentz

(a) Residence: No. 1613 Llewellyn St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth (Arc)Bentz

DATE OF BIRTH (month, day, year) July 31/1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	8	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 003

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME George H. Bentz

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

15. MAIDEN NAME Hannah N. Clark

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Regina Buchta (Sister)

(Address) 1613 Llewellyn Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date April 12. 19 32

19. UNDERTAKER Rita Wardfield

(Address) 414 Mosemyer Ave

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

Probably Cancer (Region of Antrum Highmore) Duration about 4 yrs — Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) [illegible] Coroner ... M. D.

(Address) [illegible]

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

78696

CERTIFICATE OF DEATH

92-E 78696

Registered No. ____
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1118 Barclay St. 10-15 Ward)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Charles A. Kothe

(a) Residence: No. 1118 Barclay St., ___ Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ellen J. Kothe

DATE OF BIRTH (month, day, year) Jan. 21, ?

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
Cent no		2	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 073
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penn. R. R.
10. Date deceased last worked at this occupation (month and year) ___ 11. Total time (years) spent in this occupation ___

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Kothe

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME George

16. BIRTHPLACE (city or town) (State or country) ___

INFORMANT (Address) Wm. David Kothe 1118 Barclay St.

BURIAL, CREMATION, OR REMOVAL
Place London Park Date April 12, 1932

UNDERTAKER Rita Weidefeld
(Address) 914 Greenmount Ave

FILED ____, 1932 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-10, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1932 to April 10, 1932

I last saw him alive on April 10, 1932 death is said to have occurred on the date stated above, at 2 4 m.

The principal cause of death and related causes of importance were as follows:

Mitral regurgitation (CA) — Date of onset ?

Other contributory causes of importance:

Arteriosclerosis — Date of onset ?

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ___

(Signed) Wm. F. Talent, M. D.

(Address) 4204 Park Heights Ave

A4Co. 5-31 250B

78697 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78697

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 Folsom St. 24-33 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Schelhaus

(a) Residence: No. 413 Folsom St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Wm H. Schelhaus

DATE OF BIRTH (month, day, year): Oct 3-1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	6	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME OF FATHER: John Funk

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME OF MOTHER: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

INFORMANT: John C. Schelhaus
(Address) 413 Folsom St.

BURIAL, CREMATION, OR REMOVAL: Place: Mt. Olivet Date: Apr. 12- 1932

UNDERTAKER: Margaret G. Flynn
(Address) 1422 Light St.

FILED ... 19 ... H. C. H. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr. 9- 1932

22. I HEREBY CERTIFY, That I attended deceased from January 10 1932 to April 9. 1932

last saw her alive on April 8 1932 death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset 1928

Other contributory causes of importance:

Arterio Sclerosis. — 1928

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Henry F. Buettner, M. D.

(Address) 1319 Light St

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

78698 E 78698

CERTIFICATE OF DEATH

1. PLACE OF DEATH Md Gen. Hospital St. 11-24 (Ward)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Dunning

(a) Residence: No. Rockville, Md St. Woodlawn P.O. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Aug 15 1927

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	7	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (City or town) Beltsville (County) (State or country) Md

12. NAME Wm H. Dunning

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Lulu Waugh

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT (Address) Hosp. Records

BURIAL, CREMATION, OR REMOVAL
Place Md. Gen. Hosp. Date Apr. 13. 1932

UNDERTAKER Wm. C. Brown & Son (Address) Spencer, Md.

FILED. , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-11, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-7, 1932 to 4-11, 1932

I last saw him alive on 4-11, 1932 death is said to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Meningitis	4-7-32
Other contributory causes of importance: Acute Cardiac Failure	4-9-32

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edward V. Kenworthy, M. D.

(Address) Md. General Hospital

Z. D. R. 1268-9

78699

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78699

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1217 Shields Alley) 7 Ward

Length of residence in city or town where death occurred: life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Molly Edge

(a) Residence: No. 1217 Shields al St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	B	widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Edge

7. DATE OF BIRTH (month, day, year) Nov 10 1870?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	5	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John Gant

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

INFORMANT Howard Gant
(Address) 915 Edmondson Ave

BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 4/12/32

UNDERTAKER Wm. Lee H. Holland
(Address) 1312 Eutaw Place

FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9 , 1932

22. I HEREBY CERTIFY, That I attended deceased from April 8 , 1932 to April 9 , 1932

I last saw her alive on April 8 , 1932 Death is said to have occurred on the date stated above, at 5 P.M. I treated her more than 24 hours.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis — Date of onset ?

Other contributory causes of importance:

Pulmonary oedema — Nov 8

Name of operation none Date of

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank Lemmon , M. D.

(Address) 2305 Eutaw Pl

A&Co. S-11 250B

78700 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47 E 78700

1. PLACE OF DEATH Balto. City Hospitals — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 16-67 Ward)

Length of residence in city or town where death occurred 56 yrs. 10 mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Albert Bapistelle

(a) Residence: No. 2935 W. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	widowed

6. If married, widowed, or divorced
HUSBAND of ~~Mrs.~~ Nellie (?)

DATE OF BIRTH (month, day, year) 5-16-1875

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	56	10	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation life

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Frank Bapistelle

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Catherine Kuntzman

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Hospital Records.
(Address)

BURIAL, CREMATION, OR REMOVAL
Cathedral Date 4/12/1932

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-9 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-6 1932 to 4-9 1932

I last saw him alive on 4-9 1932 death is said to have occurred on the date stated above, at 1:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Larynx & regional Metastasis	?
(b) contributory causes of importance: Bronchopneumonia	4-2-32

Name of operation ..... Date of .....

What test confirmed diagnosis C.F. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Lenhart E. Linde, M. D.

(Address) Balto. City Hospitals

AACo. 5-31 250B

78701 HEALTH DEPARTMENT—CITY OF BALTIMORE

82 E 78701

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 Whitelock St. 13-54 (Ward)

Length of residence in city or town where death occurred 30 yrs. mos ds How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary L. Jones

(a) Residence: No. 1110 Whitelock St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John

DATE OF BIRTH (month, day, year) Oct. 27-1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	5	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Martha Jones
(Address) 1110 Whitelock

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 7/12/ 19 32

19. UNDERTAKER Mrs. Lee E. Bottom
(Address) 1037 Druid Hill

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/9 19 32

22. I HEREBY CERTIFY, That I attended deceased from 4/6 19 32 to 4/9 19 32
I last saw h[illegible] alive on 4/9 19 , death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.
(Address) 2[illegible]3 Division

pec.—1-30—M. & T.—250 Bks

78702

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78702

131

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 635 St Lenox Ave ST., 9-4-46 WARD)

2-FULL NAME Mary L Shaner

(a) RESIDENCE NO. 635 St Lenox Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph H Shaner

DATE OF BIRTH (month, day, and year) Oct 26 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	5	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

BIRTHPLACE (city or town) (State or country) Oakland Md

10 NAME OF FATHER Ralph Hinkel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Donnelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

Informant (Address) Mrs E Lusby 635 St Lenox Ave

Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 10, 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 3, 1932, to April 10, 1932, that I last saw her alive on April 9, 1932, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Ch Myocarditis

Ch Int Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) E H Bishop, M. D.

April 11, 1932 (Address) 501 N Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 4/12 1932

20 UNDERTAKER J M Cook

ADDRESS 1219 Druid Hill Ave

H. D. B. 1268-9

Dr Walter White 2800 St Paul St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78703

78703

CERTIFICATE OF DEATH

97

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 503 E. 39th St., 9-47 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elenora E. Edwards

(a) Residence: No. 503 E. 39th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb 5th 1852

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	2	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME George Edwards

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Wm A. Price

(Address) 503 E. 39th St

BURIAL, CREMATION, OR REMOVAL Harmony Cemetery Date 4/13/ 1932

UNDERTAKER Wm Lott

(Address) 1217 St Paul St

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1931, to April 10, 1932

I last saw h[illegible] alive on April 10, 1932 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset

Other contributory causes of importance:

Pregnancy 6th Mo Terminated

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Walter H White M. D.

4/11/32 (Address) 2500 St Paul St

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78704

E 78704

CERTIFICATE OF DEATH

82-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) Union Mem. Hospital ST. WARD 46

2-FULL NAME Frederick Huber

(a) RESIDENCE NO. 608 Venable Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Huber

6 DATE OF BIRTH (month, day, and year): Oct. 22. 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	4	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Janitor
(b) General nature of industry, business, or establishment in which employed (or employer): City
(c) Name of employer: Balt City Schools

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Richard

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. Margaret Huber

(Address): 608 Venable Ave

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 11 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) John J. Thomsen, M. D. Coroner

April 11, 1932 (Address) 3692 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loraine — DATE OF BURIAL: April 13 1932

20 UNDERTAKER: J. H. Cook — ADDRESS: 1217 Park Ave

ec. 2-29-28—L. F. H.—500 Blks.

78705

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 78705

54

REGISTERED NO.

1—PLACE OF DEATH

ITY OF BALTIMORE: (No. 2902 Southern Ave. ST. 27-4th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Emma Dawson Wright

(a) RESIDENCE NO. 2902 Southern Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
emale	white	married

If married, widowed or divorced

HUSBAND of (or) WIFE of George E. Wright

ATE OF BIRTH (month, day, and year) ?--?--1862

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	?	?	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) Baltimore

(State or country) Maryland

10 NAME OF FATHER Samuel Dawson

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Jane Fry

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

Informant Mrs Wallace Kemp

(Address) 2902 Southern Ave

Filed . 19 apw Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April.8.1932

17 I HEREBY CERTIFY, That I attended deceased from July 15 . 1932 . to April 9th . 1932

that I last saw her alive on April 9th . 1932

and that death occurred, on the date stated above, at 7;00 P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no. Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Laboratory

(Signed) L. L. Gordy . M. D.

4-11 . 1932 (Address) Norbeck & Overland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Apl. 12 1932

20 UNDERTAKER Underwood Inc.

ADDRESS 464 N. Broadway

Spec.—9-30—A. & Co.—250 Blks

78706 HEALTH DEPARTMENT—CITY OF BALTIMORE 78706

CERTIFICATE OF DEATH. X 131

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No N Broadway. St 6-4 WARD)

2. FULL NAME Mrs. Maud Robinson

(a) RESIDENCE NO. 215 N 6th Street, Wilmington, N. C.
(Usual place of abode) St. WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widowed

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year)

8 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55			

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Watertown, N. Y.

10 NAME OF FATHER Julius Marshmann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Cornelia Chandler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Watertown N. Y.

Informant Church Home Records
(Address)

Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-11-32

17
I HEREBY CERTIFY, That I attended deceased from 4-6, 19 32, to 4-11, 19 32
that I last saw h[illegible] alive on 4-11, 19 32
and that death occurred, on the date stated above, at 1 a. m.
The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritis, Chronic

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) Allyn B. Chaffee M. D.
, 19 (Address) Church Home & Infy

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL April 14 1932

20 UNDERTAKER Stephen F. Jones & Son — ADDRESS 1121 N Broadway

Spec.—8 30—A. & Co.—250 Blks

78707 HEALTH DEPARTMENT—CITY OF BALTIMORE 78707

CERTIFICATE OF DEATH

V 23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No 701 Gorsuch ave ST. 9-46 WARD)

2 FULL NAME Mary J. Connolly

(a) RESIDENCE NO. 701 Gorsuch ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of John Connolly

7 DATE OF BIRTH (month, day, and year) 1862

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	?	?	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Ireland.

11 NAME OF FATHER Thomas Callan

12 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

13 MAIDEN NAME OF MOTHER Margaret Hoar

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

15 Informant J. Connolly Son

(Address) 701 Gorsuch ave

Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 8-32

17 I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1932, to April 8, 1932

that I last saw her alive on April 8, 1932

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonary Tubreculosis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? None

(Signed) Thos J. Stearns M. D.

4/11, 1932 (Address) 2878 Harford

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary Govans — DATE OF BURIAL Apr 12 1932

20 UNDERTAKER May M Medefell — ADDRESS 501 E 22

per.—1-12 23—M&T—500 Bks.

78708

E-78708

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 N Amm ST. 69 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob H. Brown

(a) RESIDENCE NO. 407 N. Amm ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed or divorced HUSBAND of (or) WIFE of: Josephine Brown

DATE OF BIRTH (month, day, and year): Aug 4-1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
69		8	5	

OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Gal Contractor

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto Co Md

10 NAME OF FATHER: Zachariah Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Co Md

12 MAIDEN NAME OF MOTHER: Elystath Parker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co Md

Informant (Address): Mrs Josephine Brown 407 N Amm St

Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 9 1932

17

I HEREBY CERTIFY, That I attended deceased from March 25, 1932, to April 9, 1932

that I last saw h[illegible] alive on April 9, 1932

and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) Chas. E. Compte, M. D.

19 (Address) 1113 N Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lonely Cemtey Balto Co Md

DATE OF BURIAL: April 12-32

20 UNDERTAKER: Robert Williams

ADDRESS: 1515 McElderry St

E 78709

-30—M. & T.—100 B—50L

E 78709

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2026 E. Colvert St. 12-14 (WARD)

2-FULL NAME Ida D. Mitchell

(a) RESIDENCE NO. 2026 E. Colvert ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of W. Frank Mitchell

6 DATE OF BIRTH (month, day, and year) Oct. 18 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	5	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Thomas F. Benson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Hannah A. Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant W. F. Mitchell

(Address) 2026 Woodbourne Road

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/10 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis
Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) ..... Coroner, M. D.

4/11, 1932 (Address) 4692 Roland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Prospect Hill Towson Md

DATE OF BURIAL Apr. 12 1932

20 UNDERTAKER Chas. O. Cronch

ADDRESS 834 Madison Ave

AaCo. S-81 2508

78710 E 78710

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1644 N. Smallwood St. 15-6K Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Noah Wachsberger

(a) Residence: No. 1644 N. Smallwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Abraham Wachsberger

DATE OF BIRTH (month, day, year) Aug. 10-1851

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	81	-	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Austria

INFORMANT Abraham Wachsberger
(Address) 1644 N. Smallwood St.

BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Cem. Date 4-12- 1932

UNDERTAKER Max Hyman Inc
(Address) 1439 E. Baltimore St.

FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-11- 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1927 to April 11 1932
I last saw her alive on April 11 1932 death is said to have occurred on the date stated above, at 8 19 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Other contributory causes of importance:	
Old Age	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ... 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Max Hyman M. D.
(Address) 1515 N. Eutaw St.

AACo. S-31 2508

78711

E 78711

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

146

1. PLACE OF DEATH

Registered No. 18-76

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 204 N Carrollton Ave (Ward) 18

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Mrs H Summerville

(a) Residence: No. 204 N Carrollton Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced

HUSBAND of (or WIFE of): Emma Summerville

DATE OF BIRTH (month, day, and year): April 5, 1880

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	52	—	5	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: City Water Dept

10. Date deceased last worked at this occupation (month and year): June 1931

11. Total time (years) spent in this occupation: 5 Yrs

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME OF FATHER: Hezekiah Summerville

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME OF MOTHER: Nancy Evans

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Emma Summerville

(Address) 204 N Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cemetery Date April 13, 1932

19. UNDERTAKER: Mrs Katie B Williams

(Address) 3222 Edmondson St

20. FILED 19 32 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1932 to April 10, 1932

I last saw h[illegible] alive on April 9 1932 death is said to have occurred on the date stated above, at 11:54 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma	
Asphagus	

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W J Howell M. D.

(Address) 204 N Carrollton Ave

Spec.—9-30—A 1 32—250 Bks.

E 78712 E 78712

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. 25-27 Ward)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Joseph J Kutcher

(a) RESIDENCE NO. 1647 Caddoy Ave St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. 6 ds. How long in U. S. (if of foreign birth)? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Albino Kutcher

7 DATE OF BIRTH (month, day, and year): Sept 4 1884

8 AGE: (48) 48 Years; 0 Months; 6 Days; If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: oiler do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto. Md.

10 NAME OF FATHER: John Kutcher

11 BIRTHPLACE OF FATHER (city or town) (State or country): germany

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Albina Kutcher 1647 Caddoy St

15 Filed , 19 32 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 10. 1932

17 I HEREBY CERTIFY, That I attended deceased from 12-18-31, 1931, to 4-10, 1932

That I last saw h[illegible] alive on April 10, 1932

and that death occurred, on the date stated above, at 2.40 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia lobar

(duration) 0 yrs. 0 mos. 15 ds.

CONTRIBUTORY (Secondary): General Paralysis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Clin. & Lab. tests

(Signed) J. H. Conn M. D.

, 19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dulaney Hill

DATE OF BURIAL: Feb 13 1932

23 UNDERTAKER: Church Broadbeck

ADDRESS: Woodlawn

N. B.—WRITE [illegible] CAUSES OF DEATH

APR 2 1932

2

78713 A Co—200 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

É 78713

82-001

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital St. 12-19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Taylor

(a) RESIDENCE NO. 1816 Maryland Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day ____ hrs. or ____ min..
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Virginia
(State or country)

PARENTS

10 NAME OF FATHER Edward Sayles

11 BIRTHPLACE OF FATHER (City or town)
(State or country) Va

12 MAIDEN NAME OF MOTHER Emma Pages

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va

14 Informant Emma Sayles
(Address) 1816 Maryland ave

15 Filed _____ 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4 - 9 - 1932

17 I HEREBY CERTIFY, That I attended deceased from 4-5, 1932, to 4-9, 1932

that I last saw her alive on 4-9, 1932,

and that death occurred, on the date stated above, at 1 33 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) _____ yrs. _____ mos. 5 ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted

If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Visual

(Signed) Geo. W. McDonald, M. D.

4 9. 1932 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Gloucester point Va April 13. 1932

20 UNDERTAKER — ADDRESS

Joseph A. Lively 409 N. Mount st

78714 —100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78714

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Cherry Hill near Westport WARD 15-32

2-FULL NAME Frank Stepanas

(a) RESIDENCE NO Cherry Hill nr. Westport ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? 28 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE: Years 56; Months —; Days —; If LESS than 1 day, hrs. or min. —

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Lithuania

10 NAME OF FATHER Charles Stepanas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER Vera (unknown)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

PARENTS

14 Informant Josephine Stephens

(Address) 713 McHenry St.

15 Filed ....., 192.. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 11, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) — (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Guy H. Bromwell, M.D. (Coroner)

4/11, 1932 (Address) 503 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: April 12, 1932

20 UNDERTAKER: Chas B. Kushlaucka — ADDRESS: 632 S. Paca St.

M. D. B. 1268-B

E 78715

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78715

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6304 Elinore Ave. St. 27-43 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James E. Busick

(a) Residence: No. 6304 Elinore Ave. St., ... Ward. Overlea Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Katherine M. Busick

7. DATE OF BIRTH (month, day, year) March 29, 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70		11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Policeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Retired

10. Date deceased last worked at this occupation (month and year) 1918

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME James H. Busick

14. BIRTHPLACE (city or town) (State or country) Cambridge Md.

15. MAIDEN NAME Elizabeth Sullivan

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Katherine M. Busick
(Address) 6304 Elinore

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Apr. 13, 1932

19. UNDERTAKER Frederick Lazarus & Son
(Address) 7401 Belair Road

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1932 to April 10, 1932

I last saw him alive on April 10, 1932 Death is said to have occurred on the date stated above, at 8:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	April 8
Other contributory causes of importance:	
Arteriosclerosis	about 4 yrs

Name of operation no operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Albert S. Webster M. D.

(Address) 6409 Belair Rd

E 78716

—1-30—M. & T.—250 Bks.

78716

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1107 E. 20th ST. 9-16 WARD)

2-FULL NAME Everett L. Bristow

(a) RESIDENCE NO. 1107 E. 20th ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Mal	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Evelyn Bristow

DATE OF BIRTH (month, day, and year) March 9, 1887

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	40	1	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Auto mechanic

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER Andrew Bristow

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER E. Mckinsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

Informant Evelyn Bristow
(Address) 1107 E. 20th St.

Filed ..... 19 32 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 11 1932

17 I HEREBY CERTIFY, That I attended deceased from April 1- 1932, to April 11- 1932,

that I last saw him alive on April 10- 1932;

and that death occurred, on the date stated above, at 2:30 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis -

(duration) ..... yrs. ..... mos 11 ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) E. Fitch Hall, M. D.

4/12 1932 (Address) 1631 E. North Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pulaski Cemetery

DATE OF BURIAL April 14 19

20 UNDERTAKER Josiah Tyler

ADDRESS .....

A4Co. 5-11-2M8

E 78717

78717

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

Registered No. 14-20

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 631 Mosher St., 14 Ward)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Titus Johnson

(a) Residence: No. 631 Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

6. If married, widowed, or divorced
HUSBAND of (~~or WIFE of~~) Elizabeth Johnson

7. DATE OF BIRTH (month, day, year) — - 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, year) 1931

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Lancaster Co Va

13. NAME OF FATHER Isaac Johnson

14. BIRTHPLACE (city or town) (State or country) D C

15. MAIDEN NAME OF MOTHER Elizabeth Thomas

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT (Address) Israel Johnson 631 Mosher St

18. BURIAL, CREMATION, OR REMOVAL Place Lancaster Co Va Date 4/12 1932

19. UNDERTAKER Archibald C. Gaddis (Address) 1840 N. Eutaw St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10 1932

22. I HEREBY CERTIFY, That I attended deceased from April 6 1932 to April 10 1932

That I last saw him alive on April 9 1932 death is said to have occurred on the date stated above, at 6.10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	4-3-32
Cardiac Hypertrophy + Arteriosclerosis Senile regurg.	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. J. Howell M. D.

(Address) 601 E Carrollton Ave

78718

E 73718

Spec. 43-13 H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) No 1803 Forman ST. 15-22 WARD

2-FULL NAME Helen Dorsey

(a) RESIDENCE. NO. 1803 Forman ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 15 1912

7 AGE — Years: 19 Months: 3 Days: 24 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER: Calvin Dorsey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: May Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Catonsville Md

Informant (Address): Bessie Kelly (633 Presbury St

Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 9 1932

17 I HEREBY CERTIFY, That I attended deceased from March 19 1932 to April 9 1932

that I last saw h[illegible] alive on April 7 1932

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonus (Florida)

(duration) yrs. 2 mos. ? ds.

CONTRIBUTORY (Secondary): None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Wm N. Wright M. D.

3/10 1932 (Address) 1209 Presstman

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters Cem

DATE OF BURIAL: 4/13 1932

20 UNDERTAKER: Archibald A. Gaddis

ADDRESS: 1840 W Baltimore

AACo. 5-31 2500

78719 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 78719

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2715 Hampden St. 12th Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Jane Minnick

(a) Residence: No. 2715 Hampden St., 12th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
~~HUSBAND~~ (or) WIFE of John T. Minnick

DATE OF BIRTH (month, day, year) Dec. 1859

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	72	4	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. County

13. NAME Wm. Wilson

14. BIRTHPLACE (city or town) (State or country) Balto. County

15. MAIDEN NAME Miranda Wilson

16. BIRTHPLACE (city or town) (State or country) Balto. County

INFORMANT T. O. Minnick
(Address) Cockeysville Md

BURIAL, CREMATION, OR REMOVAL
Place Pikesville Date 4/14/32

UNDERTAKER W. G. Brooks Son
(Address) Baltimore Md

FILED ..... 19 Sept. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 22nd, 1932 to April 11th, 1932

I last saw her alive on April 11th, 1932 death is said to have occurred on the date stated above, at 5.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	March 22nd
Other contributory causes of importance:	
Cerebral Arterio sclerosis.	?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) George E. Cross M. D.

(Address) 28 W 25th St.

M. D. B. 1268-b

E 78720

78720

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 336-E-20 St. 12 Ward 19)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 11 mos. 18 ds. How long in U. S. If of foreign birth? 71 yrs 11 mos 18 ds.

2. FULL NAME Luke Kearney

(a) Residence: No. 336-E-20- St., 12 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret E. Kearney

DATE OF BIRTH (month, day, year) April 23 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	11	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horseshoer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. as above

10. Date deceased last worked at this occupation (month and year) 2 years

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Luke Kearney

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Naughton

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs Margaret Kearney (wife)

(Address) 336-E-20-St

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Apr. 13/32

UNDERTAKER Steuart & Son Co

(Address) Baltimore

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1932 to April 9, 1932

I last saw h.... alive on April 9, 1932. Death is said to have occurred on the date stated above, at m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Influenza.	

Other **contributory causes** of importance:

Hypostatic pneumonia, focal, left lung

Name of operation No Date of

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hugh Forsythe, M. D.

(Address) 1246 East Ave

AACo. 5-31 250B

78721 HEALTH DEPARTMENT—CITY OF BALTIMORE 78721

CERTIFICATE OF DEATH

137

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 12-50 Ward)

Length of residence in city or town where death occurred 73 yrs. 4 mos. 0 ds. How long in U.S. If of foreign birth? 73 yrs 4 mos. 0 ds.

2. FULL NAME Charles Hampson Jones, M.D.

(a) Residence: No. 2529 St. Paul Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Emma White Jones

DATE OF BIRTH (month, day, year) Dec 11 1858

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	4	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Com. Health Baltimore City

10. Date deceased last worked at this occupation (month and year) March 26 1932

11. Total time (years) spent in this occupation 35 yrs.

BIRTHPLACE (city or town) (State or country) Balto. Maryland

13. NAME Isaac Jones

14. BIRTHPLACE (city or town) (State or country) Westchester Penna

15. MAIDEN NAME Mary Hampson

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT Mrs Emma W. Jones (wife)
(Address) 2529 St Paul St

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date April 13 1932

UNDERTAKER Stewart Mower Co.
(Address) Baltimore Md.

FILED ..... 19..... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1932, to April 11, 1932

I last saw him alive on April 11, 1932 death is said to have occurred on the date stated above, at 8.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic Hypertrophy -	1 yr
Uremia	2 wks.
Acute pulmonary edema	1 day
Myocardial failure	immediate
(Other contributory causes of importance) Auricular fibrillation	18 mos.

Name of operation Supra-pubic cystotomy Date of operation April 5, 1932

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased No If so, specify .....

(Signed) Wylie M Jaw, M. D.

(Address) University Hospital

AACo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

78722 E 78722

CERTIFICATE OF DEATH

Registered No. 54-68

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital St., ... Ward.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mollie Welch

(a) Residence: No. 1413 Bentalou St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	white	Married

6. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Colon Welch

DATE OF BIRTH (month, day, year) Oct 23, 1895

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	5	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME John L. Palmer

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

15. MAIDEN NAME Annie Smith

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

INFORMANT John L. Palmer

(Address) 1328 Bentalou St.

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date April 14, 1932

UNDERTAKER Martin Funeral Rooms

(Address) 1827 N. North Ave.

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1932, to April 10, 1932

I last saw h[e] alive on April 10 1932 death is said to have occurred on the date stated above, at 9 25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Brain Tumor	

Other contributory causes of importance:

Cerebral Edema	

Preliminary Brain Hypophysectomy Name of operation ... Date of 4/8/32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) George Favaloro, M. D.

(Address) St Agnes Hospital

A&Co. 5-31 250B

3723 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78723

CERTIFICATE OF DEATH

159

Registered No. 26-41

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital, Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Hildebrand. Elizabeth L.

(a) Residence: No. 3125 Weaver Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Apr 11 1932

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				7½ hrs.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Carl N. Hildebrand

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mildred E. Roth

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Carl N. Hildebrand
(Address) 3125 Weaver Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Apr 12 1932

19. UNDERTAKER Mr. & Mrs. J. W. Imbert & Son
(Address) 801 W. Fayette St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 11 1932

22. I HEREBY CERTIFY, That I attended deceased from 4 11 at 11 30 a.m. 1932, to 4 11 at 5 30 a.m. 1932

I last saw h[illegible] alive on 4 11 1932 death is said to have occurred on the date stated above, at 5 30 a.m. in

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature debility (6 months)	

Other contributory causes of importance:

Premature birth (6 months)

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Andrew E. Calas, M. D.

(Address) Bon Secours Hospital

Spec.—9-30—A. & Co.—250 Bks.

E 78724 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78724

CERTIFICATE OF DEATH

8 L

REGISTERED NO.

1 PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. Balto City Hosp. St. 23-31 WARD)

2 FULL NAME Maria Griffith

(a) RESIDENCE No. 145 W Hamburg St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Black	Widowed

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

7 DATE OF BIRTH (month, day, and year) 1892

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
60 ?				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER Unk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unk ?

12 MAIDEN NAME OF MOTHER Unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unk ?

Informant Anne Hall

(Address) 145 W Hamburg St

Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 9. 1932

17

I HEREBY CERTIFY, That I attended deceased from April 5 , 1932 to April 9 , 1932

that I last saw her alive on April 9 , 1932

and that death occurred, on the date stated above, at 9.30 P. M.

The CAUSE OF DEATH* was as follows:

Cardiac failure (dilatation)
auricular fibrillation

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Arteriosclerosis (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical findings

(Signed) J. W. Conn M. D.

, 19 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion, Cemetery DATE OF BURIAL 4-13 1932

20 UNDERTAKER James A. Hayes ADDRESS 142 Forrest St

1-30—M. & T.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78725

CERTIFICATE OF DEATH.

92-001 E 78725

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1431 Edmondson Ave. ST. 19-27 WARD)

2-FULL NAME Catherine Woolley Peters

(a) RESIDENCE NO. 1431 Edmondson Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of William P. Peters

DATE OF BIRTH (month, day, and year) March 22, 1847

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	85	-	19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (City or town) East New Market
(State or country) Delaware

10 NAME OF FATHER Edwin Woolley

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Mary Ann Turner

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

Informant Mr. W. Stanley Peters
(Address) 1431 Edmondson Ave.

Filed . 19 HC Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 10, 1932

17 I HEREBY CERTIFY, That I attended deceased from , 1930, to April 10, 1932.

that I last saw her alive on April 9, 1932.

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral insufficiency

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? ✓

(Signed) W. A. Byers, M. D.

4/11, 1932 (Address) 616 N. Woodington Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL April 13 1932

20 UNDERTAKER [illegible] Cook

ADDRESS 1003 West Baltimore St.

78726

HEALTH DEPARTMENT—CITY OF BALTIMORE

78726

CERTIFICATE OF DEATH

108 E

Registered No. 27-48

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 Richwood, Ave. St. Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME LaRue Meeks

(a) Residence: No. 721 Richwood, Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 25, 1929

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	5	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Norman R. Meeks

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Rose E. Simcoe

16. BIRTHPLACE (city or town) (State or country) Balto. Co.

INFORMANT (Address) Norman R. Meeks, 721 Richwood, Ave.

BURIAL, CREMATION, OR REMOVAL. Place Loudon Park Date 4/12 1932

UNDERTAKER (Address) Frederick G. Lacy, 1260 W. Lombard St.

FILED ____, 19__ ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 5, 1932 to Apr 9, 1932

I last saw h EM alive on Apr 9, 1932 death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H W Wheeler, M. D.

(Address) 4309 York Rd

...—2-29-28—L. F. S.—500 Bks.

3727

E 78727

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

REGISTERED NO. 37

1—PLACE OF DEATH

CITY OF BALTIMORE (No. 523 Quail ST., 26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Wise

(a) RESIDENCE NO. 523 Quail ST., 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) April 8 1932

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md

10 NAME OF FATHER Albert Morris Wise

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Dorsey Pearl Roberts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Shenandoah Junction W Va

Informant Dorsey Pearl Wise

(Address) 523 S. Quail St

Filed ..... 19 4/11/32 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 11 1932

17 I HEREBY CERTIFY, That I attended deceased from April 8, 1932, to April 11, 1932, that I last saw him alive on April 10, 1932, and that death occurred, on the date stated above, at 12.30 a/m.

The CAUSE OF DEATH* was as follows:

Premature 5½ month Foetus

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Horace B. Tilton M. D.

4/11, 1932 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Shaw Hopkins Emb. Co

DATE OF BURIAL 4/11 1932

20 UNDERTAKER

ADDRESS

Cor.—10-10-29—A Co.—100 Bks.

78728

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78728

CERTIFICATE OF DEATH

95-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) City Hospital St. 22-30 Ward

2-FULL NAME William Saudet

(a) RESIDENCE NO. 1174 W Barre St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
6a	60			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 040
(c) Name of employer

9 BIRTHPLACE (city or town) Unknown
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant
(Address)

15 Filed , 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 22 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Sclerosis

(duration) yrs. mps. ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Fred Norris M. D. M. D.

Apr 2, 1932 (Address) 305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL APR 12 1932

20 UNDERTAKER

ADDRESS

H. D. R. 1265-9

E 78729

78729 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

23

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3611 E. Lombard St., [illegible] Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Timothy C. Kenny.

(a) Residence: No. 3611 E. Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 15-1911

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	20	8	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Michael Kenny.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Ella Creighan

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Ella Kenny

(Address) 3611 Lombard St.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Cathedral Date Apr. 13 1932

UNDERTAKER Lilly & Zeibert

(Address) 1 S. Broadway

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9. 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 ... 19 32 to April 9 32

I last saw him alive on April 9 19 32 Death is said to have occurred on the date stated above at 4 p m

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
Chronic Nephritis

Date of onset

Other contributory causes of importance:

Acute Cardiac Dilatation

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. J. Lawrence M. D.

(Address) 1 E. Lombard St

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

78730

CERTIFICATE OF DEATH

46 E 78730

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 9-4-46 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Riley M. Jackson

(a) Residence: No. 2312 E. 23rd St., ..Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma Jackson

DATE OF BIRTH (month, day, year) ? Unknown.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Warren Co. Va.

13. NAME Daniel Jackson

14. BIRTHPLACE (city or town) (State or country) ? Va.

15. MAIDEN NAME Henrietta ?

16. BIRTHPLACE (city or town) (State or country) ? Va.

INFORMANT Records of

(Address) Balto. City Hosp.

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date April 12 1932

UNDERTAKER Mrs. R. G. Elliott

(Address) 1525 Eastlondon

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1932 to April 9, 1932

I last saw him alive on April 9, 1932. Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Head & Pancreas ?	Nov 1931
Other contributory causes of importance: Coryza in secondary attendance	Jan 1

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Jas. Arnold M. D.

(Address) Balto. City Hosp.

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

8731 E 78731

CERTIFICATE OF DEATH

Registered No. 107-0

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St., 3-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds.

2. FULL NAME Emma Earle

(a) Residence: No. 704 N. Bond St., SE Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 24-1868

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	8	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

12. NAME Robert Coates

13. BIRTHPLACE (city or town) (State or country) Unknown

14. MAIDEN NAME Mary Lee

15. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Patient

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL Place Johns Hopkins Cemetery Date April 13, 1932

UNDERTAKER E. Rand Borgatt

(Address) 1631 Orleans St.

FILED ..... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1932 to April 9, 1932

I last saw her alive on April 1, 1932 Death is said to have occurred on the date stated above, at 8:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4-7-32
Acute Cystitis	3-21-32
Anemia	?

Other contributory causes of importance:

Name of operation Nephrectomy Date of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. M. Fisher, M. D.

(Address) JHH

. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

78732

E 78732

CERTIFICATE OF DEATH

95-002

Registered No. 15-61

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3625 Liberty Heights Ave. (Ward) 15

Length of residence in city or town where death occurred 14 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Duvall Crisp

(a) Residence: No. 3625 Liberty Heights Ave., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Robert F. Crisp

DATE OF BIRTH (month, day, year) Aug. 1, 1845

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	86	8	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

13. NAME Dr. Mareen M. Duvall

14. BIRTHPLACE (city or town) (State or country) Annapolis Md.

15. MAIDEN NAME Mary Elizabeth Kent

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Margaret Herman

(Address) 3625 Liberty Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem. Sept. 13 1932

19. UNDERTAKER Wm. Tuckerman Sons

(Address) 1301 Park Ave.

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 17 1932 to April 11 1932

I last saw h[illegible] alive on April 11 1932. Death is said to have occurred on the date stated above, at 7.40 P m.

The principal cause of death and related causes of importance were as follows:

Senile Transition — Date of onset

Other contributory causes of importance:

Cardiac Dilatation

Name of operation none Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Wm. F. Duvall M. D.

(Address) 3523 Liberty Hgts Ave.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

78733 E 78733

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes Hospital Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 8 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Laura Weller

(a) Residence: No. Hancock, Md R.F.D. 2 St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mr Samuel Weller

DATE OF BIRTH (month, day, year) Oct 27-1884

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	5	16 15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ 037

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

BIRTHPLACE (city or town) (State or country) Md

13. NAME Mother Name

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Laura Hull

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Mr Samuel Weller

(Address) Hancock Md

BURIAL, CREMATION, OR REMOVAL Place Hancock Md Date Apr. 13 1932

UNDERTAKER J. H. Inches & Son

(Address) 1324 Penna Ave

FILED ... 19... H.P.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1932 to April 12, 1932

I last saw h.. alive on April 12 1932 death is said to have occurred on the date stated above, at 9.40 a.m. a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach & metastases to ... & ... (Krukenberg tumor).	
Other contributory causes of importance:	

Name of operation Exploratory (Abdominal) Date of 4/8/32

What test confirmed diagnosis Upper Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Robert Johnson, M. D.

(Address) St. Agnes Hosp.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 78734

CERTIFICATE OF DEATH

78734

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 813 Aisquith St. 10-14 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth L Fischer

(a) Residence: No. 813 Aisquith St., ... Ward.
(If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of John G Fischer

DATE OF BIRTH (month, day, year) April 10 1860

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	52	0	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation 30

BIRTHPLACE (city or town) Baltimore
(State or country) Md

13. NAME Thomas Phillips
14. BIRTHPLACE (city or town) Baltimore
(State or country) Md
15. MAIDEN NAME Mary Catherine Jones
16. BIRTHPLACE (city or town) Va
(State or country)

INFORMANT John G. Fischer
(Address) 813 Aisquith St

BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date April 13 1932

UNDERTAKER Ernest W Conklin
(Address) 1711 Eager St

FILED ..... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1931, to April 10, 1932

I last saw her alive on April 10 1932 death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

Ch Pulmonary Th.

Date of onset

Other contributory causes of importance:

Name of operation Physical Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. L. Hornstein, M. D.

(Address) 733 Aisquith St.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

78735 E 78735

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-30 Ward)

Length of residence in city or town where death occurred yrs. mos 7 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph A. Lore

(a) Residence: No. Pylesville, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Lore

DATE OF BIRTH (month, day, year) Feb 5-67

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	3	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Mary Lore

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Warner

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary Lore

(Address) Bel Air Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Hosp Date April 15 19 32

19. UNDERTAKER H. E. Pole

(Address) Fawn Grove Pa

20. FILED 19 A.P.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12 1932

22. I HEREBY CERTIFY, That I attended deceased from April 5 1932 to April 12 1932

I last saw him alive on April 12 1932 death is said to have occurred on the date stated above, at 1930 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Head of Pancreas	1931 ?
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Maurice Farnum Abrams M. D.

(Address) Univ. Hosp

-20—M & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78736

E 78736

CERTIFICATE OF DEATH

93-004

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 925 W. Franklin ST. 18-21 (WARD)

2-FULL NAME Emma L. Stout

(a) RESIDENCE NO 925 W. Franklin ST.. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 25-1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	10	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Unknown

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant Mrs. Mamie Clark

(Address) 925 W. Franklin St

Filed ... 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 11 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

a. Chronic Myocardial Insufficiency

(duration) yrs. mos ds

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death?..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) C. Agnew Fillers M. D.

4/12, 19 32 Address 729 Eastern Ave Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Prospect Hill Cem Frederick

DATE OF BURIAL: April 13 1932

20 UNDERTAKER: Geo. W. Hitts

ADDRESS 2700 Edmondson Ave

H. D. B. 1268-9

78737 HEALTH DEPARTMENT—CITY OF BALTIMORE 78737

CERTIFICATE OF DEATH

82-0E

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3036 Guilford Ave. St., 12-50 Ward)

Length of residence in city or town where death occurred 55 yrs 6 mos 23 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME J. Gordon Macdonald

(a) Residence: No. 3036 Guilford Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Marie Menzel

DATE OF BIRTH (month, day, year) Sept. 18, 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	6	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME James H. Macdonald

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Annie E. Grothaus

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Mrs. Marie M. Macdonald

(Address) 3036 Guilford Ave.

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date Apr. 14, 1932

UNDERTAKER Henry H. Myers & Son

(Address) 802 N. Calvert St.

FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1932 to April 11, 1932

I last saw h[e] alive on April 11, 1932 Death is said to have occurred on the date stated above, at 7:45 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Hemiplegia.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Chas F Blake M. D.

(Address) 20 E Preston St

-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78738'

E 78738

CERTIFICATE OF DEATH

REGISTERED NO. 131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto Gen Hos ST. 15-68 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm J Jessel

(a) RESIDENCE NO. 2755 Baker ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Jessel

6 DATE OF BIRTH (month, day, and year) Jan 6-1897

7 AGE 35

Years	Months	Days	If LESS than 1 day, hrs. or min.
34	3	10	4

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Barber
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Wm Jessel

11 BIRTHPLACE OF FATHER (City or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Lithuania

14 Informant Agnes Jessel (Address) 2755 Baker

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. 6 mos da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Steinbruck, M. D. Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loraine Park Cemetery

DATE OF BURIAL 4/13/32

20 UNDERTAKER John Conway Inc

ADDRESS 1800 Pleasant

For—12-9-25—A Co.—200 Bks.

78739

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

86-001 V

E 78739

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph's Hospital St. 10-14 Ward)

2-FULL NAME Thomas G. O'Connor

(a) RESIDENCE NO. 917 E Biddle St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Burke O'Connor

DATE OF BIRTH (month, day, and year) May 3, 1901

AGE	Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
	30	11	28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore

(State or country) Md

10 NAME OF FATHER John M. O'Connor

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Catherine Mears

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

Informant Mrs Mary J. Connelly

(Address) 917 E Biddle St

Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) April 11th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Accident

Concussion of brain

Fall down stairs

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. Gruit M. D.

(Coroner) Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery Date of Burial April 13 1932

20 UNDERTAKER Ernest V. Conklin ADDRESS 924 E Baltimore St.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

78740

CERTIFICATE OF DEATH

92-801 92-334

E 78740

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1842 Light St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William H. Linton

(a) Residence: No. 1842 Light St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ada Woody Linton

DATE OF BIRTH (month, day, year) Jan 8. 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	3	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME OF FATHER John Linton

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME OF MOTHER Sarah Wolphin

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Mrs. M. Lindsay

(Address) 1836 Light St

BURIAL (CREMATION) OR REMOVAL Place London Park Date April 14 1932

UNDERTAKER Margaret D. Flynn

(Address) 1422 Light St

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 11. 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 14. 1932 to Apr. 11. 1932

I last saw him alive on Apr. 11. 1932 death is said to have occurred on the date stated above, at 1:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	
M def.	
Other contributory causes of importance:	
Exhaustion	4/9/32

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. H. Campbell M. D.

4/12/32 (Address) 1644 Hanover St

Spec.—12-8-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 78741 ✓ 34 E 78741

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1707 Jefferson st. 6-9 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clarence Hartbrough

(a) RESIDENCE NO. 1707 Jefferson st. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16yr. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 28 - 1932

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER Reginald S. Hartbrough

11 BIRTHPLACE OF FATHER (city or town)

(State or country) N. C.

12 MAIDEN NAME OF MOTHER Clara Bond

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Md

14 Informant Clara Hartbrough

(Address) 1707 Jefferson st

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-11 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb 28 1932 to Apr 11 1932

that I last saw h... alive on Apr 10 1932

and that death occurred, on the date stated above, at 8.30 P m.

The CAUSE OF DEATH was as follows:

Tuberculosis

Contributory

(duration) 1 yrs. 13 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death! Date of

Was there an autopsy!

What test confirmed diagnosis! Clinical

(Signed) H. Hanes, M. D.

, 19 (Address) 1707 N Caroline

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem

Date of Burial 4-13th 1932

20 UNDERTAKER Jas. M. Skinner

ADDRESS 1625 E. Mad st

D. H. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

78742 E 78742

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 523 W. Biddle St. 17-24 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Chas E. Simms

(a) Residence: No. 523 W Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Mar

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C & O

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Edw Simms

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Frances Davis

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Ella Thomas

(Address) 1233 Whitelock

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 4/13 1932

19. UNDERTAKER Samuel Hensley & Son

(Address) 518 W Biddle St

FILED 19 A. C. H. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Phthisis	
Tuberculosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner, M. D.

(Address)

Spec—0 30—A & Co—200 Bks

E 78743

78743 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 No. Hare St. 6-11 WARD)

2 FULL NAME John Charles Schilling

(a) RESIDENCE No. 112 No Hare St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or Town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Eleanore J. Schilling

7 DATE OF BIRTH (month, day, and year) Dec 2, 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	4	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk-Printer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Hart McGinley Inc. Baltimore Md

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER John Charles Schilling

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Keyser

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Eleanor F. Schilling

(Address) 112 N. Hare St.

Filed — , 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 11th 1932

17 I HEREBY CERTIFY, That I attended deceased from Jany, 1931, to April 11, 1932

that I last saw him alive on April 4, 1932

and that death occurred, on the date stated above, at 9m P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation ½ hr.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio sclerosis

(duration) 2 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) J. S. Clift M. D.

4/11. 1932 (Address) 3532 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL Apr 14th 1932

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

21932 F. HAMPSON JONES, M. D.

A4Co. 5-11 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

78744 E 78744

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital, Baltimore, Md. St., 17 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Henry Williams

(a) Residence: No. Sunnybank, Va. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Elinor Campbell Williams

DATE OF BIRTH (month, day, year): July 30, 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	8	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Fisherman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Seaman
10. Date deceased last worked at this occupation (month and year): 3-7-32
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Virginia

13. NAME: Henry Williams

14. BIRTHPLACE (city or town) (State or country): Virginia

15. MAIDEN NAME: Virginia Damuel

16. BIRTHPLACE (city or town) (State or country): Virginia

INFORMANT: Records, U.S. Marine Hospital
(Address): Baltimore, Maryland

BURIAL, CREMATION, OR REMOVAL
Place: Sunny Bank. Va Date: April, 13 1932

UNDERTAKER: Thomas E. Kelam
(Address): 1303 Presstman st

FILED . 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1932, to April 12, 1932

I last saw him alive on April 12, 1932 death is said to have occurred on the date stated above, at 7:55A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic with decompensation & Auricular fibrillation	unknown
Other contributory causes of importance: Sarcoma, lympho	"

Name of operation: Excision of gland Date of: 4-4-32

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) G. Abbott M. D.
(Address) U.S. Marine Hospital, Balto

E 78745

E 78745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59361

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 13 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edith Flanagan

(a) Residence: No. James St. (Usual place of abode) Manningtown, W. Va. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Charles

DATE OF BIRTH (month, day, year) unknown

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME George Manville

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Cynthia Smith

16. BIRTHPLACE (city or town) (State or country) W Va

INFORMANT Rexroad

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Manningtown W Va Date April 13 1932

UNDERTAKER William G. Shaffer

(Address) 1816 E. Monument St

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1932 to April 12, 1932

I last saw her alive on April 12, 1932 Death is said to have occurred on the date stated above, at 11:45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Head of Pancreas	6 mo?
	April 31

Other contributory causes of importance:

Secondary Hemorrhage from	4-5-32

Name of operation Cholecystenterostomy Date of 4-5-32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) J. Richardson Trimble, M. D.

(Address) Johns Hopkins

-30—M & T—100 B—501.

E 78746

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78746

CERTIFICATE OF DEATH

181

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 3rd WARD)

2-FULL NAME ANNIE ROACH

(a) RESIDENCE No. 402 S. Caroline ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? 59 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of James Roach

6 DATE OF BIRTH (month, day, and year) February 19.1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	1	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER August Hahn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Florentine Trais

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mrs. Geo. Wiseman (Daughter)

(Address) 933 N. Washington St.

Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 11, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock, Accidental Burns

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 402 S Caroline

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) H. F. Kerr M.D., M. D. Coroner

April 12, 1932 (Address) 1205 N Patterson Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cemetery.

DATE OF BURIAL Apr. 14, 1932

20 UNDERTAKER Henry Sander & Sons Inc

ADDRESS BALTIMORE & BROADWAY.

ec.—2-29-28—L. F. S.—500 Bks.

78747

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 78747

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 1433 Decatur St ST. 24-35 WARD)

2—FULL NAME Albert A. Lowe

(a) RESIDENCE NO. 1433 Decatur ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and year) Sept. 9-1917

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	14	7	23	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Schoolboy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) Balto Md.

0 NAME OF FATHER Albert Lowe.

1 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

2 MAIDEN NAME OF MOTHER Emma Reckow

3 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant Mrs Emma Reckow

(Address) 1433 Decatur St.

Filed 2 1932 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 12-32

17

I HEREBY CERTIFY, That I attended deceased from March 27, 19 32 to April 12, 19 32

that I last saw h alive on April 12, 19 32

and that death occurred, on the date stated above, at 11 am m.

The CAUSE OF DEATH* was as follows:

Acute exacerbation of Heart
Decompensated Myocarditis 2 hrs
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia
(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Thos Fa Stevens M. D.

4/12, 19 32 (Address) 2878 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross & a Co

DATE OF BURIAL April 15 1932

20 UNDERTAKER Charles L. Stevens

ADDRESS 1001 E Fort Ave

M. D. B. 1268-9

78748 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 78748

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH Baltimore City Hospitals (Inc.) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 16-26 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel McKim

(a) Residence: No. 622 N. Carey st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susan McKim

6. DATE OF BIRTH (month, day, year) July 23, 1889 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43 ?	8	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME John McKim

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Garrett

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date 4/13 1932

19. UNDERTAKER Stanley Hemsley
(Address) 378 N. Eden st

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9 1932

22. I HEREBY CERTIFY, That I attended deceased from May 18 1931 to April 9 1932

I last saw him alive on April 9 1932 Death is said to have occurred on the date stated above, at 6.40 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unkno n

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Lawrence M. Sens M. D.
(Address) Baltimore City Hospitals

-30—M. & T.—100 B—50L

E 78749

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78749

CERTIFICATE OF DEATH

REGISTERED NO. 93-34

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp. (St.) 17-24 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jas. Brown

(a) RESIDENCE NO. 720 Wilmer ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE: Years 60 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Janitor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Fredericksburg Va

10 NAME OF FATHER: Jas Brown

11 BIRTHPLACE OF FATHER (City or town) (State or country): Fredericksburg Va

12 MAIDEN NAME OF MOTHER: Sally

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Fredericksburg Va

14 Informant: Robt E. Fudgett

(Address): 720 Wilmer Ave

Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): April 10 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

Contributory Senility

(duration) yrs.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. E. Lurie, M. D. Coroner

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cem.

DATE OF BURIAL: 4/14/34

20 UNDERTAKER: Emmett J. Kressley

ADDRESS 538 N. Eutaw St.

73750 A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78750

157-004

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital St. 18-22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jerome Tillman

(a) RESIDENCE NO. 788 Mulberry St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
		1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) Maryland

(State or country)

PARENTS

10 NAME OF FATHER John Tillman

11 BIRTHPLACE OF FATHER (City or town) Maryland

(State or country)

12 MAIDEN NAME OF MOTHER Annie Wright

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md

(State or country)

14 Informant John Tillman

(Address) 788 Mulberry St.

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1932

4-10

17 I HEREBY CERTIFY, That I attended deceased from 3-9, 1932, to 4-10, 1932

that I last saw h[illegible] alive on 4-10, 1932

and that death occurred, on the date stated above, at 8:00 P.m.

The CAUSE OF DEATH* was as follows:

Pyloric Stenosis

(duration) yrs. 1 mos. 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of 4-2-32

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Surgical

(Signed) [illegible] M. D.

4-11-1932 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemetery — Date of Burial: April 13, 1932

20 UNDERTAKER: Mrs Cate R. Williams — ADDRESS 321 N Schroeder St

131532

78751

HEALTH DEPARTMENT—CITY OF BALTIMORE

13 E 78751

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1122 Ensor St. 10-14 Ward)

2-FULL NAME Henry H. McQuade

(a) RESIDENCE NO. 1122 Ensor St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Sophia Young

DATE OF BIRTH (month, day, and year) Aug 12 1854

AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ... min.
	69	8	27	

OCCUPATION OF DECEASED Retired Night Watchman

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER James McQuade

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Ennis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant (Address) Mrs Sophia McQuade 1122 Ensor St

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 12 1932

17 I HEREBY CERTIFY, That I attended deceased from May 27 1931, to April 12 1932, that I last saw h[e] alive on April 11 1932, and that death occurred, on the date stated above, at 7:20 a m.

The CAUSE OF DEATH* was as follows:

Uraemic Coma

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis Arter. Sclerosis

(duration) 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Thos Saunders, M. D.

4-12, 1932 (Address) 1 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery Date of Burial April 15 1932

20 UNDERTAKER James W. Conklin ADDRESS 1242 Eager St.

ACo. 5-31 250B

78752 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 78752

CERTIFICATE OF DEATH

✓82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4221 Greenway St., 27-49 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... dy. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eleanor DeForest Boteler

(a) Residence: No. 4221 Greenway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Andrew Kendall Boteler

DATE OF BIRTH (month, day, year) March 8 1844

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	91	1	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Charles Wesley Smith
14. BIRTHPLACE (city or town) (State or country) Nantucket mass
15. MAIDEN NAME Eliza Sweetman
16. BIRTHPLACE (city or town) (State or country) at Sea
INFORMANT Eleanor DeForest Boteler
(Address) 4221 Greenway
BURIAL, CREMATION, OR REMOVAL Loudon Park Cemetery Date 4/14 1932
UNDERTAKER Chas. G. Blake
(Address) 142 W. Dorsey ave
FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apl. 11. 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30. 1932 to Apl. 11. 1932
I last saw h[er] alive on Apl. 11. 1932 death is said to have occurred on the date stated above, at 2-50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Old Age Cardiac Insufficiency	Jan. 19 32
Other contributory causes of importance: Cerebral Hemorrhage.	4-9-32.

Name of operation None Date of
What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Wm Lit. C. Blake M. D.
(Address) 719 Med. Arts Bldg.

78753

E 78753

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1222 E. Biddle St. (10-14 Ward)

Length of residence in city or town where death occurred 76 yrs. 7 mos. 29 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George. M Reichel

(a) Residence: No. 1222 E Biddle St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or ~~WIFE~~ of) Mrs Margaret Reichel

DATE OF BIRTH (month, day, year) Aug. 12 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	7	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Department
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for Emerson Drug Co
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Balto. Md

12. NAME Matthew Reichel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

INFORMANT Mrs. Margaret Reichel

(Address) 1222 E. Biddle St

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date April 14 1932

UNDERTAKER Henry Hoech Sons, Inc.

(Address) 301 E Eager St

FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 27 1932 to Apr 11 1932

I last saw him alive on Apr 11 1932 death is said to have occurred on the date stated above, at 11:30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes & Uremia	Apr 11/32

Other contributory causes of importance:

Chronic Nephritis	Jan 1/29

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Gustave A Anderson M. D.

(Address) 1700 N Charles St

H. D. B. 1238-9

78754

E 78754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Pine & Oakland St. 2636-38

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Magdalena L. Hagan

(a) Residence: No. Pine & Oakland St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Late Jos. B. Hagan

DATE OF BIRTH (month, day, year) Apr. 4 1851

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81		9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME William Szczerbicki

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Annastatia Zwanek

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT M. Magdalena Santee

(Address) Pine & Oakland

BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Apr. 13 . 1932

UNDERTAKER Lilly & Zeibel Inc

(Address) 1032 Light St.

FILED ... 19.. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 3 . 1932 to April 10 . 1932

I last saw her alive on April 4 . 1932 Death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Unknown

Other contributory causes of importance:

None

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. W. Reier M. D.

(Address) 2 Kinship Rd. Dundalk Md

Cor.—12-9-25—A.Co.—200 Blks.

E 78755

E 78755

HEALTH DEPARTMENT—CITY OF BALTIMORE

46

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Franklin Square Hospital 16-69 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Levin Firm Petty

(a) RESIDENCE NO. 2326 Edmondson Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Cora E. Petty

DATE OF BIRTH (month, day, and year) Dec 25 1857

AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	74	3	17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Captain of boat

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Portland Maine

(State or country)

10 NAME OF FATHER Levin Petty

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Portland Maine

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

14 Informant Mr. Petty (son)

(Address) 2326 Edmondson Ave

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 12 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of Transverse Colon

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Ruptured Cecum

(duration) yrs. mos. 1 ds.

(Signed) Guy N. Cromwell M. D.

(County)

4/13 1932 (Address) 223 Pataspsco Ave, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery Date of Burial Apr. 14 1932

20 UNDERTAKER L. Hess McCully ADDRESS 130 E Fort

78756 E 78756

HEALTH DEPARTMENT—CITY OF BALTIMORE

V82-001

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH God Shepherd Hospital
CITY OF BALTIMORE: (No.) 1512 Gilmore St. 17-35 Ward.
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cora Burkes
(a) Residence: No. 609 George St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

BIRTH (month, day, year) unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va.

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Alexia Jones
(Address) 628 George St.

BURIAL, CREMATION, OR REMOVAL
Place Dodge Mannel Date 4/13 1932

UNDERTAKER Capital City Graphic
(Address) 1515 W. Baltimore St.

FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-12-1932

22. I HEREBY CERTIFY, That I attended deceased from 4-5-1932 to 4-12-1932
I last saw her alive on 4-7-1932 death is said to have occurred on the date stated above, at 4:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	4-4-32
Uremia	4-4-32
Terminal Bronchopneumonia	4-9-32

Other contributory causes of importance

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. Plarshaw M. D.
(Address) 1838 Linden Ave

M. D. B. 1265-2

78757

HEALTH DEPARTMENT—CITY OF BALTIMORE

78757.

CERTIFICATE OF DEATH

Registered No. 51

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 7-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Kopenhaver

(a) Residence: No. 149 Carl St. St., ... Ward. Sunbury Pa.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Kopenhaver

6. DATE OF BIRTH (month, day, year) Nov 30th 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	4	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

13. NAME Harry Kopenhaver

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Matilda Stine

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records.
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL Sunbury Pa Date April 17 1932

19. UNDERTAKER Orlin O. Mitchell
(Address) 1420 Butler Place

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12th 1932

22. I HEREBY CERTIFY, That I attended deceased from April 9th 1932 to April 12th 1932

I last saw him alive on April 12th 1932 Death is said to have occurred on the date stated above, at 10:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Albuminuria	1927
Bladder Tumors —	1930
Hematuria	1931
Hydronephrosis	
Septicemia - Prostatic Abscess	

Other contributory causes of importance:

Uremia

Name of operation Incision-drainage Abscess Date of 4/9/32

What test confirmed diagnosis? Open Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Lloyd G. Lewis M. D.

(Address) Johns Hopkins Hospital

AaCo. 5-31 250B

78758 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78758

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St Agnes Hospital
CITY OF BALTIMORE: (No. Williamson Station Street 4-26 Ward)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Patricia Campbell

(a) Residence: No. 1717 Cole St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov 24 1930

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		4	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Katt, Ind

13. NAME Francis Campbell

14. BIRTHPLACE (city or town) (State or country) Penna

15. MAIDEN NAME Jane Mangan

16. BIRTHPLACE (city or town) (State or country) Penna

INFORMANT Frances Campbell
(Address) 1717 Cole St

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date Apr 13 1932

UNDERTAKER George A Fenlon & Sons
(Address)

FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/12 1932

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1932 to April 12 1932
I last saw her alive on April 12 1932 death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	3/27/32

Other contributory causes of importance:
No other demonstrable focus

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible], M. D.
(Address) St Agnes Hosp

...—1 30—M. & T.—250 Blks

78759 HEALTH DEPARTMENT—CITY OF BALTIMORE 78759

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1711 N Bethel ST. 8-17 WARD)

2-FULL NAME John L Wittmeir

(a) RESIDENCE No. 1711 N Bethel ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced (a) HUSBAND of or) WIFE of Louise Wittmeir

DATE OF BIRTH (month, day, and year) April 8-1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
66			3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER John Wittmeir

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

Informant Louise Wittmeir

(Address) 1711 N Bethel St

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) APR 11 1932

17 I HEREBY CERTIFY, That I attended deceased from MAR 10 1932, 19..... to APR 10 1932, 19.....

that I last saw him alive on APR 10 1932, 19.....

and that death occurred, on the date stated above, at 5.30 P m.

The CAUSE OF DEATH* was as follows:

acute dilatation of Heart.

(duration) x yrs. x mos 3 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis Emphysema (duration) 2 yrs. 6 mos. x ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of x

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Curtis Dukes M. D.

19 APR 13 1932 (Address) 928 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem

DATE OF BURIAL April 13 Or 32

20 UNDERTAKER Leo S. Cook

ADDRESS 1723 Patterson Park Ave

M. D. H. 1268-9

78760

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 78760

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2121 Dukeland Ave) (Ward) 5-60

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jacqueline E. Hood

(a) Residence No. 2121 Dukeland Ave Est. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Child

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) Jan. 1st - 1930

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	3	- 22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Willie T. Hood

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Eva Brown

16. BIRTHPLACE (city or town) (State or country) Baltimore Co

17. INFORMANT Mallie Hood

(Address) 2121 Dukeland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date April 14, 1932

19. UNDERTAKER Raymond Medford Jr.

(Address) 701 E 22nd St.

20. FILED ... 19 ...

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1932 to April 11, 1932

I last saw her alive on April 11, 1932 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	
Other contributory causes of importance:	
Acute Endocarditis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, what? ...

(Signed) ... M. D.

(Address) 4037 Falls Rd

ACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

78761

CERTIFICATE OF DEATH

82 E 78761

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 824 N. Bruckner St., 16 Ward)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William H. Allen

(a) Residence: No. 824 N. Bruckner St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Estella Allen

DATE OF BIRTH (month, day, year) ... 1879

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, Jr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) June 1931

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Talbot Co Md

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME Mary Estella Dorman

16. BIRTHPLACE (city or town) (State or country) Talbot Co. Md

17. INFORMANT William Allen Jr. (Address) 824 N. Bruckner

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date April 11 1932

19. UNDERTAKER Saml H. Glass & Son (Address) 824 N. Bruckner

20. FILED ... 1932 H.B.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10 1932

22. I HEREBY CERTIFY, That I attended deceased from April 3rd 1932 to April 11 1932

I last saw him alive on April 11 1932 death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/3/32
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. E. Bell, M. D.

(Address) 913 N. Belnord Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

78762

CERTIFICATE OF DEATH

46 E 78762

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 701 Newington Ave St., 13-54 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine B Ferris

(a) Residence: No. 701 Newington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or Divorced (write the word)
Female	White	Divorced

6a. If ~~married~~, ~~widowed~~, or ~~divorced~~ HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 57			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John F Johnson

(Address) 2309 St Charles Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem Date April 13, 1932

19. UNDERTAKER Henry W Jenkins & Co

(Address) Orchard & Charles Sts

20. FILED ..., 19... A. F. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1931 to April 12, 1932

I last saw h[illegible] alive on April 12, 1932 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of colon	about July 1930
Other contributory causes of importance: Peritoneal carcinomatosis	about Jan 1932

Name of operation Resection of bowel Date of Aug 10, 31

What test confirmed diagnosis? memory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Emily Novak Mrs. M. D.

(Address) 262 Preston St

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

78763

CERTIFICATE OF DEATH

92 E 78763

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 26-37 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Hughes

(a) Residence: No. no home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced WIFE of (or) HUSBAND of Bertha Hughes

DATE OF BIRTH (month, day, year) April 2, 1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43		10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith Burner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

15. MAIDEN NAME Anna Baker

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

INFORMANT (Address) Records of Balto. City Hosp.

BURIAL, CREMATION, OR REMOVAL Place Mount Hampden Date April 14, 1932

UNDERTAKER Watts Davis (Address) 3442 Eastern Ave.

FILED . 19 . R. J. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1932 to April 12, 1932

I last saw him alive on April 12, 1932. Death is said to have occurred on the date stated above, at 5:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, rheumatic Endocarditis, chr.	See 1450 entrance

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Jos Stamm M. D.

(Address) Balto. City Hosp.

Spec—9-30—A. & Co—250 Blks

78764 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 78764

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE The Church Home and Infirmary 6-1 (WARD)

2 FULL NAME Wm. B. Kennedy

(a) RESIDENCE NO. 719 North Curley St. WARD
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. 5 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine Kennedy

6 DATE OF BIRTH (month, day, and year) Mar. 4, 1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	5,	8.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Policeman, 6th

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER William B. Kennedy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Sara Dowling

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant (Address) Catherine Kennedy 719 N. Curley St

Filed , 19 W. P. Hs Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 12, 1932

17

I HEREBY CERTIFY, That I attended deceased from March 21, 1932, to Apr. 12, 1932

that I last saw h[im] alive on Apr. 12, 1932

and that death occurred, on the date stated above, at 1:30 P. M.

The CAUSE OF DEATH* was as follows:

Cerebro Spinal Meningitis.
(Staphylococcus)

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Empyema, Left. Lobar Pneumonia, Left. Septicemia. (duration) yrs. mos. 24 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? Yes Date of Apr. 2, 1932

Was there an autopsy? No.

What test confirmed diagnosis? Operation and bacteriology

(Signed) Richard K. Cumming M. D.

June 1932 (Address) The Church Home and Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Frd Church Com April 15, 1932

20 UNDERTAKER — ADDRESS

A. Howard Evans 38 E Fat Ave

D. B. 1268-9

E 78765

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78765

CERTIFICATE OF DEATH

30 E 78765

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 725 Fremont St., 10th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Burton Edward Clark

(a) Residence: No. 725 Fremont St., 10th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Irene Davis Clark

DATE OF BIRTH (month, day, year) Nov 20 1881

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	4	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 66

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale Grocer

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 10+

BIRTHPLACE (city or town) (State or country) Cumberland Maryland

13. NAME Edward Burton Clark

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Trevor

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Wife
(Address) 725 Fremont St.

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park. Date Apr 15 1932

UNDERTAKER Wm J. Tickner & Sons
(Address) North & Penna Ave

FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 12 , 19 32

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1931 to Apr 12, 1932 I last saw him alive on Apr 12, 19 32 Death is said to have occurred on the date dated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	9/11
Pneumonia	3 mos

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lloyd C. Griffis M.D.
(Address) Johns Hopkins Hospital

B. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

8766 E 78766

CERTIFICATE OF DEATH

32-001 Registered No.

1. PLACE OF DEATH Baltimore City Hospitals St. 13-56 Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charlotte Blanche White

(a) Residence: No. 3329 Beech Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced WIFE of Ernest R. White

DATE OF BIRTH (month, day, year) ~~Unknown~~ Dec 21-1893

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	3	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME George J. Baseman

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Ada V. ? Wilson

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT (Address) Records of Balto. City Hosp.

BURIAL, CREMATION, OR REMOVAL Place St. Mary's, Pamplin Date April 14 1932

UNDERTAKER (Address) Horace F. Burgee 3621 Falls Road

FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1932 to April 11, 1932

I last saw her alive on April 11, 1932 Death is said to have occurred on the date stated above, at 9:10 a.m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Six weeks
Other contributory causes of importance: Meningitis tuberculous	One week

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Jas Shinnoff M. D.

(Address) Balto. City Hosp.

BACo. 5-11-2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78767

78767

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 5805 Roland Ave. (Street) 27-53 (Ward)

Length of residence in city or town where death occurred 79 yrs. 9 mos. 27 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Bates Frosh

(a) Residence: No. 5805 Roland Ave. St., Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of Elias H. Frosh

DATE OF BIRTH (month, day, year) June 15-1852

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	79	9	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Charles Peregoy

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Hannah A. Linnanus

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT C. Walter Frosh

(Address) 5805 Roland Ave.

BURIAL, CREMATION, OR REMOVAL Date April 14 1932

Place Mt. Olivet

UNDERTAKER Horace A. Burgee

(Address) 3631 Falls Road

FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12. 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 . 19 . to April 12 . 1932

I last saw her alive on April 11 . 1932 death is said to have occurred on the date stated above, at 2.35 A.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Arteriosclerosis — Date of onset 2 yrs

Other contributory causes of importance:

Cardiac Asthenia

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) W. W. Amoss M. D.

(Address) 3429 Chestnut Ave

D. B. 1268-9

78768 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93 E 78768

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3432 Mt Pleasant St., 26-2 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daisy Fatta

(a) Residence: No. 3432 Mt Pleasant St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas Fatta

DATE OF BIRTH (month, day, year) Feb 23 1887

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
50	50	1	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) East Balto

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Thomas Fatta
(Address) 3432 Mt Pleasant Ave

BURIAL, CREMATION, OR REMOVAL
Place Woodland Pk. Date April 15 1932

UNDERTAKER Geo E. Myers
(Address) 2135 E. Oliver St

FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h— alive on , 19 . Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Heart Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. C. Herzog, M.D. M. D.
Coroner

4/13/32 (Address) 1305 N Patterson Park Ave

Spec.—9-30—A. & Co.—250 Bks

78769 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 78769

CERTIFICATE OF DEATH.

95-002
REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1415 Linden Avenue ST. 14-20 WARD)

2 FULL NAME Helen Deford Webb

(a) RESIDENCE NO. 1415 Linden Avenue ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. 1 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

7 DATE OF BIRTH (month, day, and year) Jan-12-1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER George F. Webb

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Georgianna Deford

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

Informant Mr. Frederick A. Lurman, Jr.
(Address) 304 Wendover Road

Filed . 19 Registrar R. S. H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr-12-1932

17
I HEREBY CERTIFY, That I attended deceased from Jan. 19 30 to April 12 19 32
that I last saw h[e] alive on April 12 19 32
and that death occurred, on the date stated above, at 4P m.

The CAUSE OF DEATH* was as follows:

Cardio Vascular Renal

(duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Standish McIlroy M. D.

. 19 (Address) 1609 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL Apr 16 19 32

20 UNDERTAKER Edward H. Hoen Co ADDRESS Balto

D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

78770

E 78770

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp 6-27 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harris Bratton

(a) Residence: No. 705 W. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Annie Bratton

DATE OF BIRTH (month, day, year): 1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Janitor 076

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Md

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT: Annie Bratton

(Address) 705 W. Lanvale

BURIAL, CREMATION, OR REMOVAL

Place Mt Lebanon Cemetery Date April 14. 1927

UNDERTAKER: Thomas J. Nelson & Son

(Address) 1202 Pennsylvania Ave

FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 12th 1927

22. I HEREBY CERTIFY, That I attended deceased from . to . 19

I last saw h alive on August 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Sudden	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. J. Guth M. D.

Coroner

(Address)

A&Co. 5-31 250B

78771 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 78771

CERTIFICATE OF DEATH

107-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 2-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Zelanowska

(a) Residence: No. 621 S. Bond St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Zelanowski

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
33			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Poland
13. NAME John Wiecinowski
14. BIRTHPLACE (city or town) (State or country) Poland
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) Poland
17. INFORMANT Wacław Zelanowski
(Address) 621 S. Bond St.
18. BURIAL, CREMATION, OR REMOVAL
Place Holy Hasday Date April 14 1932
19. UNDERTAKER J. M. Rzepecki
(Address) 1930 Eastern Ave
20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to April 12 1932

I last saw h[illegible] alive on April 12 1932 death is said to have occurred on the date stated above, at 3:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	less than 24 hrs
Pneumonia	
Other contributory causes of importance:	
Chronic Cholecystitis	several years
Cholelithiasis	

Name of operation Cholecystectomy Date of 4 1932

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. E. Goodman, M. D.
(Address) Sinai Hospital

ACo. 5-31 2500

78772 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 78772

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hospitals 108 ✓ Registered No. 12-30

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Russell Butler

(a) Residence: No. 2400 St Paul St St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of ——— ?

7. DATE OF BIRTH (month, day, year) 2-27-1886

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	1	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Culpeper Co. Va.

13. NAME Samuel Butler

14. BIRTHPLACE (city or town) (State or country) Culpeper Co Va

15. MAIDEN NAME Maria Hackley

16. BIRTHPLACE (city or town) (State or country) Culpeper Co. Va

17. INFORMANT Hospital Records

(Address) Balto. City Hospitals April 19/32

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date ..... 19.....

19. UNDERTAKER Mc Cabe 125 N. Paul St

(Address)

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-9 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-19 1932 to 4-9 1932

I last saw h alive on 4-9 1932 death is said to have occurred on the date stated above, at 1:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Various ulcers of both legs Lobar Pneumonia Right	July 31 4-2-32
Other contributory causes of importance Myocardial failure Acute.	4-8-32

Name of operation No Date of

What test confirmed diagnosis? C.F. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Luther C. Leake M. D.

(Address) Balto. City Hospitals

8773 (3B)

E 78773

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. ..... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Kaszabski

(a) Residence: No. 4940 Eastern ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

6. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

DATE OF BIRTH (month, day, year) 4-8-32.

AGE	Years	Months	Days	If LESS than 1 day, 10 hrs or — min.
	~~1 day~~			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Walter Kaszabski.

14. BIRTHPLACE (city or town) (State or country) Poland.

15. MAIDEN NAME Anna J. League.

16. BIRTHPLACE (city or town) (State or country) Hartford Co. Md.

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ..... 19..

19. UNDERTAKER
(Address)

20. FILED ..... 19.. Registrar.

APR 13 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-7 .19 32

22. I HEREBY CERTIFY, That I attended deceased from 4-5-32, 19.., to 4-8, 19 32

I last saw h... alive on ..... 19.. death is said to have occurred on the date stated above, at 2 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature-birth	
Cause undetermined	

Other contributory causes of importance:

None

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..., If so, specify .....

(Signed) Luther E. Linde M. D.

(Address) Balto. City Hospitals

Spec. 6-9-19—H. P. Co.—1000 Bks.

8774 E 78774

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto Eye, Ear & Throat (St.) (Sp.) (Ward) 1658

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leonard Stichman

(a) RESIDENCE. NO. 2803 Kate Ave ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 10 1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	4	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

10 NAME OF FATHER Max Stichman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sonnie Lowenthal

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Hyman Stichman
(Address) 1616 E Baltimore St.

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 13, 1932

17 I HEREBY CERTIFY, That I attended deceased from April 10, 1932, to April 13, 1932, that I last saw him alive on April 13, 1932, and that death occurred, on the date stated above, at 10 20 P. m.

The CAUSE OF DEATH* was as follows:

Cavernous sinus thrombosis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Cellulitis of nose

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Abraham Lemon, M. D.

4/13 1932 (Address) Balto Eye, Ear & Throat Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Washington Rd

DATE OF BURIAL April 14 1932

20 UNDERTAKER S Lemon Bro

ADDRESS 1127 E Balto St

D. B. 1268-9

78775

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

78775

Registered No. 107-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1969 N. Collington Ave St. (Ward) 15

Length of residence in city or town where death occurred 1 yrs. 0 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Beverly Davis Ey

(a) Residence: No. 1969 N. Collington Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 28, 1931

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	0	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME OF FATHER Wm Henry Ey

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME OF MOTHER Helen M. Eberly

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mrs Lillie Eberly

(Address) 1969 N. Collington Ave

BURIAL, CREMATION, OR REMOVAL Date Apr. 14, 1932

Place London Park

UNDERTAKER Wm Hughes & Sons

(Address) Govt & Pa

FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 11, 1932 to April 12, 1932

I last saw her alive on Apr 11, 1932. Death is said to have occurred on the date stated above, at 2:15 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia - Broncho. (Extensive) — Date of onset Apr 4

Other contributory causes of importance:

Acute dilatation of heart

Name of operation None Date of No

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George A Dawden M. D.

(Address) 1569 E. North Ave.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78776

E 78776

CERTIFICATE OF DEATH

V 23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (Tbc. 3-5 St., Ward)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Reuben Berlowitz

(a) Residence: No. 841 E. Lombard st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 12, 1906

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	25	6	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown

10. Date deceased last worked at this occupation (month and year): Unknown

11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

13. NAME Samuel Berlowitz

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME Jennie

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Washington Rd Date 4-14 19 32

19. UNDERTAKER Geo. Lenz Inc
(Address) 1439 E. Baltimore St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from February 15 1932 to April 13 1932

I last saw him alive on April 13 1932 Death is said to have occurred on the date stated above, at 5.54 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1926
Other contributory causes of importance:	
Tuberculous laryngitis	Unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Lawrence F. Lenz, M. D.

(Address) Baltimore City Hospitals

Spec.—9-30—A. & Co.—250 Blks.

78777

E 78777

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-002

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 2020 N Snallwood St. 15-21 WARD)

2. FULL NAME Dare Leah Sklair

(a) RESIDENCE NO. 2020 N. Snallwood St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6 If married, widowed, or divorced (a) HUSBAND of (or) (c) WIFE of: Jacob

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
86				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Russia

16 NAME OF FATHER: Joseph Garelick

17 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

18 MAIDEN NAME OF MOTHER: Fagel

19 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

Interment (Address): Dare Sklair 2020 Snallwood St

Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (month, day, and year): 4/14/32

17 I HEREBY CERTIFY, That I attended deceased from Aug. 7 . 1931 . to 4/14 . 1932 . that I last saw her alive on 4/14 . 1932 . and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Cardiac insufficiency

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary): Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Miller M. D.

. 19 (Address) 2030 Wilkens Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale — DATE OF BURIAL: 4/14 1932

20 UNDERTAKER: Jack Lewis — ADDRESS: 2026 E Baltimore

8 [illegible]

HEALTH DEPARTMENT—CITY OF BALTIMORE E 78778

CERTIFICATE OF DEATH

V 106-004

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1835 Harford Ave St. 9 or 17 Ward)

Length of residence in city or town where death occurred 15 yrs mos da How long in U.S. If of foreign birth 15 yrs mos da

1. FULL NAME Margaret C. Fell

(a) Residence: No. 1835 Harford ave St., Ward.
(If usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mr John. W. Fell

DATE OF BIRTH (month, day, year) Nov 27 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	4	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

12. NAME Andreas Vigt

13. BIRTHPLACE (city or town) (State or country) Germany

14. MAIDEN NAME Unknown

15. BIRTHPLACE (city or town) (State or country) Not Known

16. INFORMANT Mr. John. W. Fell

(Address) 1835 Harford ave

17. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cem Date Apr. 16. 1932

18. UNDERTAKER Young Rock & Sons Co

(Address) 1301 E Eager st

19. FILED _____, 19____ [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1st, 1932 to April 13th, 1932

I last saw h[illegible] alive on April 12th, 1932 death is said to have occurred on the date stated above, at 5.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diffuse Bronchitis	4/1/32
Arteriosclerosis	

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? [illegible]

(Signed) [illegible] M. D.

(Address) 4901 Belair Road

78779 100 B—50L

E 78779

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-004

CERTIFICATE OF DEATH

REGISTERED NO. .....

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (En route to University Hospital)

2-FULL NAME Sarah Finn

(a) RESIDENCE No. 1721 Division ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced (write the word) Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1885

8 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47			

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Richmond, Va.

11 NAME OF FATHER Charles Finn

12 BIRTHPLACE OF FATHER (city or town) (State or country) Va

13 MAIDEN NAME OF MOTHER Fannie Ross

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

15 Informant Emily Finn

(Address) 1721 Division St

Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 10 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Edema of Lungs.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edgar Tillett M. D.
Coroner

7/13 1932 Address 739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary

DATE OF BURIAL Apr 15 1932

20 UNDERTAKER James A. Hayes

ADDRESS 142 W. Lee St

D. H. 1265-9

78780

E 78780

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hosp. St. 76-37 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME May Walton

(a) Residence: No. City Hosp St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of ~~widowed~~ unknown

DATE OF BIRTH (month, day, year) ?

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 70-75	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mass.

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

INFORMANT (Address) Hospital Records

BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date 4/14 1932

UNDERTAKER John J. Fahey Sons

(Address) 1318 Light St

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 10 1932

22. I HEREBY CERTIFY, That I attended deceased from 9/21/31 to 4/10/32

I last saw h or alive on 4/10/32 Death is said to have occurred on the date stated above, at 1:05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chr — Toxic	unknown
Arteriosclerosis	
Senility	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Jas E Thomas Jr M. D.

(Address) City Hosp

E 78781

-80—M—A—100 B—50L

78781

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1446 Carroll ST. 21-22 WARD)

2-FULL NAME William Butler

(a) RESIDENCE NO. 1446 Carroll ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Butler

6 DATE OF BIRTH (month, day, and year) ? ? 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	--	--	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: laborer
(b) General nature of industry, business, or establishment in which employed (or employer): ----
(c) Name of employer: ---

9 BIRTHPLACE (city or town) (State or country) Baltimore County

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Katie Jones

(Address) 1446 Carroll St.

Filed ..... 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 12 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) suddenly yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ---------

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? -------

Did an operation precede death? No Date of ----

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Cromwell M. D. Coroner

4/13 1932 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem'y

DATE OF BURIAL 4-14 1932

20 UNDERTAKER David Easton

ADDRESS 56 ave

AACo. 5-11 250R

78782

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-80

E 78782

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1935 E. Chase St., 7-13 Ward)

Length of residence in city or town where death occurred yrs. mos ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Panzer

(a) Residence: No. 1935 E. Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 25 1857

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	8	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Frederick Panzer Sen.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Mary Adamek

16. BIRTHPLACE (city or town) (State or country) Ger.

17. INFORMANT Mrs. Frank

(Address) 1935 E. Chase St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date April 15 1932

19. UNDERTAKER J. F. Lisi

(Address) 756 N. Eutaw

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12-32 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 15-32, 19 , to April 12-32 19

I last saw h alive on April 12 19 32 death is said to have occurred on the date stated above, at 2.15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis	Dec 1931

Other contributory causes of importance:

Bronchiectasis	Feb 1932

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Frederick H. Thomas, M. D.

(Address) 1913 E. Balto

78783 E 78783

20 [illegible] B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

172-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) John Hopkins Hosp ST. 7-13 (Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul L Parker

(a) RESIDENCE No. 2005 E Eager ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred fifty yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): May 2 1930

7 AGE — Years: 1 — Months: 11 — Days: 4 — If LESS than 1 day, hrs. or min.: 9

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Paul E Parker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Eleanor Kay

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Eleanor Parker

(Address): 2005 E. Eager

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 11th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Obstruction

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) H. McClintock, M. D. Coroner

Jan 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Smithfield Va — DATE OF BURIAL: Jan 14 1932

20 UNDERTAKER: Mrs. R. A. Elliott — ADDRESS: 120 Baltimore

Jan 14 1932

Director

D. R. 1265-3

78784

E 78784

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., ... (Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carl Field

(a) Residence: No. 2610 Arguith St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Lee Cane

DATE OF BIRTH (month, day, year) April 6 1871

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	—	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Penna

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country) Penna

15. MAIDEN NAME Margie Hamilton

16. BIRTHPLACE (city or town) (State or country) Florida

INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Apr 15 1932

UNDERTAKER F. S. Ellerbe
(Address) 150 N. Eutaw St

FILED ..... 19..... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13 1932

22. I HEREBY CERTIFY, That I attended deceased from March 31 1932 to April 13 1932

I last saw him alive on April 1 1932 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis of leg, right.	March 20
Myocardial Insufficiency	Aug 1931
~~Last stated~~ arteriolar disease	
Secondary Renal Insufficiency	
Gastric hemorrhage ? Etiology	

Other contributory causes of importance:

Name of operation Incision of Leg Date of 4/12/32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address)

M. D. B. 1268-9

78785 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 78785

CERTIFICATE OF DEATH

Registered No. 82-001

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2031 Frederick Ave St., 20-21 Ward)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Hennelle

(a) Residence: No. 2031 Frederick Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas Hennelle

DATE OF BIRTH (month, day, year) Dec 25th 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	3	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (37)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Frederick County Md

13. NAME Jesse Wenner

14. BIRTHPLACE (City or town) (State or country) Frederick County Md

15. MAIDEN NAME Mercie Thomas

16. BIRTHPLACE (City or town) (State or country) Frederick County Md

17. INFORMANT Wm H. Wm. Knudsen

(Address) 2529 W. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 4/14/ 19 32

19. UNDERTAKER J. D. Wentzel

(Address) 1852 W. Baltimore St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/12/ 19 32

22. I HEREBY CERTIFY, That I attended deceased from 4-8 1932 to 4-12 1932

I last saw h alive on 4-12 1932 Death is said to have occurred on the date stated above, at 1150 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4-232

Other **contributory causes** of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

A4Co. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

78786

CERTIFICATE OF DEATH

82-001

E 78786

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 11-24 St. ..... Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dora Johnson

(a) Residence: No. 1105 Division St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Married

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Laundress

DATE OF BIRTH (month, day, year) ? 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59 ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Dorchester Co. ?

13. NAME John Cornwell

14. BIRTHPLACE (city or town) (State or country) Dorchester Co. ?

15. MAIDEN NAME Sarah Eunull

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Wm. Calvary Cemetery Date April 14th 1932

19. UNDERTAKER Reinhold A. Gladdis

(Address) 834 N. Eutaw St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1932 to April 11, 1932

I last saw her alive on April 11, 32 death is said to have occurred on the date stated above, at 7:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into Cerebrum	Jan 1932

Other contributory causes of importance:

Arteriosclerosis & Hypertension	unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wesley Thomas M. D.

(Address) Balto. City Hosp.

Rec.—1-30—M. & T.—250 Bks

E 78787

78787

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 712 W. Hamburg ST. 23-31 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma White

(a) RESIDENCE NO. 712 W Hamburg ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred —— yrs. 5 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Nov-1-1931

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	—	5	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work single girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER Junius White

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Annie Walker

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

Informant Annie Walker
(Address) 712 W Hamburg

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/12/32

17 I HEREBY CERTIFY, That I attended deceased from 4/4, 1932, to 4/12, 1932, that I last saw h[illegible] alive on 4/11, 1932, and that death occurred, on the date stated above, at 2:30 a.m.

The CAUSE OF DEATH* was as follows:

acute Bronchio Pneumonia

Primary —

(duration) — yrs. — mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) David Frankel, M. D.

4/12/32 (Address) 712 W Lee

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnsen Cemetery

DATE OF BURIAL 4/14 1932

20 UNDERTAKER Walter R Sykes

ADDRESS 1391 W Hamburg St.

M. D. B. 1268-9

E 78788

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78788

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 N. Port St. 6-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MICHAEL J. BRETZL

(a) Residence: No. 413 N. Port St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Bretzl

6. DATE OF BIRTH (month, day, year) October 3, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Clements Bretzl

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Kunigunda Schober

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Mary Bretzl (Wife)
(Address) 413 N. Port St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Apr. 15, 1932

19. UNDERTAKER Henry Sander & Sons, Inc.
(Address) Baltimore St. & Broadway.

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1932 to April 12, 1932

I last saw him alive on April 11, 1932 Death is said to have occurred on the date stated above, at 9.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	2 yrs ago.
Other contributory causes of importance: Broncho pneumonia	2 weeks 3/29/32

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify —

(Signed) Vincent M. Fostick M. D.

(Address) 845 N. Patterson Park Ave

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

78789

CERTIFICATE OF DEATH

50E 78789

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Colby Hospital St., 7-6-39 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Nulseman

(a) Residence: No. 106 N Janney St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John A Nulseman

DATE OF BIRTH (month, day, year) Oct 1890

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	6		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Joseph Seltz

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Sophia Busch

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT John A Nulseman
(Address) 106 N Janney

BURIAL, CREMATION, OR REMOVAL
Placed Pt Lawn Date April 15, 1939

UNDERTAKER Lilly & Bile, Inc.
(Address) 858 Lanvale St

FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 3.30 P m

The principal cause of death and related causes of importance were as follows:

Carcinoma of Breast — Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Mist Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) BJ Neyfgmd M. D.
Coroner

(Address) 1302 N Patterson Park Ave

1-20—M & T—100 B—50L

E 78790

78790

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 267

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2365 Washington Blvd. ST., 25-7 WARD

2-FULL NAME Edward Barry

(a) RESIDENCE NO 2365 Washington Blvd. ST., 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

(Length of residence in city or town where death occurred) Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louise A.

6 DATE OF BIRTH (month, day, and year) March 11 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	1	01	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work retired 946
(b) General nature of industry, business, or establishment in which employed (or employer) Real Estate
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Eaton Barry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Rayline

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Louise A. Barry
(Address) 2365 Washington Blvd

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 11, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Struck by railway train — accidental suddenly

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fracture of skull suddenly

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Washington Blvd and Western Md. tracks

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy D. Cornwell M. D. Coroner

4/12, 1932 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Family Burying Ground Baltimore

DATE OF BURIAL 4/14 1932

20 UNDERTAKER Edward Toulson

ADDRESS Washington Blvd

-20—M. & T.—100 B—50L.

E 78791 HEALTH DEPARTMENT—CITY OF BALTIMORE 164-08 E 78791

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 Spence St. ST., 25-12 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah D. Cummings

(a) RESIDENCE NO 1711 Spence St. ST., 25 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry

6 DATE OF BIRTH (month, day, and year) 6/6/1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	10	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Mary Lyon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Henry Cummings (Address) 1711 Spence St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 12th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by Illuminating Gas

(Duration) immediately yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Cromwell M. D. (Coroner)

4/13 1932 (Address) 203 Patapsco Ave, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 4/16 1932

20 UNDERTAKER Edward Tonkson

ADDRESS Washington Blvd

AaCo. 5-31 250B

E 78792

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78792

CERTIFICATE OF DEATH

94-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 27-56 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lena Morganstern

(a) Residence: No. 3600 Oakmont Ave. Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Russell Morganstern

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62		1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

13. NAME Kaya

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Sina Morganstern Augstein
(Address) 3600 Oakmont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cemetery Date 4-14 1932

19. UNDERTAKER Isaac Myers Sons
(Address) 1120 E. Baltimore St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 13 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 16, 1932 to April 13 1932

I last saw her alive on April 13 1932 death is said to have occurred on the date stated above, at 10:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Thrombosis	Mar 14
Arteriosclerosis	
Other contributory causes of importance:	
Angina Pectoris	1 year

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. B. Kirk, M. D.

(Address)

M. D. B. 1265-9

E 78793 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78793

CERTIFICATE OF DEATH

121

Registered No. 15-56

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp St. (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Lee Kupsan

(a) Residence: No. 3525 Virginia Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Widow

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Dec 24 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	4	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Foreign Russia

13. NAME

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Same

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs Lupsan
(Address) 3525 Virginia Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Sinai Mem Park Date 4-17 19 56

19. UNDERTAKER Jack Hayes Inc
(Address) 1434 E Balto St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17 19 56

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on m. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Duration
Acute Cardiac Failure	
Acute Hypertension	
Bed or Table	
Sudden	
Symptom	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner M. D.

(Address)

M. D. B. 1268-9

78794 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 78794

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2609 Halcyon Avenue St. 27-44 Ward)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie E. Bowers

(a) Residence: No. 2609 Halcyon Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bernard Bowers

7. DATE OF BIRTH (month, day, year) Nov. 19, 1849

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	4	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

13. NAME Dennis Bowers

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

15. MAIDEN NAME Thiltha Halbert

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Mrs. J. N. Riefner

(Address) 2609 Halcyon Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Wilson M.E.Cem. Date April 15 1932

19. UNDERTAKER Frederick Leuchauer

(Address) 7401 Belair Road

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 18. 1932 to April 13. 1932

I last saw h W alive on April 12. 1932 Death is said to have occurred on the date stated above, at 7:30Am.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset many years

Other contributory causes of importance:

Arterio Sclerosis — many years.

Name of operation none Date of none

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Morris B. Green, M. D.

(Address) 5543 Harford Rd

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

78795

CERTIFICATE OF DEATH

131 E 78795

1. PLACE OF DEATH Good Shepherd Hospital

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ... yrs. 2 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Betsy Story

(a) Residence: No. 915 Edmondson Ave., Ward. Norfolk Va
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	A. A.	W

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of not

DATE OF BIRTH (month, day, year) 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Franklintown Virginia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Wm Story
(Address) 915 Edmondson Ave.

18. BURIAL, CREMATION OR REMOVAL
Place Mt Auburn Date 2/14 1932

19. UNDERTAKER Dennis F. Hensley
(Address) 528 N. Eddelton St.

20. FILED ... 1932 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/10 1932

22. I HEREBY CERTIFY, That I attended deceased from 2/3 1932 to 2/10 1932

I last saw h[illegible] alive on 2/10 1932 death is said to have occurred on the date stated above, at 11.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	2/3/32
Hemiplegia	3/28/32
Hypertension	2 yrs
Chr. Nephritis	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

28. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Carson C. Johnson M. D.

(Address) 632 Baker street

✓ E 78796

M. & T.—100 B—50L.

78796

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 South Duncan Street ST., 1-3 WARD)

2-FULL NAME Precilla Or-Praxeda Sadowska

(a) RESIDENCE NO 518 S, Duncan Street ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	White	Widow

If married, widowed, or divorced
~~HUSBAND of~~ WIFE of Late, Clemen Sadowski

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

10 NAME OF FATHER Martin Smeiglewski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

Informant Mr. Thomas Sadowski (Son)

(Address) 518 South Duncan Street

Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH 12 00 AM

16 DATE OF DEATH (month, day, and year) April 13d 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. F. Neraguard, M. D. Coroner

4/13, 193 2 (Address) 1300 N Patterson Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St, Stanislaus Cemetery

DATE OF BURIAL April 16 1932

ADDRESS

20 UNDERTAKER George A Weber Fas & Amnet

AaCo. 5-31 250B

78797

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

34 E 78797

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 12-19 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Bonaham

(a) Residence: No. 800 Barclay St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) H-6-32

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

13. NAME Paul Gertt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Ellen Bonaham

16. BIRTHPLACE (city or town) (State or country) Manchester England

17. INFORMANT Ellen Bonaham
(Address) 800 Barclay St

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ..... 19....

19. UNDERTAKER
(Address)

20. FILED ..... 19.... Registrar.

A. P-14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-10- 1932

22. I HEREBY CERTIFY, That I attended deceased from H-6-32, 19..., to H-10-32 19...

I last saw h..er alive on H-10-32 19... death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance: Syphilis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Louis H. Koogler M. D.

(Address) Mercy Hosp.

UNIVERSITY OF MARYLAND

M. D. B. 1268-9

78798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 E 78798

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 5-9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Tyler

(a) Residence: No. 316 N. Eden St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Bl.	.....

6. If married, widowed, or divorced WIFE of (or) HUSBAND of .....

DATE OF BIRTH (month, day, year) April 1, 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Robert Tyler

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Thelma Dorsey

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

JOHNS HOSPITAL APR 14 1932

Date ... 19..

19. UNDERTAKER

(Address)

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1932 to April 9, 1932

I last saw her alive on April 9, 1932. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity ($6\frac{1}{2}$ months)	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..... 19.....

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Charles H. Cattlemann, D.

(Address) Johns Hopkins Hospital

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

78799 E 78799

CERTIFICATE OF DEATH

161-004

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-68 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Baby Girl Finney

(a) Residence: No. Sinai Hospital St., ... Ward. ...
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: O

DATE OF BIRTH (month, day, year) April 12, 1932

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: O

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: O

10. Date deceased last worked at this occupation (month and year): O

11. Total time (years) spent in this occupation: O

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

13. NAME: Frieda Finney

14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

15. MAIDEN NAME: Anna Tokes

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT: Anna Finney (Mother)

(Address): 1733 N. Smallwood St.

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date ... 19...

19. UNDERTAKER ...

(Address) ...

20. FILED ... 19... Registrar. RFH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 12 1932, 19..., to April 14, 1932

I last saw her alive on April 14 1932 death is said to have occurred on the date stated above, at 6.40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhagic Disease of the Newborn -	
Other contributory causes of importance: O	

Name of operation O Date of O

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? O If so, specify O

(Signed) Archer Robert Cohen M. D.

(Address) Sinai Hospital

1-30—M. & T.—100 B—50L

E 78800

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78800

CERTIFICATE OF DEATH

REGISTERED NO. 1-469

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 201 E. University Parkway ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William V. Jones

(a) RESIDENCE NO. 201 E. University Parkway ST., WARD Washington, Pa.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth A. Jones

6 DATE OF BIRTH (month, day, and year) Dec. 16, 1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	3	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Aeroplane designer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Unemployed

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Elizabeth A. Jones
(Address) 201 E. University Parkway

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/14 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage
Suicide

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) ..... M. D.
Coroner

....., 19, (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington, Pennsylvania — DATE OF BURIAL April 14 1932

20 UNDERTAKER E. Leroy Stiller, Inc. — ADDRESS 1256 Forbes Ave

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78801

CERTIFICATE OF DEATH

131 E 78801

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4506 Bowleys Lane St., 26-41 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Henry Watts

(a) Residence: No. 4506 Bowleys Lane St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Sept 16 - 1852.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
79	79	6	2827	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Dabbert Watts

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Lucinda Taylor

16. BIRTHPLACE (city or town) (State or country) York Pa

17. INFORMANT Mrs. Daisy Smith
(Address) 4506 Bowleys Lane

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cem Date April 6, 1932

19. UNDERTAKER Wm. G. Miller & Son
(Address) 2334 Gilmor St.

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/13/32

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 - 1932, to April 13, 1932
last saw h[illegible] alive on April 13 1932 death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral arteriosclerosis	1/19/32.
Cerebral hemorrhage	
Chronic nephritis	

Other contributory causes of importance:

Toxaemia -

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) George Alvin Bauer M. D.
(Address) 15 E North Ave

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78802

78802

CERTIFICATE OF DEATH

173

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph Hospital ST., 9-18 (WARD)

2-FULL NAME Clara A. Roskott

(a) RESIDENCE NO 2030 Kennedy Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William L Roskott

6 DATE OF BIRTH (month, day, and year) June 12, 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	9	10	22

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer) Gen'l
(c) Name of employer Hamilton Manufacturing Co

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Elias B. Ford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Elizabeth Bagley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant George W. Ford

(Address) Reisterstown Md

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 13 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the ~~evidence~~ obtained by said Inquest & Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Hemorrhage due to gunshot wound of liver (duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death? 6-20-26

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) H. Bruce Gorman, M. D. Coroner

(Address) .....

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery — DATE OF BURIAL Apr 16th 1932

20 UNDERTAKER J. W. Cook — ADDRESS 1217 E Fayette St

M. D. B. 1268-9 Dr Buck 29th year St Paul St

HEALTH DEPARTMENT—CITY OF BALTIMORE

78803

CERTIFICATE OF DEATH

8 E 78803
Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2828 St Paul St. 12-58 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eliza J. Burger

(a) Residence: No. 2828 St Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, ~~widowed or divorced~~ ~~HUSBAND~~ (or) WIFE of Frederick G. Burger

7. DATE OF BIRTH (month, day, year) July 4th 1859

8. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or min.
72	9	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

13. NAME Geo. E. Woodward

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Catherine Hopkins

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Florence M. Burger
(Address) 2828 St Paul St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Apr 15th 32

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..., 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 13th 1932

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1932 to April 13 1932
I last saw h alive on April 5 1932 Death is said to have occurred on the date stated above, at 4 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 12 hours
due to
Ch. Carcino Sclerosis — Long time

Other contributory causes of importance:

Senile Dementia

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Jefferie Buck M. D.
(Address) 5 Clark Road

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

78804

CERTIFICATE OF DEATH

23 E 78804

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) House of Good Shepherd, St., 915 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sister Magdalen of Bonaventure Elizabeth Pittman

(a) Residence: No. House of Good Shepherd Calvert & 25th St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 1st 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 065

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (city or town) (State or country) Springfield Ohio

FATHER

13. NAME Peter Pittman

14. BIRTHPLACE (city or town) (State or country) Springfield Ohio

MOTHER

15. MAIDEN NAME Sarah Robinson

16. BIRTHPLACE (city or town) (State or country) Springfield Ohio

17. INFORMANT House of Good Shepherd
(Address) Calvert & Preston St.

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters Cemetery Date Apr 15 1932

19. UNDERTAKER George L. Schmidt
(Address) 2411 Eutaw Place

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 13 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1932 to Apr. 13 1932

I last saw her alive on Apr. 12 1932 Death is said to have occurred on the date stated above, at 6 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Sept 1930
Contributory causes of importance: Diabetis and Pneumonia	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D.

(Address)

AACo. 5-11 2500

78805

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78805

CERTIFICATE OF DEATH

46

Registered No. 21869

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2450 W. Baltimore (Ward)

Length of residence in city or town where death occurred Life yrs. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William G. Kranz

(a) Residence: No. 2450 W. Baltimore Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. COLOR or RACE: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Helena C. Kranz

7. DATE OF BIRTH (month, day, year): Oct. 27 1855

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	76	5	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: Konrad Kranz

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Sophia Hollzner

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT: Mrs. Helena C. Kranz

(Address) 2450 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL: April 16 32

Place: London Park Date

19. UNDERTAKER: George L. Schwab

(Address) 2101 Pennsylvania ave

20. FILED 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr. 14 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1932 to April 14 1932

I last saw h in alive on April 13 1932 death is said to have occurred on the date stated above, at 12 50 a m

The principal cause of death and related causes of importance were as follows:

Carcinoma of intestine — Date of onset 1-1-32

Other contributory causes of importance:

Arterial Sclerosis

Name of operation None Date of

What test confirmed diagnosis? Hist Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward C. Schwab M. D.

(Address) 2102 N Calvert

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78806 E 78806

CERTIFICATE OF DEATH

93-003

Registered No. 24-34

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1454 Covington St., Ward

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Hermine Rung.

(a) Residence: No. 1454 Covington. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Widowed.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of George Rung.

7. DATE OF BIRTH (month, day, year) July. 11. 1857.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	9	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Md.

13. NAME ------Berterman

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME ------ Lampe.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Ethenlyn Clark.

(Address) 1454 Covington.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date April, 16, 1932

19. UNDERTAKER A. Raoul Evans

(Address) 38 E. Fort Ave.

20. FILED ---- 19---- Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14. 1932

22. I HEREBY CERTIFY, That I attended deceased from April 6 1932 to April 14. 1932

I last saw her alive on April 3 1932 death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Unknown
Other contributory causes of importance:	
Acute Dilatation of Heart.	April 6 32

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) S. A. Barranco, M. D.

(Address) 436 E Fort Ave

Spec—9-30—A. & Co.—250 Blks

E 78807

8807 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 59

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary 16-67 WARD)

2 FULL NAME Mrs. Nancy Pickett.

(a) RESIDENCE NO 725 Granthey St. Baltimore ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Late J. Pickett

7 DATE OF BIRTH (month, day, and year) 1869-2-12

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	2	2	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife. 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Oakland, Maryland.

10 NAME OF FATHER Joseph M. Gist.

11 BIRTHPLACE OF FATHER (city or town) Westminster (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Mary A. Gist.

13 BIRTHPLACE OF MOTHER (city or town) Hagerstown (State or country) Md.

14 Informant (Address) Mrs. John F. Lynch. Westminster, Md.

Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 14th 1932

17

I HEREBY CERTIFY, That I attended deceased from April 12th, 1932, to April 14th, 1932

that I last saw h[er] alive on April 14th, 1932

and that death occurred, on the date stated above, at 6.55 p. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(a)

(duration) 1 yrs. + mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis and Bronchopneumonia duration 1 yrs. + mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of April 13th.

Was there an autopsy? No. Sometimes

What test confirmed diagnosis? History, Physical, Laboratory

(Signed) Richard C Cumming M. D.

Apr. 19 1932 (Address) The Church Home and Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Morgan Chapel Cemetery DATE OF BURIAL Apr. 17 1932.

20 UNDERTAKER C. M. Hultz ADDRESS Mayfield, Md.

Apr 14

E 78808

H. D. B. 1268-9

78808 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1733

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hosp 46-22 St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dennis Conway
(a) Residence: No. 1125 Eutaw St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year): 1910

AGE: Years 22 | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 040

10. Date deceased last worked at this occupation (month and year): 2 yrs

11. Total time (years) spent in this occupation: 2 yrs

12. BIRTHPLACE (city or town) (State or country): Jerry Conway Va

13. NAME

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME: Eva Stencil

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT (Address): Wm Stencil 1125 E Eutaw

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Auburn Date: Apr 16, 1933

19. UNDERTAKER: Virginia A. Brooks
(Address): 1763 McCulloh St

20. FILED, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 m.

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Homicide.	
General Peritonitis	
due to Pistol wound	
Abdomen	

Other contributory causes:

Name of operation: Laparotomy Date of: 4/12

What test confirmed diagnosis: Autopsy (Was there an autopsy?) Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Homicide Date of injury: April 8, 1933

Where did injury occur? Pistol wound of Abdomen (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Front 1125 Whitelock St

Manner of injury: Pistol

Nature of injury: Wound of Stomach

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify:

(Signed) H. C. Smith, M. D.

(Address) Coroner

M. D. H. 1268-9

Dolores Anna Bell

78809

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78809

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 19-37 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Bell (1518 W. Fayette St)

(a) Residence: No. ~~421 Hollins~~ St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	~~Single~~

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

7. DATE OF BIRTH (month, day, year) 6/14/31

8. AGE — Years	Months 9	Days 27	If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Howard Bell

14. BIRTHPLACE (city or town) (State or country) Md—

15. MAIDEN NAME Lillian J. Lyons

16. BIRTHPLACE (city or town) (State or country) Md—

17. INFORMANT Md—

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Mt. Carmel Date 4/15/32

Place

19. UNDERTAKER Geo. J. Roth Sons

(Address) 734 Hollins St

19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1932 to April 13, 1932

I last saw her alive on April 13, 1932 Death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	3/1/32
Bronchopneumonia	3/22/32
Encephalitis	1°

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. S. Anderson M. D.

(Address) Johns Hopkins Hospital

M. D. R. 1268-9

78810

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78810

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1409 E. Eager St. 10th Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Fleming

(a) Residence: No. 1409 E. Eager St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Philip Fleming

DATE OF BIRTH (month, day, year) 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0

BIRTHPLACE (city or town) (State or country) V. C.

13. NAME Frank Anderson

14. BIRTHPLACE (city or town) (State or country) V. C.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mary Fleming

(Address) 1409 E. Eager St.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Apr 16, 1932

UNDERTAKER Wm. R. G. Elliott

(Address) 1725 Ashland Ave.

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1932 to April 13, 1932

I last saw h[illegible] alive on April 13, 1932. Death is said to have occurred on the date stated above, at 4:20 P.m.

The principal cause of death and related causes of importance were as follows:

Chr. Nephritis ½ Complete Anuria — Several years

Other contributory causes of importance: Mitral Insufficiency

Date of onset

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. F. Young M. D.

(Address) 1429 E. Monument St.

M. D. B. 1268-9

78811 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 34 E 78811

CERTIFICATE OF DEATH.

1. PLACE OF DEATH Baltimore City Hosp

CITY OF BALTIMORE: (No. Baltimore, Md 15 Ward) Registered No. 2241

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henrietta Brown

(a) Residence: No. 1744 N. Calhoun St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of James Brown

DATE OF BIRTH (month, day, year) 6-11-86

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	10	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME OF FATHER William Harrod

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME OF MOTHER Martha Lewis

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records

(Address) Balto City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date April 15, 1932

19. UNDERTAKER Thomas B. Kelson

(Address) 1303 Presstman st

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/12, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-7-, 1932 to 4/12, 1932

I last saw her alive on 4/12, 1932 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset April 7

Nephritis (Uraemia)

Other contributory causes of importance:

Hypertension, Cardiorenal disease

Syphilis (latent) Oct. 31

Schizophrenia, Paranoid type

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical & Lab. findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in answers to the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. H. Conn, M. D.

(Address) Balto. City Hospitals

M. D. B. 1268-9

78812 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 78812

CERTIFICATE OF DEATH 107-001

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Sinai Hospital St. 15-58 Ward.

Length of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 23 yrs. ... mos. ... ds.

2. FULL NAME Max Misler

(a) Residence: No. 3510 Virginia Ave St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Married

6a. If married, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of Fannie

6. DATE OF BIRTH (month, day, year) May 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	11	16 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0-0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Esta

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Samuel Misler
(Address) 1609 N. Eutaw

18. BURIAL, CREMATION, OR REMOVAL.
Place Herrnhut Date 4-16-32 19

19. UNDERTAKER Jack L. Lee
(Address) 1437 E. Lombard

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-14 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-30 1932 to 4-14 1932

I last saw him alive on 4-14 1932 Death is said to have occurred on the date stated above, at 2 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Abscess of lung (non tbc)	Jan. '32
Bronchopneumonia (type ?)	4-12-32

Other **contributory causes** of importance:

Name of operation Thoracotomy Date of 4-7-32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) M. B. Kirsh M. D.

(Address) Sinai Hospital

1-30—M & T.—100 B—50L

E 78813

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78813

CERTIFICATE OF DEATH

92-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1710 Lancaster st. ST. 2-4 WARD)

2-FULL NAME Ludwik Lewandowski

(a) RESIDENCE NO. 1710 Lancaster st. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Katherine Lewandowski

6 DATE OF BIRTH (month, day, and year) March 15-1885

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	1	0 29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Labor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER Joseph Lewandowski.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 ~~MAIDEN~~ NAME OF MOTHER Mary Lewandowski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Katherine Lewandowski

(Address) 1710 Lancaster street

Filed 4/16, 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 14- 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? History

(Signed) B. Pistrong M.D., M. D.
Coroner

4/14, 1932 (Address) 13057 Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cemetery — DATE OF BURIAL April 18-1932

20 UNDERTAKER George A. Weber — ADDRESS 705 S. Ann

M.D.R. 1942

78814

E 78814

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

105 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 S. Ann St. 2-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Florentine Pawlezyk

(a) Residence: No. 811 S. Ann St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) October 24 1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5 6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Frank Pawlezyk

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Frances Chojanowska

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Frances Pawlezyk.
(Address) 811 S Ann Street

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date April 16. 1932

19. UNDERTAKER George A. Weber
(Address) 705 S. Ann Street

20. FILED ... 19 32 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14. 1932

22. I HEREBY CERTIFY, That I attended deceased from April 6. 1932 to April 14. 1932

I last saw her alive on April 10. 1932 Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	April 6.
Other contributory causes of importance: Acute Cardiac Dilatation	1

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so specify ...

(Signed) William Hyman M. D.

(Address) Point Breeze

M. D. B. 1268-9

E 78815 HEALTH DEPARTMENT—CITY OF BALTIMORE 78815

CERTIFICATE OF DEATH

13 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 Walnut Ave St. 38-66 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Augusta McCann

(a) Residence: No. 1200 Walnut Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Michael H. McCann

DATE OF BIRTH (month, day, year) January 22 1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	2	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

13. NAME James Wheeler

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

15. MAIDEN NAME Mary C. LeCompte

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

17. INFORMANT Edith E. Mason

(Address) 1200 Walnut Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date April 16, 1932

19. UNDERTAKER J. Vernon Leehner

(Address) 1532 Hollins St

20. FILED , 19 4c Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1931, to April 14, 1932

I last saw her alive on April 11, 1932 Death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Heart Disease	unknown
Chronic Parenchymatous Nephritis	unknown

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chester Roland, M. D.

(Address) 2532 Edmondson Ave.

78816

E 78816

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1727 Hollins St. 19-28 (Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary S. Steele

(a) Residence: No. 1727 Hollins St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Robert A.

7. DATE OF BIRTH (month, day, year) Aug 29 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	7	15	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John Ferguson

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Cunningham

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Ethel Steele

(Address) 1727 Hollins St

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date April 16 1932

19. UNDERTAKER F Vernon Kelcher

(Address) 1232 Baltimore

20. FILED . . 19 . . Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to April 13, 1932

I last saw her alive on April 13, 1932. Death is said to have occurred on the date stated above, at 3:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pulmonary Heart Disease	

Other contributory causes (if importance):

Name of operation . . Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 54 [illegible]

1-30—M. & T.—100 B—50L

E 78817

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78817

93-003

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1324 Brunt ST. 17-24 (WARD)

2-FULL NAME Annie Tucker

(a) RESIDENCE NO 1324 Brunt ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Tucker

6 DATE OF BIRTH (month, day, and year): 1881

7 AGE — Years: 51 — Months: — — Days: — — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): 070
(c) Name of employer: ward

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Joe Tucker
(Address): 1324 Brunt

15 Filed ..... 192 ..... Registrar: Estes

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 2 19 32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physician

(Signed) H. Gilbert Brown, M. D. Coroner

(Address) 1324 Brunt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Lucks

DATE OF BURIAL: 4-5 19 32

20 UNDERTAKER: David Eaton

ADDRESS 916 Pa ave

E 78818 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78818

CERTIFICATE OF DEATH

173

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital. ST. 10-1/2 WARD

2-FULL NAME William C. Alexander. (C)

(a) RESIDENCE NO 1036 E. Monument St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed or divorced HUSBAND of (or WIFE of) Sarah Alexander. (C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	----	----	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

040

9 BIRTHPLACE (city or town) (State or country) Virginia.

PARENTS

10 NAME OF FATHER Moses Alexander. (C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia.

12 MAIDEN NAME OF MOTHER Mary Mens. (C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia.

14 Informant Frederick Alexander. (C) brother (Address) 605 N. Bond St.

15 Filed ---- , 192 ---- Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 5, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry) and inquest find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Internal Hemorrhage due to a pistol shot wound of the liver and Abdominal vessels. Homicide.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1036 E. Monument St.

Did an operation precede death? No. Date of April 5, 1932

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy & Inquest

(Signed) [signature] Coroner, M. D.

4/14/32, 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson Cemetery

DATE OF BURIAL April 15, 1932

20 UNDERTAKER Edward Bryan

ADDRESS 1631 Orleans St

AACo. 5-11 250M

78819 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 78819

93-004

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 N. Curley St. 6-10 Ward)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Henry Greenlow

(a) Residence: No. 8 N. Curley St. St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

3a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Margaret Greenlow

6. DATE OF BIRTH (month, day, year) ...

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Baker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Germany.
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Mary C. Elkins
(Address) 8 N. Curley St

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date April 16, 1932

19. UNDERTAKER John F. Morgan
(Address) 2000 E. Baltimore St.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1932 to April 14, 1932
I last saw him alive on April 13, 1932 Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocardial insufficiency.	
Other contributory causes of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? P.M. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John J. Kruger, M. D.
(Address) 26 S. Eastern Ave

Cer.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

78820

CERTIFICATE OF DEATH.

93-003 E 78820

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. West Baltimore Gen. Hosp. St. 18-36 Ward

2-FULL NAME Joseph Walke, Sr.

(a) RESIDENCE NO. 300 Rock St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Divorced

6 If married, widowed, or divorced: HUSBAND of (or) WIFE of Katherine Walke

7 DATE OF BIRTH (month, day, and year) Unknown

8 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
Abt.	55			

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer City Park Board

10 BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Mr. Walke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Mr. Joseph Walke, Jr. 300 Rock St.

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 13, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

4/14 1932 (Address) North Ave & Division St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery Date of Burial April 16 1932

20 UNDERTAKER Geo. P. Cook ADDRESS 1003 West Baltimore St.

Cor—12-9-25—A Co—200 Blks.

E 78821

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

209 E 78821

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. West Baltimore Gen. Hosp. St. 16-67 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William George Morgan

(a) RESIDENCE NO. 3308 Presstman St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine V. Morgan

6 DATE OF BIRTH (month, day, and year) May 5, 1859

7 AGE	Years	Months	Days	IF LESS than 1 day.... hrs. or.....min.
	72	11	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 45

(b) General nature of industry, business, or esmblishment in which employed (or employer) Tailor Supplies

(c) Name of employer Self

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

10 NAME OF FATHER William Richard Morgan

11 BIRTHPLACE OF FATHER (city or town) St. Mary's

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah A. Fitzpatrick

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14 Informant (Address) Mrs. Catherine V. Morgan 3308 Presstman St.

15 Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Thursday, April 14, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death as follows:

18 CAUSE OF DEATH* was as follows: Fractured Skull

(duration) 1/2 hour

CONTRIBUTORY (Secondary) Electric Car

(duration) yrs. mos. ds.

(Signed) H. Pluck M. D.

(Address) 4/15, 1932 North Ave. and Division St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery Date of Burial Apr. 16 1932

20 UNDERTAKER Joseph B. Cook ADDRESS 1003 West Baltimore St.

1-30—M. & T.—100 B—50L

E 78822

E 78822

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1112 Penna Ave ST. 11-24 WARD)

2-FULL NAME Lillie Thompson

(a) RESIDENCE NO 1117 Penna Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) d/o
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant N. W. Police Board
(Address)

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. McSherry Smith, M. D.
Coroner

(Address) Aug 14

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

APR 15 1932 UNIVERSITY OF MARYLAND

Cor—10-10-29—A Co.—100 Bks.

E 78823

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78823

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. City Hospital St. 16-14 Ward)

2-FULL NAME William Foster,

(a) RESIDENCE NO. 900 Sterling St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Colored	—

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
54	54	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 040
(c) Name of employer

9 BIRTHPLACE (city or town) Unknown
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant
(Address)

15 Filed , 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 3 1937

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? 900 Sterling St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Visit

(Signed) C. O. Sterling M. D.

4/4, 1937 (Address) 1206 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND
MEDICAL SCHOOL
HISTORICAL COLLECTION
USE OF THE MORGUE

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

78824

CERTIFICATE OF DEATH

23 E 78824

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No. 24-35

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ludwig Lanzner

(a) Residence: No. 1210 Towson st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alvina Lanzner

6. DATE OF BIRTH (month, day, year) Oct. 7th, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	54	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Rosa ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date 4/16 1932

19. UNDERTAKER Frederick A. Cole
(Address) 1200 W. Lombard St.

20. FILED ..... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13 1932

22. I HEREBY CERTIFY, That I attended deceased from April 6 1932 to April 13 1932

I last saw him alive on April 13 1932 Death is said to have occurred on the date stated above, at 5.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Jan. 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Lawrence F. Tena, M. D.

(Address) Baltimore City Hospitals

Spec.—1-12-23—M&T—500 Blks.

78825 E 78825

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

121

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 Dunbarton Ave ST., 9-47 WARD)

2-FULL NAME Morgan Davies

(a) RESIDENCE NO. 614 Dunbarton Ave WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Mary Jane Davies

6 DATE OF BIRTH (month, day, and year) May 12-1869

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
72	11	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter 015

(b) General nature of industry, business, or establishment in which employed (or employer) Rolling Mills

(c) Name of employer Retired

9 BIRTHPLACE (city or town) (State or country) Swansea Wales

10 NAME OF FATHER David Davies

11 BIRTHPLACE OF FATHER (city or town) (State or country) Swansea Wales

12 MAIDEN NAME OF MOTHER Margaret George

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Swansea Wales

14 Informant Mrs. Mary Jane Davies (Address) 614 Dunbarton Ave

15 Filed ..... 19 ..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 14, 1932

17 I HEREBY CERTIFY, That I attended deceased from April 13, 1932, to April 14, 1932,

that I last saw h / m alive on April 14, 1932,

and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis - Hypertension Nephritis

(duration) 10-15 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? .....

(Signed) Francis A Ellis, M. D.

, 19 (Address) 616 Dunbarton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — DATE OF BURIAL April 16th 32

20 UNDERTAKER Chas. F. Kraus — ADDRESS 1180 West Fayette

AACo. 5-31 2508

E 78826

HEALTH DEPARTMENT—CITY OF BALTIMORE

78826

CERTIFICATE OF DEATH

131 v

Registered No. 27-52

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4301 Roland Ave. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Louisa Ringgold

(a) Residence: No. 4301 Roland Ave. St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 16th. 1842

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
89	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Orleans

MOTHER

13. NAME Alexander H. Ringgold

14. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

15. MAIDEN NAME Mary Myer

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Family Records

(Address) 4301, Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date April 16 19 32

19. UNDERTAKER Chas. P. Trautt Son

(Address) 118 W. Mt. Royal Ave.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15th. 32

22. I HEREBY CERTIFY, That I attended deceased from April 6 19 32 to April 15 19 32

I last saw h. alive on April 13 19 32 death is said to have occurred on the date stated above, at 12 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	7 yrs

Other contributory causes of importance:

Arteriosclerosis	2 or
Chr. Int. Nephritis	5 yrs

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify None

(Signed) Vernon D. Keeley, M. D.

(Address) 6 E. Lexington St.

M. D. H. 1265-9

E 7.8827 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 7.8827

259796

CERTIFICATE OF DEATH

157-003

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 6-10 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Mossenger

(a) Residence: No. 221 N Milton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/2/31

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Robert Messenger

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Gertrude Lentz

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date April 16. 1932

19. UNDERTAKER Isaac H. Manchester
(Address) 113 W. Mt. Royal Ave

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14. 1932

22. I HEREBY CERTIFY, That I attended deceased from April 11. 1932 to April 14 1932

I last saw h alive on April 14 . 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital malformation of heart Atelectasis, congenital	Birth
Other contributory causes of importance:	
Acute otitis media	4/11/32
Acute pharyngitis	4/11/32

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John F. Washington M. D.

(Address) Johns Hopkins Hospital

E 78828

78828

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

T 210-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 96-37 Ward)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Sunderland

(a) Residence: No. Pengies, Maryland. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Sunderland

7. DATE OF BIRTH (month, day, year) Oct. 25, 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
76	76	5	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Beverly Sunderland

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT George Sunderland
(Address) Pengies, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date Apl. 18, 1932

19. UNDERTAKER Lilly & Johnson Inc.
(Address) 1032 Eutaw St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from inquiry, 19 3. to autopsy, 19

I last saw h alive on inquiry, 19 Death is said to have occurred on the date stated above, at 2:30pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	4/13
Intra-cranial hemorrhage	

Other contributory causes of importance:
Automobile he was riding in overturned by another auto.

Name of operation none Date of

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 4/13, 1932

Where did injury occur? Gough & Conkling Sts. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury auto was overturned

Nature of injury ----

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Pokorny Coroner, M. D.

(Address) 2200 E. Madison St.

M. D. B. 1268-9

E 78823

E 73829 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 S. Callington ave. 10th Ward)

Registered No. 49

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Kruecker

(a) Residence: No. 417 S Callington ave., 10th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Albert Kruecker.

6. DATE OF BIRTH (month, day, year) Oct. 13 - 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64 65	6	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Sebastian Gentner

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Margaret Mayer

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Albert Kruecker.
(Address) 417 S Callington Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Apr 16, 1932

19. UNDERTAKER Lutz & Sylvester
(Address) 703 E Pratt St.

FILED ... 19 ...
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13 - 1932

22. I HEREBY CERTIFY, That I attended deceased from 2/20/32 19 . to 4/13/32 . 19 .

I last saw her alive on 4/12/32 . 19 . Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Pulva (Labia Majora) Metastasis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Labratz Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Lewis A Dicken M. D.

(Address) 3, 68 Pratt st

A&Co. 5-11 2500

78830 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 78830

CERTIFICATE OF DEATH

72-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital St., [illegible] Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Frederick Kraemer

(a) Residence: No. 1400 Park Ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of - Mrs Chas Kraemer

7. DATE OF BIRTH (month, day, year) 12-24-1882

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	49	3	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Orch

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME OF FATHER Charles Kraemer

14. BIRTHPLACE (city or town) (State or country) Germ

15. MAIDEN NAME OF MOTHER Emma Bender

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Chas Kraemer
(Address) 1400 Park Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Apl. 15 1932

19. UNDERTAKER Wm J Fickenscher & Sons
(Address) Madison & Penna Ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-14, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-13, 1932 to 4-14, 1932

I last saw h/he alive on 4-14 1932 death is said to have occurred on the date stated above, at 1:50 P m

The principal cause of death and related causes of importance were as follows

	Date of onset
(1) Subacute Lymphatic Leukemia	Feb 1932
(2) Lobar Pneumonia, rt + left lower lobes	

Other contributory causes of importance

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) R France, M D

(Address) Union Memorial Hosp.

AACo. 5-31-250M

78831

E 78831

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 31

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2609 Maisel St., Ward) Footer 25-32

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. 6 mos. 0 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Rosa M. Wenzel

(a) Residence: No. 2609 Maisel St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of John L Wenzel

7. DATE OF BIRTH (month, day, year) Oct 14 1893

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	6	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Joseph N. Pfister

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Emma Cassidy

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT John L Wenzel

(Address) 2609 Maisel St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross AAC Date 4-18th 1932

19. UNDERTAKER Bernard C. Harlr

(Address) 1000 S Paca St

20. FILED ____ 19____ ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14th 1932

22. I HEREBY CERTIFY, That I attended deceased from January 1932 to April 14 1932

I last saw her alive on April 13 1932 death is said to have occurred on the date stated above, at 1-15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Child birth	
Uremia	

Other contributory causes of importance:

Chronic Interstitial Nephritis

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Geo Proctor Fen M. D.

(Address) 1 E Fayette Baltimore

M. D. P. 1275-6

78832

E 78832

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (Dr.) 3-4

CITY OF BALTIMORE: (No. ..... St., 3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Charles Warsaw

(a) Residence: No. 220 S. Caroline st. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 2, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Covington Georgia

MOTHER FATHER

13. NAME Scott Warsaw

14. BIRTHPLACE (city or town) (State or country) Georgia

15. MAIDEN NAME Armania Reynolds

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date 19

19. UNDERTAKER

(Address)

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12 . 1932

22. I HEREBY CERTIFY, That I attended deceased from August 6 1931 to April 12 . 1932

I last saw him alive on April 12 . 1932 Death is said to have occurred on the date stated above, at 6.55 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unknown

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Lawrence Sena . M. D.

(Address) Baltimore City Hospitals

APR 15 1932

M. D. R. 1345-2

78833 E 78833

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., 16-27 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Gross

(a) Residence: No. 618 N. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joshua

7. DATE OF BIRTH (month, day, year) Jan. 10, 1884

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	3		

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. day's work

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

11. Total time (years) spent in this occupation ?

10. Date deceased last worked at this occupation (month and year) ?

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

13. NAME Basil ?

14. BIRTHPLACE (city or town) (State or country) ? Md.

15. MAIDEN NAME Caroline White

16. BIRTHPLACE (city or town) (State or country) ? Md.

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Date . 19

19. UNDERTAKER
(Address)

20. FILED . . 19 4-14 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, . 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, . 1931 to April 10, . 1932

I last saw her alive on April 10, . 1932 Death is said to have occurred on the date stated above, at 12:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into Cerebrum (Recurrent)	Nov-31
	3-8-32
Other contributory causes of importance: Hypertension Arteriosclerosis	Unknown

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas. G. Arnold M. D.

(Address) Balto. City Hosp.

M. D. B. 1268-a

78834

HEALTH DEPARTMENT—CITY OF BALTIMORE

78834

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Amos

(a) Residence: No. 191[a] McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sadie

7. DATE OF BIRTH (month, day, year) Unknown

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74 ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Page Va.

13. NAME Bill Amos

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Mary Washington

16. BIRTHPLACE (city or town) (State or country) ? Va.

17. INFORMANT Records of (Address) Balto. City Hos.

18. BURIAL, CREMATION, OR REMOVAL Place ..... Date 19

19. UNDERTAKER ..... (Address) .....

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1931 to April 13, 1932

I last saw him alive on April 13, 1932 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility Cerebral Arteriosclerosis Hypertension Hemorrhage into cerebrum	More than 6 months 4-1-32

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Jno. E. Arnold Jr. M. D.

(Address) Balto. City H. S.

UNIVERSITY OF MARYLAND APR 15 1932 School of Hygiene and Public Health

A&Co. 5-31 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

78835

CERTIFICATE OF DEATH

X 53 E 78835

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave. St., Ward) 25-73

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Bessie Wynn Va.

(a) Residence: No. 318 Lee St Hampton St., Ward: .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 1877

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr Harvey Blanton
(Address) Hampton Va.

18. BURIAL, CREMATION, OR REMOVAL Place Old Point Comfort Va. Date April 15 1932

19. UNDERTAKER Wm C Miller
(Address) 2935 E Baltimore St

20. FILED ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14 1932

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1932, to April 14, 1932

I last saw h alive on April 14 1932 death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occl. Post Pulm. Edema	3 days

Other contributory causes of importance:

Pul. tuberculosis chronic	5 yrs

Name of operation Hyst. Vaginal Tumor Date of 4-12-32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Hyalmar S. Carlson, M. D.

(Address) St Agnes Hospital

Cor.—10-10-29—A Co.—100 Bks.

E 78836

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-201 ✓ E 78836

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 720 S. Dallas St. St., 3-4 Ward)

2-FULL NAME Andrzej Henry Swietkowski

(a) RESIDENCE NO. 720 S. Dallas St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Swietkowski

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	52			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Bricklayer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Poland
(State or country)

PARENTS

10 NAME OF FATHER John Swietkowski

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Mary Swietkowski
(Address) 720 S. Dallas St.

15 Filed . 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 13 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

4/5, 1932 (Address) 1305 N Patterson Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary April 16 1932

DATE OF BURIAL

20 UNDERTAKER W. Ozgowski 1932 Eastern Ave

ADDRESS

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78837 E 78837

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 7-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Paul Leopold Linhardt

(a) Residence: No. 1819 E Eager St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 17 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 880

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Albert Linhardt

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Catherine Liechlea

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Joseph Pizzinio
(Address) 820 S Belnord Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Old Mill Cemtry Date April 17 1932

19. UNDERTAKER August Pasek
(Address) 2426 Eastland ave.

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14 . 1932

22. I HEREBY CERTIFY, That I attended deceased from . 19 to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 3:15 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state how

(Signed) F Peterson M D Coroner M. D.

4/16/32 (Address) 1205 n Patterson Park Ave.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

78338

210-001

E 78838

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Union Memorial Hosp. St. 2-4 (Ward)

2-FULL NAME Elizabeth Mitchell

(a) RESIDENCE NO. 111 S. Broadway St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Marrird

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Michial Mitchell

6 DATE OF BIRTH (month, day, and year) June 22 1914

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
17 18	10	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Parkton Md.
(State or country)

PARENTS

10 NAME OF FATHER Chester Wilson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Finks Md.

12 MAIDEN NAME OF MOTHER Bessie Hoover

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Finks Md.

14 Informant Chester Wilson
(Address) 3424 Elm ~~Ave~~ Ave

15 Filed ..., 19... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 13 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured skull
Intra-cranial hemorrhage
4/13/32.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Struck by auto-truck
4/13/32
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Roland Ave. & 36th.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Joseph Takonis, M. D.

, 19 (Address) 2200 E. Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn	April 16 1932
20 UNDERTAKER	ADDRESS
H. V. Bazewski 1932	Eastern Ave

RCH

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

78839 256896

CERTIFICATE OF DEATH

52E 78839

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 1355 (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Bichell

(a) Residence: No. 845 Wellington St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katharine

6. DATE OF BIRTH (month, day, year) 7-19-69

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stm Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O'P

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Phillip Bichell

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margaret Murray

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Maryland Cem. Date 4/16/32 19

19. UNDERTAKER Joseph Ahrens

(Address) 228 Bway

20. FILED ..... 19..... B.C.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1932 to Apr 14, 1932

I last saw him alive on Apr 14, 1932 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

Myxoma Fibroma Sarcoma (Metastasis) left thigh) Prost tissues

Date of onset 1929

Other contributory causes of importance:

none

Name of operation none Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Fred W Gait M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

78840 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 78840

258998

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-10 Ward)

Length of residence in city or town where death occurred 62 yrs. 6 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Hartman

(a) Residence: No. 2605 E Monument St., 7 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Eliz

DATE OF BIRTH (month, day, year) Sept 16-1869

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62 ~~65~~	6	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Switch Tender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 073

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME John Hartman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Wodey

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Apr. 18 1932

UNDERTAKER Easton, Sons & Etting

(Address)

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 14 1932

22. I HEREBY CERTIFY, That I attended deceased from March 19 1932 to April 14 1932

I last saw him alive on April 14 1932 Death is said to have occurred on the date stated above, at 10 ~~15~~ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	—
Hypertension	5-7 yrs.
Cardiac enlargement	1"
Chronic vascular nephritis	5 yrs.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wilbur E. Spring M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

-96 & 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78841

E 78841

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No.) St. 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Selma Shenberger

(a) Residence: No. 453 Jumpn St - St., Ward. York Pa -
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	5-8			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa -

FATHER

13. NAME George Rish

14. BIRTHPLACE (city or town) (State or country) Pa -

MOTHER

15. MAIDEN NAME Mary Kelly

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Reads -
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Prospect Hill York Pa Date Ap 18th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 8 . 1932 to April 15 . 1932

I last saw her alive on April 15 . 1932 Death is said to have occurred on the date stated above, at 2.30 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 1931 Jul 1

Other contributory causes of importance:

none

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fred W Geil M. D.

(Address) Hos Hopkins, Md

AaCo. 5-31 2503

78842 HEALTH DEPARTMENT—CITY OF BALTIMORE

46 E 78842

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkens Ave St. James Ward) 19-30

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. William Hook

(a) Residence: No. 3207 Strickland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or ~~divorced~~ WIFE of ~~HUSBAND~~ Eliza B. Mrs Hook.

6. DATE OF BIRTH (month, day, year) July 25th 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	8	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk ~~mill~~, saw mill, bank, etc. Chambers & Co

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Geo William Hook

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Chas Michael
(Address) 3207 Strickland St

18. BURIAL, CREMATION OR REMOVAL ~~Holloway-Gebhardt~~ Lorraine Date Apr 16th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 E Fayette St

20. FILED ..... 19 .....

B.S.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-31, 1932 to April 12, 1932

I last saw him alive on April 12 1932 death is said to have occurred on the date stated above, at 11.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Other contributory causes of importance:	
Metastases of carcinomatous	
Ascites	

Name of operation Bellevue II Date of 4-7-32

What test confirmed diagnosis? Microscopical Sect. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Grant Taylor M. D.

(Address) Union Hospital

M. D. B. 1268-9

Dr Morrison 3632 Roland Ave

78843 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78843

CERTIFICATE OF DEATH

Registered No. 94-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 216 Paddington Rd Ward 24)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles A. Stahl

(a) Residence: No. 216 Paddington Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or WIFE of) Sadie E. Stahl

6. DATE OF BIRTH (month, day, year) Nov 29th 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Office Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Wholesale Corp

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Gustus Stahl

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Friedericka Reuter

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Sadie E. Stahl

(Address) 216 Paddington Rd

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cemetery Date Apr 18th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 E Pratt St

20. FILED Apr 19 1932 Registrar B. Cobb

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/14 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Uraemia (Nephritis) — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? (If so, specify)

(Signed) John J. Morrison Coroner M. D.

(Address) 3632 Roland Ave

1-30—M & T—100 B—50L

E 78844

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001 E 78844

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital. (ST.) 5-8 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Martin Weger.

(a) RESIDENCE NO 407 N. Front St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

(Length of residence in city or town where death occurred 41 yrs. 2 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) January 19, 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	41	2	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Laborer.

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John J. Weger.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary E. Ketler.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Mary Gorsuch. (sister)

(Address) 411 1550 N. Gay St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 14, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull.

Occidentol fall from 2nd story window while cleaning same.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 407 N. Front St. April 14, 1932

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt X, M. D. Coroner

4/15/32 19 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL 4/18th 1932

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

Huntington Williams, M.D.

4-19-32

A.V.H.

AdCo. 5-31 250h

HEALTH DEPARTMENT—CITY OF BALTIMORE

78845

CERTIFICATE OF DEATH

82 V 78845

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore & Payson St. German Aged Home St., 70-26 Ward) 6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 mos. da. How long in U.S. if of foreign birth? yrs. mos. da.

2. FULL NAME Marie S. Uhl

(a) Residence: No. 2017 Wilhelm St. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late John A. Uhl

6. DATE OF BIRTH (month, day, year) March 3, 1863.

7. AGE Years	Months	Days	If LESS than 1 day... hrs. or min.
69	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

13. NAME Affner

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Carl Uhl
(Address) 410 S. Payson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk. Date 4/18/32 19

19. UNDERTAKER Army & Nutter
(Address) 4101 Edmondson Ave.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13. 1932

22. I HEREBY CERTIFY, That I attended deceased from April 8 1932 to April 13 1932

I last saw her alive on April 13 1932 death is said to have occurred on the date stated above, at 1.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/8/32

(Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

4/15/32 Signed Estelle Hemmings M. D.
(Address) 7000 Hollins Ave

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

78846 95-E 78846

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 103 S. Addison St. St. 1928 (Ward)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U.S. if of foreign birth? yrs. mos. da.

2. FULL NAME John Miller

(a) Residence: No. 103 S. Addison St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margorette Sorger Miller

6. DATE OF BIRTH (month, day, year) Sept. 7, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	7	6	

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Retired 31

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machinist Helper

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Miller

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. M. Miller
(Address) 103 S. Addison St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date 4/16/32

19. UNDERTAKER [illegible]
(Address) 4101 Edmondson Ave.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8/10/30 to 4/13, 1932, that I last saw him alive on 4/13, 1932, death is said to have occurred on the date stated above, at 1:30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac insufficiency	4/10/32
Acute cardiac dilatation 1 day	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benjamin Miller, M. D.

(Address) 2030 Wilkens Ave.

M. D. R. 1268-6

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

78847 ~~116~~ 0 for 1

E 78847

149-001

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St., 7-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Brooks sp. of wd

(a) Residence: No. 1302 Forrest Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Walter (same)

6. DATE OF BIRTH (month, day, year): Dec. 3, 1914

7. AGE: Years 17 18; Months 4; Days 12; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pa.

13. NAME: Frank Fyock

14. BIRTHPLACE (city or town) (State or country): Pa.

15. MAIDEN NAME: Della Dunmire

16. BIRTHPLACE (city or town) (State or country): Pa.

17. INFORMANT (Address): Records. JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL: Place Oak Lawn Date 4/18/32

19. UNDERTAKER (Address): Wm Cook 1214 St Paul St

20. FILED 19 4-18-32 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1932 to April 15, 1932

I last saw her alive on April 15, 1932 Death is said to have occurred on the date stated above, at 11:45 A.M.

The principal cause of death and related causes of importance were as follows:

Rheumatic Heart Disease — Date of onset: March — 2 years

Mitral Stenosis + Insufficiency

Other contributory causes of importance:

Pulmonary edema Acute — 3 days

with auricular fibrillation

Name of operation: Vaginal hysterectomy Date of: April 11, 1932

What test confirmed diagnosis? P.E. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Blanchard V. Antes M. D.

(Address) The Johns Hopkins Hosp.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

78848

CERTIFICATE OF DEATH

E 78848

13-22

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St. 26 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emily E McKew

(a) Residence: No. 626 Danville Av St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem | 4. COLOR Wht | 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Feb 6 1933

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Frank McKew

14. BIRTHPLACE (city or town) (State or country) Balto Town

15. MAIDEN NAME Ruth E Howe

16. BIRTHPLACE (city or town) (State or country) Frank McKew

17. INFORMANT Frank McKew

(Address) 626 Danville Av

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel. Date April 16. 1933

19. UNDERTAKER George W Zirkes

(Address) 1727 E Lyon St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... at ..... m.

to have occurred on the date stated above, at ..... m. ..... th is said

The principal cause of death and related causes of importance were as follows:

a. Dysentery 2 Days

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C H Lewis Coroner M. D.

(Address)

M. D. B. 1268-9

78849

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78849

CERTIFICATE OF DEATH

210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 15-22 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin Watts

(a) Residence: No. 1368 N. Calhoun St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col.	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, day, year) Jan. 26, 1914.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18 17	3 2	17 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ------

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Mary's Co. Md.

MOTHER FATHER

13. NAME James Watts

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

15. MAIDEN NAME Gertrude Washington

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Gertrude Watts
(Address) 1368 N. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion & St. Mary's Co. Date Apr 17 . 1932

19. UNDERTAKER Saml M. Chase & Son
(Address) 635 N. Gilmor

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, . 1932

22. I HEREBY CERTIFY, That I attended deceased from inquiry . 19 . to . 19

I last saw h alive on inquiry . 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull with	
intra-cranial hemorrhage	4/13/32

Other contributory causes of importance:

Automobile in which he was riding overturned by another

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 4/13 . 1932

Where did injury occur Green Spring & Druid Pk Driv
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Greenspring & Druid Pk. Drive

Manner of injury Thrown out of machine

Nature of injury -----

24. Was disease or injury in any way related to occupation of deceased? no If so, specify -----

(Signed) Wm. F. [illegible] M. D.
Coroner

(Address) 2200 E Madison St.

M. B. B. 1268-9

8850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. E 78850

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 Northern Parkway Ward) 27-42

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Gebhardt

(a) Residence: No. 711 Northern Parkway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Catherine Gebhardt

6. DATE OF BIRTH (month, day, year) June 7th 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	10	4 7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Thomas Gebhardt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Caroline Gebhardt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Catherine Gebhardt

(Address) 711 Northern Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date April 18, 1932

19. UNDERTAKER Libby-Zeiler Inc.

(Address) 723 S. Wolfe St.

20. FILED , 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 11, 1932 to Ap 14, 1932

I last saw h~~im~~ alive on Ap. 14, 1932 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I Acute Angina Pectoris	Ap 11/32

Other contributory causes of importance: Hx pertonsil Abscess?

Name of operation Date of

What test confirmed diagnosis? Clx Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C N Meyer M. D.

(Address) 5806 Bellona Ave.

M. D. B. 12684

78851 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 78851

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 232 Druid Hill St. 17-24 (Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Jones

(a) Residence: No. 232 Druid Hill St. Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John H.

6. DATE OF BIRTH (month, day, year): Jan 4-1885

7. AGE: Years 47 | Months 1 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Saml Hornsby

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Rebecca Randall

16. BIRTHPLACE (city or town) (State or country): York

17. INFORMANT: John H. Jones

(Address): 232 Druid Hill

18. BURIAL, CREMATION, OR REMOVAL

Place: Dusky Mt Date: 4/17/24

19. UNDERTAKER: Mrs. Geo. F. Kolb & Son

(Address): 1021 Druid Hill Ave

20. FILED, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 14 1924

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Hemorrhage

Sudden

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

Coroner

(Address)

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78852 E 78852

CERTIFICATE OF DEATH

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1619 McCulloh St. (Ward) 14-20

Length of residence in city or town where death occurred 5 yrs. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Irving Yates Jr

(a) Residence: No. 1619 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 24-1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Yates

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Clara Talbot

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT John Yates
(Address) 560 Oxford

18. BURIAL, CREMATION, OR REMOVAL
Place National Cemet Date 7/16/, 192

19. UNDERTAKER Mrs Ida E. Zollars
(Address) 1617 Druid Hill Ave

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14 1920

22. I HEREBY CERTIFY, That I attended deceased from . 19 , to . 19

I last saw h alive on . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Phthisis	
Bronchitis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Leo Smith M. D.
Coroner

(Address)

A&Co. 5-31 250B

78853

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78853

CERTIFICATE OF DEATH

1. PLACE OF DEATH 1639 N. Calhoun (5-23-32) Registered No. 334
CITY OF BALTIMORE: (No. 1639 Calhoun St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bell Cooper

(a) Residence: No. 1639 Calhoun St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank

6. DATE OF BIRTH (month, day, year) Sept. 10 - 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	7	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clare Md

13. NAME Wm. Tiffin

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Sarah Blake

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Roberta Cooper
(Address) 1639 Calhoun St

18. BURIAL, CREMATION, OR REMOVAL
Place Clare Md Date 4/17/ 1932

19. UNDERTAKER Mrs. Mrs. C. Holland
(Address) 1631 Druid Hill Ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-14, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-10-32 19.., to 4-14-32 19
I last saw her alive on 4-14, 1932 death is said to have occurred on the date stated above, at 5:30 Am

The principal cause of death and related causes of importance were as follows:

Chron Gastritis — Date of onset 2 mo ago 1932

Other contributory causes of importance:

Mitral Regurgitation

Name of operation — Date of
What test confirmed diagnosis Clinical — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) J H Boykin, M. D.
(Address) 1512 Eutaw

M. D. H. 1268-9

E 78854

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78854

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tp.)

CITY OF BALTIMORE: (No. ..... St. 11-25 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clifton Jayne

(a) Residence: No. 506 N. Howard st. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 8, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME Willie Frazier

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place East Baltimore Date April 16, 1932

19. UNDERTAKER Chas. C. Miller

(Address) 2235 E. Biddle St.

20. FILED ..... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 12 1932 to April 15 1932

I last saw him alive on April 15 1932 Death is said to have occurred on the date stated above, at 6.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Jan. 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Laurence H. Ennis, M. D.

(Address) Baltimore City Hospitals

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

78855 13 E 78855

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 8-17 Ward)

Length of residence in city or town where death occurred Life mos ds How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Michael Jr Long

(a) Residence: No. 1935 E. North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Barbara Long.

6. DATE OF BIRTH (month, day, year) Oct 6 - 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	6	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 04
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER FATHER

13. NAME Frederick Long
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Katherine Single
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Barbara Long
(Address) 1935 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date April 18 1932

19. UNDERTAKER George L. Schmidt
(Address) 2101 Frederick Ave.

20. FILED ..... 19.... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 21 1932 to April 14 1932

I last saw him alive on April 14 1932, death is said to have occurred on the date stated above, at 8 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular renal disease	
Generalized arteriosclerosis	

Other contributory causes of importance:
Myocardial failure

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Milford H. Sprecher M. D.

(Address) University Hospital

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

78856

CERTIFICATE OF DEATH

50 E 78856

1. PLACE OF DEATH St. Agnes Hospital

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkens Ave Cater Sum 30-71 St., 30 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Mary Dunn

(a) Residence: No. 127 Ellis Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William E. Dunn

6. DATE OF BIRTH (month, day, year) April 7, 1861

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	70	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Quinn

14. BIRTHPLACE (city or town) (State or country) Feal Ireland

MOTHER

15. MAIDEN NAME Bridget Egan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr Thomas Dunn

(Address) St Agnes Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date April 18, 1932

19. UNDERTAKER Martin Fahey & Sons

(Address) 627 W. North Ave.

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1932 to April 15 1932

I last saw her alive on April 15 1932 death is said to have occurred on the date stated above, at 10a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Left Breast	
Other contributory causes of importance:	
Cardiac failure.	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) L. L. Thompson, M. D.

(Address) ...

E 78857

78857

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hosp. St., 5-8 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Francis Webb

(a) Residence: No. 1242 Edyth St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Geo Webb.

6. DATE OF BIRTH (month, day, year) 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City Md

MOTHER FATHER

13. NAME Unknown Male

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Emma Dunn

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Marie Webb
(Address) 1242 Edyth

18. BURIAL, CREMATION, OR REMOVAL Place Woodbury Cem. Date 4-17-1933

19. UNDERTAKER Byron W. Nash & Son
(Address) 12 E. Eutaw St

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Thu 14 . 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on Thursday Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1st & 2nd degree Burns.	Sudden

Other contributory causes of importance:

Coal oil Camphor clothing caught fire

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury . 19

Where did injury occur? 1242 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Burnt clothing while lighting fire

Nature of injury 1st & 2nd degree burns

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Luck, M. D.

(Address) 3517 Liberty Heights Ave.

E 78858

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78858

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Union Memorial Hospital Registered No. 15-59
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 15 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Jacob Mack

(a) Residence: No. 2581 Reisterstown Rd. St., Ward, Balto
(If not resident of city or town, give usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs. Jacob Mack

6. DATE OF BIRTH (month, day, year): May 29, 1859

7. AGE: Years 73 yrs. | Months 10 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

MOTHER FATHER

13. NAME: Harry Mack

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Fannie Fix

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT (Address): Hospital Record

18. BURIAL, CREMATION, OR REMOVAL: Place Hebrew Friendship Date April 17, 1932

19. UNDERTAKER (Address): Sol Levinson & Bro 1127 E Balto st

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1932, to April 15, 1932. I last saw him alive on March 15, 1932. death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic & Hypertension	—
Other contributory causes of importance: Heart Block Arteriosclerosis	—

Name of operation ..... Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) R France M. D.
(Address) Union Mem Hosp-

78859 ~~78859~~

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen. Hosp. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Vivian Venick

(a) Residence: No. 2901 Springhill Ave. St., Balto Md. Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 27 1923

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER FATHER

13. NAME Rubin Venick
14. BIRTHPLACE (city or town) (State or country) Balto. Md
15. MAIDEN NAME Ida Paltieloff
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Rubin Venick
(Address) 2901 Springhill Ave

18. BURIAL, CREMATION, OR REMOVAL Hebrew Rosedale Date April 17 1932

19. UNDERTAKER Sol Levinson & Bro
(Address) 1127 E Balto St

20. FILED ——— 19 —— Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 19 1932 to April 16 1932

I last saw h er alive on Feb. 16 1932 death is said to have occurred on the date stated above, at 1.10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis Ruptured.	

Other contributory causes of importance: Peritonitis, Intestinal Autointoxication

Name of operation appendectomy Date of Feb 19, 1932

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ——— 19——
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ——— M. D.
(Address) West Balto Gen Hosp

E 78860

78860

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 167

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Hopkins Hosp 11-20 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Percy Blackwell
(a) Residence: No. 817 Madison St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. Color or Race Col
5. Single, Married, Widowed, or Divorced (write the word) Married
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Phaynthia Blackwell
6. DATE OF BIRTH (month, day, year) 1894
7. AGE Years 37 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lumberton N C

FATHER
13. NAME Morford Blackwell
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Etta Seay
16. BIRTHPLACE (city or town) (State or country) Pee Dee N C

17. INFORMANT Phaynthia Blackwell
(Address) 817 Madison St

18. BURIAL, CREMATION, OR REMOVAL
Place Black Stone Dr Date 4/9 19

19. UNDERTAKER Robt E Williams
(Address) 15 15 W Eldery St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15 19 32

22. I HEREBY CERTIFY, That I attended deceased from 19 to Jan 19
I saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide	
Pistol wound of	
Brain	Sudden

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Coroner M. D.
(Address)

A4Co. 5-31 2908

78861 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78861

CERTIFICATE OF DEATH

95-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 S. Washington St. Ward) 75 yrs. mos. ds.

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. if of foreign birth ..... yrs. mos. ds.

2. FULL NAME Nathan Jacobs

(a) Residence: No. 12 S. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME of FATHER Solomon

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME of MOTHER Schwarz

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs S. M. Jacobs
(Address) 2352 Linton Place

18. BURIAL, CREMATION, OR REMOVAL Date 4-11-32, 19
Place Hebrew Friendship

19. UNDERTAKER Jacob Levin Sons
(Address) 1437 E. Baltimore St.

20. FILED ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 2, 1932, to Apr 16, 1932

I last saw him alive on Apr 16, 1932, and death is said to have occurred on the date stated above, at 5 30 m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chron. Cardiac Asthma	Mar 1
Asthenia	

Other contributory causes of importance

Name of operation No Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19....
Where did injury occur? No
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harris Elinder, M. D.
(Address) 3 N. Broadway

M. D. B. 1208-9

78862 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 78862

CERTIFICATE OF DEATH

1. PLACE OF DEATH Levindale - Hebrew Home for aged & Infirm — Registered No.

CITY OF BALTIMORE: (No. Belvedere & Greenspring St. 27 - 6th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? 15 yrs. mos. ds.

2. FULL NAME Rachel Leah Paris

(a) Residence: No. Levindale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Peter

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Jacob Paris
(Address) 318 Park ave

18. BURIAL, CREMATION, OR REMOVAL
Place Sherwood Mem Date 4-17-32 19

19. UNDERTAKER Jack Luna
(Address) 1434 E Baltimore St

20. FILED 19 Apr 18 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-15 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-11 1932 to 4-15 1932

I last saw her alive on 4-15 1932 Death is said to have occurred on the date stated above, at 10.35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	4-11-32
Chr. card. valvular disease	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Edmund Levin M. D.

(Address) Levindale

M. D. B. 1268-9

E 78863 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78863

259306

CERTIFICATE OF DEATH

87-002

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. mos. 11 ds. How long in U. S. If of foreign birth? 20 yrs. ... mos. ... ds.

2. FULL NAME Joseph Buff.

(a) Residence: No. 1505 St Nicholas Ave St., Ward. New York City

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) apr - 15 - 1890

7. AGE

Years	Months	Days	If LESS than 1 dny, hrs. or min.
42		1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Upholstery

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Zebo Buff

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Ida Gratch

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Russia

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place New York, N.Y. Date 4-17 1932

19. UNDERTAKER Jacob Reuss Inc.

(Address) 1431 E. 138th St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr - 16 1932

22. I HEREBY CERTIFY, That I attended deceased from March 29 1932 to Apr 16 1932

I last saw her alive on Apr 16 1932 Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Obstruction of Foramina Magendie & Luschka	July 1931
Internal Hydrocephalus	

Other contributory causes of importance:

None

Name of operation Right Craniotomy Date of 4-16-32

What test confirmed diagnosis Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Friedewald, M. D.

(Address) Johns Hopkins Hosp

M. D. H. 1268-9

E 78864

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78864

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3327 RUECKERT AVE. St. 27-44 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred LIFE mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MARCELLA L. KILIAN

(a) Residence: No. 3327 RUECKERT AVE. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOWED

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of GEORGE KILIAN

6. DATE OF BIRTH (month, day, year) NOV. 29 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
79	80	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AT HOME

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. old

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO. MD.

FATHER

13. NAME JACOB WIEGNER

14. BIRTHPLACE (city or town) (State or country) UNKNOWN GERMANY

MOTHER

15. MAIDEN NAME ANNA M. DAHL

16. BIRTHPLACE (city or town) (State or country) UNKNOWN GERMANY

17. INFORMANT ANNA SHAFER

(Address) STEMMERS RUN MD.

18. BURIAL, CREMATION, OR REMOVAL 1932

Place PARKWOOD CEMETERY APRIL 18

19. UNDERTAKER Frederick Funeral Home

(Address) 7401 BELAIR ROAD

20. FILED . 19 K&L Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) APRIL 14 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 . 19 32 . to Apr 14 . 19 32

I last saw her alive on Apr 14 . 19 32 Death is said to have occurred on the date stated above, at 11P m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset

Other contributory causes of importance:

Senility

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Herman G Long M. D.

(Address) 5106 Harford Rd

78865

HEALTH DEPARTMENT—CITY OF BALTIMORE

78865

CERTIFICATE OF DEATH

V 48

Registered No. 9-46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1613-Abbottston Street St., (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth May Hemley

(a) Residence: No. 1613-Abbottston Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Hemley

6. DATE OF BIRTH (month, day, year) Jan. 25th, 1886

7. AGE Years	Months	Days	If LESS than 1 day ~~x hrs or x min.~~
46	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George Baxley

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary Jordan

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT John F. Hemley

(Address) 1613-Abbottston Street

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date 4/18/32 19

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4 . 1932

22. I HEREBY CERTIFY, That I attended deceased from March 2 . 1932 to April 4 . 1932

I last saw her alive on April 13. 1932 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Cancer of the uterus

Date of onset Dec. 1931

Other contributory causes of importance:

Causes of Decline

Name of operation none Date of

What test confirmed diagnosis? V Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury no 19

Where did injury occur? no injury
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Geo. T. Jimmerman M. D.

(Address) 2858 Harford Ave

M. D. B. 1268-9

78866

Annastasia M. Jacobs

78866

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anastasia Jacobs

(a) Residence: No. 1744 N. North Avenue St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Jacobs

6. DATE OF BIRTH (month, day, year) 5-13-1904

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
27	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Peter P. Holden

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mary C. Doony

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. Mary Holden

(Address) 2512 Hoffman Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Cathedral Date 4/19/32 19

19. UNDERTAKER Geo. J. Kane & Co.

(Address) 1725 Madison Ave.

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/16/ 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/15/32 19.. to 4/16/ 1932

I last saw her alive on 4/16 1932. Death is said to have occurred on the date stated above, at 4 45 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, bronchi	4/12/32
Diabetic Coma	4/15/32
Diabetes mellitus	1923

Other contributory causes of importance:

Pregnancy 8 lunar mos.	Dec 1931

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. E. Kirsh M. D.

(Address) Sinai Hospital

AACo. 5-31 2508

E 78867

E 78867

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2914 N Lafayette Ave Ward) 6-67

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Elizabeth O'Rourke

(a) Residence: No. 2914 N. Lafayette Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 16 1932

7. AGE	Years	Months	Days	If LESS than 1 day 10 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME George O'Rourke
14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland
15. MAIDEN NAME Amelia Hubbard
16. BIRTHPLACE (city or town) (State or country) Hudson Maryland

17. INFORMANT George O'Rourke
(Address) 2914 N Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date April 18 1932

19. UNDERTAKER Joseph B. Cook
(Address) 1003 N. Baltimore St

20. FILED ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/16/1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 16, 1932, to Apr. 16, 1932
I last saw her alive on April 16 1932 death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Prematurity

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.
(Address)

M. D. F. 1265-9

78868

HEALTH DEPARTMENT—CITY OF BALTIMORE

78868

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hosp. St., 9 (Ward)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thelma Harris

(a) Residence: No. Belair, Harford Co., Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	col	single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Jan 10, 1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME David Harris

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Hannah Ramsey

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Herbert S Bailey

(Address) Darlington, Md

18. BURIAL, CREMATION, OR REMOVAL Park Chapel Harford Co 4-19 1932

19. UNDERTAKER Bernard C Hafer

(Address) 1000 E Fayette St.

20. FILED . 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Inquiry & Autopsy 19

I last saw h alive on Inquiry & Autopsy 19 and that death is said to have occurred on the date stated above, at 11 20 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured pelvis, Ruptured Bladder Secondary Infection	1/22/32
Other contributory causes of importance: Auto in which she was riding upset.	1/22/32

Name of operation none Date of

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 1/22/32 19

Where did injury occur? Belair Rd nr Belair Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Steel accident

Manner of injury Auto upset

Nature of injury Crushed Pelvis

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny Coroner M. D.

(Address) 2200 E Madison St

AaCo. 5-11 250B

78869 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 78869

CERTIFICATE OF DEATH

1. PLACE OF DEATH Md. General Hospital — Registered No. 93-003

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 22-30 ..... Ward)

Length of residence in city or town where death occurred 48 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Augusta Schmidt

(a) Residence: No. 313 N Paca St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Geo C Schmidt

6. DATE OF BIRTH (month, day, year) April 23, 186[illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
66	66	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME August Kreling

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Matilda Schubert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 4/19/32 19

19. UNDERTAKER [illegible]
(Address) 401 Edmondson Ave.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-16, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-11-32, 19 ..., to 4-16, 1932

I last saw h[illegible] alive on 4-16, 1932 death is said to have occurred on the date stated above, at 12 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis & Nephritis	2

Other contributory causes of importance:

Cerebral Hemorrhage	5 days

Name of operation ..... Date of ...

What test confirmed diagnosis? ..... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) [illegible] M. D.

(Address) Md Gen. Hospital

M. D. B. 1268-9

78870

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78870

259766

CERTIFICATE OF DEATH

X 53

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-6 (Ward)

Length of residence in city (or town) where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lucas Robert Pierce

(a) Residence: No. Harmony N Car St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	unknown

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 042

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N Car

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Catonsville MC MS Date 4/18 . 1932

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hollins sts

20. FILED ..... 19 .. J.H.W. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 17 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 11 . 1932 to Apr 17 . 1932

I last saw him alive on Apr 17 . 1932 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor Right cerebral glioma malignant	1 mon.
Other contributory causes of importance: pneumonia bronchial	3 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Irvine McGuire M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-B

78871

HEALTH DEPARTMENT—CITY OF BALTIMORE 78871

CERTIFICATE OF DEATH

82001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 138 Dolphin St. 11-24 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Christian G. Koch

(a) Residence: No. 138 Dolphin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~WIFE~~ of Catherine Koch

6. DATE OF BIRTH (month, day, year) May 2nd 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 0-30

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stationary Engineer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prussia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret M. Koch

(Address) 138 Dolphin St

18. BURIAL, CREMATION, OR REMOVAL

Parkwood Cemetery Date Apr 19th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1928 to April 16. 1932

I last saw h in alive on April. 16 1932 Death is said to have occurred on the date stated above, at 2.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	about 5 years
Other contributory causes of importance: Cerebral Hemorrhages	1st day 1928

Name of operation — Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) Philip B. Fowler M. D.

(Address) 1432 William St.

No. 78872

E 78872

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 ✓

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3702 Clifton Ave 5-61 Ward)

Length of residence in city or town where death occurred 1 yr mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice J. McElroy

(a) Residence: No. 3702 Clifton Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ (or) WIFE of Joseph McElroy

6. DATE OF BIRTH (month, day, year) Feb about 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	78	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William Rotan

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Emma L Rutt

(Address) 3702 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cemetery Apr 18th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19... ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 16th 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 1931 to Apr 16 1932

I last saw h~~im~~ alive on Apr 15 1932 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma	?

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W B Bowman Hood M. D.

(Address) 2216 Garrison Blvd

1-30 M & T 100 B 501.

78873

E 78873

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-003

REGISTERED NO. ____

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2701 Annapolis Rd. ST. 2-5-74 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine M. Hood.

(a) RESIDENCE NO 2701 Annapolis Rd. ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 5 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) November 3, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	0	5	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Russell L. Hood.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Rose L. Robinson.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Rose L. Hood. (mother.)

(Address) 2701 Annapolis Rd.

15 Filed ____, 192 ____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Bernhardt, Coroner, M. D.

4/16/32, 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery

DATE OF BURIAL Apr 18th 1932

20 UNDERTAKER Wm Cook ADDRESS 1217 St Paul St

A&Co. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78874

78874

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1930 Wilkins Ave 20-24 Ward)

Length of residence in city or town where death occurred 66 yrs. 11 mos. 15 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henritta Chaney

(a) Residence: No. 1930 Wilkins Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Albert Chaney

6. DATE OF BIRTH (month, day, year) May 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Henritta McCauley
Thomas McCauley

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Carrie J Chaney
(Address) 1930 Wilkins Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date 4-18 1932

19. UNDERTAKER Robert Burns & Son
(Address) Calhoun & Hollins sts

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1932, to April 15, 1932

I last saw h[illegible] alive on April 15, 1932 death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	[illegible]
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Walter A Coy, M. D.

(Address) 541 Fulton Ave

M. D. B. 1268-9

78875 HEALTH DEPARTMENT—CITY OF BALTIMORE 78875

CERTIFICATE OF DEATH

Registered No. 137

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St. 7-24 (Ward)

CITY OF BALTIMORE: (No.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Moses Parks

(a) Residence: No. 610 Bradley St., 8C - Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ Amanda

6. DATE OF BIRTH (month, day, year) 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. Car.

FATHER

13. NAME Parnus Parks

14. BIRTHPLACE (city or town) (State or country) S. Car.

MOTHER

15. MAIDEN NAME Susan Key

16. BIRTHPLACE (city or town) (State or country) S. Car.

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Date April 18 1932

19. UNDERTAKER John W Henderson

(Address) 150 E Monument St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar-16 1932 to April 15 1932

I last saw h[illegible] alive on Apr. 15 1932 Death is said to have occurred on the date stated above, at 8 15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic Hypertrophy Benign	1925
Complete Retention - Uremia.	1932
Art. Sclerosis - Hypertension	
Auricular Fibrulation	

Other contributory causes of importance:

Operation ① Suprapubic Cystotomy
② Suprapubic Prostatectomy

Name of operation ① ② Date of 4-11-32

What test confirmed diagnosis? Clinical & autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Loyd V. Lewis M. D.

(Address) Johns Hopkins Hospital

Spec.—9-30—A. & Co.—250 Blks

E 78876

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78876

CERTIFICATE OF DEATH

23

REGISTERED NO. 87-56

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1312 Cold Spring Lane (St.) (WARD) 7

2. FULL NAME Charles B. Alder.

(a) RESIDENCE NO. 1312 Cold Spring Lane ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Pauline Alder.

6 DATE OF BIRTH (month, day, and year) July 17 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	8	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md.

PARENTS

10 NAME OF FATHER Charles H. Alder.

11 BIRTHPLACE OF FATHER (city or town) (State or country) md.

12 MAIDEN NAME OF MOTHER Mary M. Stevens

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md.

14 Informant Charles H. Alder.
(Address) 1312 Cold Spring Lane.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 15, 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb 14 , 19 32 , to April 15 , 19 32

that I last saw him alive on April 15 , 19 32.

and that death occurred, on the date stated above, at 11:20 P. M.

The CAUSE OF DEATH* was as follows:

Pulmonary - Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. B. Campbell M. D.

4/17 1932 (Address) 1644 Hanover St

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary, Hampden

DATE OF BURIAL April 15, 19 32

20 NAME OF UNDERTAKER Chenowe & Love

ADDRESS 3615 Chestnut Ave

M. D. B. 1268-9

E 78877 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78877

E 25789

CERTIFICATE OF DEATH

159

Registered No. 23-32

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elmer J. Knell

(a) Residence: No. 130 W. Randall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Apr - 4 - 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1 week 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Knell

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Simmons

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Mary's, Hampden Date April 18, 1932

19. UNDERTAKER Thanower & Son
(Address) 2415 E. Eastern Ave.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 11, 1932 to Apr 17, 1932

I last saw him alive on Apr 17, 1932. Death is said to have occurred on the date stated above, at 5.45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	4-4-32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. Anderson, M. D.

(Address) Johns Hopkins Hospital

Spec.—9-30—A. & Co.—250 Blks

E 78878

E 78878

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

59 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. 2806 Huntingdon Ave 17-51 WARD)

2 FULL NAME John Bruchmiller.

(a) RESIDENCE No. 2806 Huntingdon Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah A. Bruchmiller

6 DATE OF BIRTH (month, day, and year) Jan 14 1849

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	3	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Sarah A. Bruchmiller 2806 Huntingdon Ave

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16 1932

17 I HEREBY CERTIFY, That I attended deceased from April 10, 1932 to April 16, 1932

that I last saw him alive on April 16, 1932

and that death occurred, on the date stated above, at 4:25 a m

The CAUSE OF DEATH* was as follows:

Cardiac Delegation
Senile Decay
Diabetis Mellitus
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. B. Richardson M.D.

April 18 1932 (Address) 1112 N. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

20 UNDERTAKER Chenowet & Son

DATE OF BURIAL April 18 1932

ADDRESS 615 Eutaw St.

A&Co. 5-31 250B

78879

HEALTH DEPARTMENT—CITY OF BALTIMORE 78879

CERTIFICATE OF DEATH

108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Provident Hospital 16-2-26
CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Herman Johnson

(a) Residence: No. 723 W. Mount St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day, year) July 1931

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md.

FATHER
13. NAME Wm Johnson
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER
15. MAIDEN NAME Edna murphy
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Wm Johnson
(Address) 723 N. Mount St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date April 18 1932

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pressman st.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/15, 1932.

22. I HEREBY CERTIFY, That I attended deceased from 4-11, 1932, to 4-15, 1932

I last saw h/m alive on 4-15, 1932 Death is said to have occurred on the date stated above, at 3 25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4 3 32
Other contributory causes of importance:	

Name of operation None Date of .....

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Herman Provost, M. D.

4-6 (Address) Provident Hospital

Spec.—8-16-29—L. F. S.—100 Bks.

78880 ✓ E 78880

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1—PLACE OF DEATH 2323 N. Charles St Balto Md. REGISTERED NO. 12-50

CITY OF BALTIMORE: (No. 2323 N. Charles St ST., 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Martha Alice Ditch

(a) RESIDENCE NO. 2323 N. Charles ST., WARD 12
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? ✓ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Luther B. Ditch

6 DATE OF BIRTH (month, day, and year) Jan 2, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	3	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(r) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Howard Co, Md.

PARENTS

10 NAME OF FATHER James Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Howard Co.

12 MAIDEN NAME OF MOTHER Emily N. Lafayette Verney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard Co Md

14 Informant Mrs. Winfield Scott Ditch Jr.

(Address) 305 Northway

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 17, 1932

17 I HEREBY CERTIFY, That I attended deceased from Apr 14, 1932, to April 17, 1932, that I last saw her alive on Apr 17, 1932 and that death occurred, on the date stated above, at 3:35 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic.

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis, Chronic.

(duration) 20 yrs. mos. ds.

18 Where was disease contrarted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ?

(Signed) F. J. Geraghty, M. D.

19 (Address) Chadwick Apts.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL Apr. 19, 1932

20 UNDERTAKER John O. Mitchell & Sons — ADDRESS 1905 Eutaw Pl.

78881 E 78881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2203 Callow Av St.) 13-59 (Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Morris Lusanska

(a) Residence: No. 2203 Callow Av St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Lusansky

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate, 043

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Moses Lusansky

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Mehrman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Anna Lusanoff (43)
(Address) 2203 Callow Av.

18. BURIAL, CREMATION, OR REMOVAL
Place Fleur Mount Cem. Date 4-18- 1932

19. UNDERTAKER Jacob Meyer Jr.
(Address) 1439 E. Eutaw Pl

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-17- 1932

22. I HEREBY CERTIFY, That I attended deceased from April, 1930 to 4-17, 1932.

I last saw him alive on 4-17 1932 death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Myocardial Insufficiency

Other contributory causes of importance:
Arteriosclerosis
Chronic nephritis
Diabetes

Name of operation none Date of

What test confirmed diagnosis? Clinical & Lab Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Victor A. Levy, M. D.

(Address) 2324 Eutaw Place

AACo. 5-31 250B

78882 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 78882

CERTIFICATE OF DEATH

X 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 W Lanvale St. 17-24 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 3 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joel Fred Porter

(a) Residence: No. Lodge Farm Rd - Edgemere - Balto County Md
(Usual place of abode) St., Ward. (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lizzie Porter

6. DATE OF BIRTH (month, day, year) Jan 5 - 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Construction Wk
10. Date deceased last worked at this occupation (month and year) Dec - 1931
11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME John R. Porter
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Margaret Johnson
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Ethel Porter
(Address) Lodge Farm Rd

18. BURIAL, CREMATION, OR REMOVAL
Fairfield Va Date 4/19/32

19. UNDERTAKER Edward Bryan
(Address) 1631 Eden St

20. FILED ....., 19.... Reg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1932 to Apr 16, 1932
I last saw him alive on April 16, 1932 death is said to have occurred on the date stated above, at 1:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	2/6/32
Other contributory causes of importance:	
Influenza (Respiratory)	2/6/32

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. E. Bell, M. D.

(Address) 723 N. Dulaney

M. D. R. 1268-9

E 78883

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78883

CERTIFICATE OF DEATH

164-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hadden Ave St. 43-54 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Peter Reicklin

(a) Residence: No. 2643 Frame St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lydia Reicklin

6. DATE OF BIRTH (month, day, year)

7. AGE Years 58 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hat Shaper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER

13. NAME Switzerland

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Leuter

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT Karl Reicklin

(Address) Randallstown Md.

18. BURIAL, CREMATION, OR REMOVAL Woodlawn, Md.

Place Mt Olive Cem Date April 15 1932

19. UNDERTAKER H. C. Feinhorn

(Address) 625 Lyndhurst St.

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by Hanging	Feb 1932
Insanity	Feb 1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Luck Coroner M. D.

(Address)

Spec—9-30—A. & Co.—250 Blks

Messer

E 78884

E 78884

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-004

CERTIFICATE OF DEATH.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No) 743 W Cross St. 21-29 (WARD)

2 FULL NAME Lizzie Susan C Messer

(a) RESIDENCE NO. 743 W Cross St ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs 1 mos 5 ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	White	Widowed

6a If married, widowed, or divorced
HUSBAND of (or) WIFE of Jeder W. Messer

6 DATE OF BIRTH (month, day, and year) 1856. 3. 16

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	1	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Nurse 037
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto md.

PARENTS

10 NAME OF FATHER Christian Huhn
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER Lucie Helmstetter
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mrs Pauline Cox (Daughter) 743 W Cross St

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11.16 1932

17 I HEREBY CERTIFY, That I attended deceased from 11.9 . 1932 to 11.15 . 1932 that I last saw h-r alive on 11.15 . 1932 and that death occurred, on the date stated above, at 6.40 a m.

The CAUSE OF DEATH* was as follows: Cerebral Hemiplegia Paralysis

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Uremia Myocarditis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? Nv Date of
Was there an autopsy? Nv
What test confirmed diagnosis?

(Signed) L F Turlington M. D.
. 19 (Address) 2102 Mt Holly St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL Dec 15 1932

20 UNDERTAKER Mrs Mrs John W. Teufel & Son — ADDRESS 501 W. Fayette St

M. D. B. 1268-9

78885 HEALTH DEPARTMENT—CITY OF BALTIMORE 78885

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. ...

CITY OF BALTIMORE: (No. ... St. 20-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louisa Hall

(a) Residence: No. 3905 Edmondson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 5 - 1921

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	11	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md -

FATHER

13. NAME Richard C. Hall

14. BIRTHPLACE (city or town) (State or country) Va -

MOTHER

15. MAIDEN NAME Lillian [illegible]

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Friends -
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date April 19, 1932

19. UNDERTAKER Robert S. Little
(Address) 2200 Edmondson Ave

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 4, 1931, to April 17, 1932

I last saw her alive on April 17, 1932 Death is said to have occurred on the date stated above, at 10 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Actinomycetic skull	Oct 4
Hepatolenes	1931

Other contributory causes of importance:

Secondary anemia	Oct 1931

Name of operation Removal of tumor Date of April 16, 1931

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Frank McGuire M. D.
(Address) Johns Hopkins Hospital

AaCo. 5-31 250B

78886 HEALTH DEPARTMENT—CITY OF BALTIMORE VE 78886

CERTIFICATE OF DEATH

Registered No. 95-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2633 Pimlico Ave St., 13-59 Ward)

Length of residence in city or town where death occurred yrs. mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Clarence A Blume

(a) Residence: No. 2633 Pimlico Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Blume

6. DATE OF BIRTH (month, day, year) May 8 1875

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min
	56	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

MOTHER FATHER

13. NAME Moloch K

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. J. M. Barnes (Address) 2633 Pimlico Ave

18. BURIAL, CREMATION, OR REMOVAL Place Loch Raven Date 4/18/1932

19. UNDERTAKER E. V. Fleming & Son (Address) 1938 E. Lafayette Ave

20. FILED , 19 Date Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1931, to April 15, 1932

I last saw her alive on 4/14/32, death is said to have occurred on the date stated above, at 3:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart Disease	
Other contributory causes of importance: Exhaustion	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. A. Sage, M. D.

(Address) 711 N Bilmay

A&Co. 8-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78887 E 78887

CERTIFICATE OF DEATH

X-134

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 4-20 St., Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Jones

(a) Residence: No. Turner Station St., Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced, HUSBAND of Lilla Jones (or) WIFE of

6. DATE OF BIRTH (month, day, year) January 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 1873

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Lilla Jones
(Address) Turner Station

18. BURIAL, CREMATION, OR REMOVAL.
Place Antioch B. Date Apr 18 1932

19. UNDERTAKER Mark R. Elliott
(Address) 1122 Eastlandtown

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 - 16 . 1932

22. I HEREBY CERTIFY, That I attended deceased from 4 - 14 . 1932 to 4 - 16 . 1932

I last saw h[illegible] alive on 4 - 16 . 1932 death is said to have occurred on the date stated above, at 1[illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Cardiovascular Disease	[illegible]

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dwight M. Kincaid M. D.

4-16 32 (Address) Provident Hospital

78888

E 78888

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 232

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1658-Gorsuch Ave. St. 9-46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marie Gertrude Holden

(a) Residence: No. 1658-Gorsuch Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edwin W. Holden

6. DATE OF BIRTH (month, day, year) 12/6/1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs.
26	4	9	XXXXXX

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Louis Pohlmer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Hoyer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edwin W. Holden

(Address) 1658-Gorsuch Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 4/18/32, 19

19. UNDERTAKER Geo. H. Pentz & Son

(Address) 1 W. Preston St.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/15/32, 19

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1930, to April 15, 1932.

I last saw her alive on April 15, 1932. Death is said to have occurred on the date stated above, at 10:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	June 1930

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Sputum Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

David Jenner, M. D.
(Signed)

4/17/32. (Address) 225 225 Medical Arts Bldg

Spec.—2-29-28—L. F. S.—500 Bks.

E 78889

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78889

92-001

CERTIFICATE OF DEATH

REGISTERED NO. 27-66

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3117 Woodland Ave ST.) (WARD) 27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Annie E Larbutton

(a) RESIDENCE NO. 3117 Woodland Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo J Larbutton

6 DATE OF BIRTH (month, day, and year) Jan 19-1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	2	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None do

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Church Hill Md

PARENTS

10 NAME OF FATHER Mrs H. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Georgeanna Bratton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Delaware

14 Informant Mrs Wm F Crane

(Address) 114 Brimmer St Boston Mass

15 Filed ____, 19____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17th 1932

17 I HEREBY CERTIFY, That I attended deceased from April 3rd, 1932, to April 17th, 1932,

that I last saw her alive on April 15th, 1932,

and that death occurred, on the date stated above, at 1032 A m.

The CAUSE OF DEATH* was as follows:

Chronic Mitral Endocarditis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility Exhaustion

(duration) gradual yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Physical Exam

(Signed) C. B. Elmer, M. D.

4-17-1932 (Address) 4936 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Church Hill Md

DATE OF BURIAL April 19 1932

20 UNDERTAKER J. D. Truscott Son

ADDRESS Norfolk

Spec. 1-10-21—MAT—1500 Blks.

E 78890

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78890

CERTIFICATE OF DEATH.

93-003

REGISTERED NO. —

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1039 N. Calvert (St.) 11-15 (Ward)

2-FULL NAME George Daniel Gossard

(a) RESIDENCE NO. Annville. Penna. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced, HUSBAND of (or) ~~WIFE~~ of Ella Pell Gossard.

6 DATE OF BIRTH (month, day, and year) Nov. 26, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	4	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manufacturer & College President

(b) General nature of industry, business, or establishment in which employed (or employer) — 018

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Franklin County Pennsylvania

PARENTS

10 NAME OF FATHER Hiram Gossard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Franklin Co. Penna.

12 MAIDEN NAME OF MOTHER Mary Zentmeyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Franklin Co. Penna.

14 Informant Mary Elizabeth Gossard

(Address) Annville Pennsylvania

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17 1932

17 I HEREBY CERTIFY, That I attended deceased from March 16, 1932, to April 17, 1932,

that I last saw h[illegible] alive on April 16, 1932,

and that death occurred, on the date stated above, at 1:50 A. m.

The CAUSE OF DEATH* was as follows:

Coronary thrombosis and myocarditis

Duration of coronary thrombosis about 2 weeks

Duration of myocarditis (duration) Many yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) Many yrs. mos. ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Typical x-ray

(Signed) Ernest L. Craig, M. D.

, 19 (Address) 1035 N. Calvert St. Baltimore, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. DATE OF BURIAL Apr. 19, 1932

20 UNDERTAKER Wm. Fletcher Sons ADDRESS North St.

THIS IS very important. See instructions on back of certificates.

M. D. B. 1268-9

E 78891 HEALTH DEPARTMENT—CITY OF BALTIMORE E78891

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3410 Copley Road St. 15 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dr Irvin Ebaugh

(a) Residence: No. 3410 Copley Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Eva B Ebaugh

6. DATE OF BIRTH (month, day, year) Jany 13 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

FATHER

13. NAME Zachariah Ebaugh

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md

MOTHER

15. MAIDEN NAME Harriet Mallow

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Mrs Eva B Ebaugh

(Address) 3410 Copley Road

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem Date Apr 19 1932

19. UNDERTAKER H. T. Ecker Sons

(Address) North & Penna

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1932 to Apr. 15, 1932

I last saw him alive on Apr. 15, 1932 Death is said to have occurred on the date stated above, at 9.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Arteriosclerotic Cardiovascular Disease	?
Auricular Fibrillation	Dec. 31.
Embolism with Infarction Lung	Apr. 2, 31
Lung Abscess	Apr. 2, 31

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm S. Love Jr. M. D.

(Address) Med. Arts Bldg.

1-30—M & T—100 B—50L

E 78892

E 78892

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

4-25

REGISTERED NO. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Pier No.6 Locust Point. ST., WARD)

2-FULL NAME William Gross.(C)

(a) RESIDENCE NO 610 N.Fairmount Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? ... yrs. ... mos ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married HUSBAND of Elizabeth Gross.(C)

6 DATE OF BIRTH (month, day, and year) March 15,1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	65	1	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Stevedore,
(b) General nature of industry, business, or establishment in which employed (or employer): Atlantic Transport
(c) Name of employer: Company.

9 BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

PARENTS

10 NAME OF FATHER William Gross.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co. Md.

12 MAIDEN NAME OF MOTHER Elizabeth Young(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co. Md.

14 Informant Howard Gross.(C) son.

(Address) 127 N.Schroeder St.

15 Filed ..... 192 . Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 15, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.

Accidental fall overboard from a scow.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D. Coroner

4/16/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem

DATE OF BURIAL 4/18 1932

20 UNDERTAKER Chas G Cooper

ADDRESS 514 N Calhoun St.

ITEM 11 very important! See instructions on back of certificate.

M. D. B. 1268-9

E 78893

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78893

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1353 S. Ponca St. St. 26-37 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME ANNA M. SCHMIDTMANN

(a) Residence: No. 1353 S. Ponca St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George J. Schmidtmann

6. DATE OF BIRTH (month, day, year) May 23,1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Adams

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Jessie Pritchett

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mr. G. J. Schmidtmann (Husband)
(Address) 1353 S. Ponca St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cemetery Date April 18.1932. 19

19. UNDERTAKER Henry Sander& Son. Inc. Henry T. Sander
(Address) Baltimore St. & Broadway.

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April.15.1932 19

22. I HEREBY CERTIFY, That I attended deceased from April 13 . 19 32 to April 15 . 19 32

I last saw her alive on April 13 . 19 32. Death is said to have occurred on the date stated above, at 3.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis and Chronic Heart Disease	yrs.
Other contributory causes of importance: Pulmonary Oedema	4-15

Name of operation None Date of

What test confirmed diagnosis? Death Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) L. B. Bromwell M. D.

(Address) 3037 O'Donnell

INSTRUCTIONS ON BACK OF CERTIFICATE. ALL QUESTIONS IN THIS SCHEDULE ARE VERY IMPORTANT. SEE

M. D. B. 1268-9

E 78894

E 78894

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1815 Aliceanna St. 2-4 Ward)

Length of residence in city or town where death occurred 73 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 73 yrs. ... mos. ... ds.

2. FULL NAME GERTRUDE SCHANER

(a) Residence: No. 1815 Aliceanna St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John P. Schaner

6. DATE OF BIRTH (month, day, year) May.20.1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Martin Meinschein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhelmina Tuss

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Anna Schaner (Daughter)
(Address) 1815 Aliceanna St.

18. BURIAL, CREMATION, OR REMOVAL
Trinity Cemetery April 1932.
Place Date ... 19

19. UNDERTAKER Henry Sander & Son. Inc. Leary F. Sander
(Address) Baltimore St. & Broadway.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April.15.1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 1st 32 19 ... to April 15-32 19 ... I last saw her alive on April 15th 32 19 ... Death is said to have occurred on the date stated above, at 4.00 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	Feb 1932

Other contributory causes of importance:

Arteriosclerosis	Feb 1931

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. W. Bruns ... M. D.

(Address) 1913 E Baltimore

OCCUPATION is very important. See INSTRUCTIONS on BACK OF CERTIFICATE.

1-30—M & T—100 B—50L

E 78895

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78895

CERTIFICATE OF DEATH

REGISTERED NO. 1745

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 16-22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Johnson

(a) RESIDENCE NO. 940 N. Gilmor ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colord	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elvertina Johnson

6 DATE OF BIRTH (month, day, and year) Dec 15-1902

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29	3	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) O'D
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Alabama

PARENTS

10 NAME OF FATHER Samuel Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ala.

12 MAIDEN NAME OF MOTHER Hattie Simms

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ala.

14 Informant Mrs E. Johnson

(Address) 94 N. Gilmor St

15 Filed ....., 192.... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 12 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage due to stab wound of Aorta

Homicide (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Edgar Fillis, M. D. Coroner

April 13, 1932 (Address) 2737 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cemetery

20 UNDERTAKER Mrs. Katie R. Williams

DATE OF BURIAL April 18, 1932

ADDRESS 3220 Schroeder St

TION is very important See instructions on back of certificates.

E 78896

A&Co. 5-31 250B

78896

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95 Noor

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 916 E Biddle St. 10-14 Ward)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Lewelle Gentry

(a) Residence: No. 916 E. Biddle St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Haden Gentry

6. DATE OF BIRTH (month, day, year): June 19-1867

7. AGE: Years 64 | Months 7 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Edward F. Lewelle

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Mary J. Laughran

16. BIRTHPLACE (city or town) (State or country): Balto.

17. INFORMANT (Address): Wm Gentry 916 E. Biddle St

18. BURIAL, CREMATION, OR REMOVAL: Place Catholic Cemetery Date April 19, 1932

19. UNDERTAKER (Address): Chas. H. Grave & Son 118 N. Howard St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1932, to April 17, 1932

I last saw h... alive on April 17, 1932. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Dilatation — Date of onset: April 16 1932

Other contributory causes of importance:

Cardiac Insufficiency — Date of onset: 16 Not Known

Name of operation: none — Date of:

What test confirmed diagnosis? Physical — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. F. Kenealy, M. D.

(Address) 1 West Mt. St.

78897 78897 E 78897

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Maryland Gen Hospital 16-22 Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St. ____ Ward)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Joseph Solomon

(a) Residence No. 2526 Madison St., ____ Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lilly Solomon

6. DATE OF BIRTH (month, day, year) Feb 7 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
50	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

MOTHER FATHER

13. NAME Charles Solomon

14. BIRTHPLACE (city or town) (State or country) N.Y.

15. MAIDEN NAME Rose Goldman

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Hospital Record (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Adas Israel Cemetery Date April 18 1932

19. UNDERTAKER Chas. E. Evans & Son (Address) 111 E. Lexington St.

20. FILED ____, 19____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-17-32

22. I HEREBY CERTIFY, That I attended deceased from 4-15-32 19__, to 4-17-32

I last saw him alive on 4-17-32 death is said to have occurred on the date stated above, at 7 42 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	3 yrs.

Other contributory causes of importance:

Cardiac insufficiency	6 hrs.

Name of operation ____ Date of ____

What test confirmed diagnosis? Clinical Was an autopsy?

23. If death was due to external causes (violence) fill in also the following. Accident, suicide, or homicide? Date of injury ____, 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Robert F. Chenoweth, M. D.

(Address) Md. General Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE E 78898

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH Baltimore City Hospitals (T.) Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 6-9 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Johnson

(a) Residence: No. 130 N. Bond st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 6, ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Fred Johnson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Julia Coleman

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date 19

19. UNDERTAKER
(Address)

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1932 to April 13, 1932
I last saw him alive on April 13, 1932 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Nov. 1931

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Lawrence H. Sena M. D.

(Address) Baltimore City Hospitals

M. D. B. 1265-9

E 78898

E 78899

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) St., 18-26 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stanley Wilson

(a) Residence: No. 745 Sarahann St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 7, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	7	6.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Selling papers

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0&

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Bertha Wilson

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records of

(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Date , 19

19. UNDERTAKER

(Address)

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1932 to April 13, 1932

I last saw h ill alive on April 13, 1932 Death is said to have occurred on the date stated above, at 1:30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	6 week

Other contributory causes of importance:

Tuberculosis pentonitis	unknown

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No (Specify)

(Signed) Jno. Shannon Jr. M. D.

(Address) Balto. City Hosp.

M. D. B. 1268-9

Carolyn Bennett Crouch

78900 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78900

CERTIFICATE OF DEATH

2-39348 N. Surg.

93-02

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 17-49 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carolyn Crouch

(a) Residence: No. 3908 W. Charles St., (Warrington apts) Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

(a) If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Lewis L. Frank

6. DATE OF BIRTH (month, day, year) May 2-1867

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	64	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. House-work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Robert Bennett

14. BIRTHPLACE (city or town) (State or country) Vermont

MOTHER

15. MAIDEN NAME Carolyn Bennett

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date April 19, 32

19. UNDERTAKER Newcomer Mead Co

(Address) 18 W. Mt. St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-17- 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-30- 1932 to 4-17- 1932

I last saw her alive on 4-17- 1932 Death is said to have occurred on the date stated above, at 4:10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	1929

Other contributory causes of importance:

none

Name of operation ..... Date of .....

What test confirmed ~~diagnosis~~ Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Lloyd W. Seal M. D.

(Address) Johns Hopkins Hospital

E 78901

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78901

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 26-37 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth 17 yrs. mos. ds.

2. FULL NAME Bertha Weisner

(a) Residence: No. none St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
[illegible]			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ? Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknonwn

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records of

(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Date , 19

19. UNDERTAKER

(Address)

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1907, to April 14, 1932

I last saw her alive on April 14, 1932 Death is said to have occurred on the date stated above, at 4:40 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chr.	3 months
Arteriosclerosis	unknown
Emphysema	"

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Jos. Shmoe Sr. M. D.

(Address) Balto. City Hosp.

INSTRUCTION is very important. See instructions on back of certificate.

UNIVERSITY OF MARYLAND MEDICAL LIBRARY

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78902

E 78902

CERTIFICATE OF DEATH

131

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1208 E. Preston ST. 9-18 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Isabella Rebert

(a) RESIDENCE NO. 1208 E. Preston ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Widowed.

5a If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of J. Edwin Rebert.

6 DATE OF BIRTH (month, day, and year) Oct 24, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	5	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) York County, Pa.

PARENTS

10 NAME OF FATHER Samuel Emig

11 BIRTHPLACE OF FATHER (city or town) Pa.
(State or country)

12 MAIDEN NAME OF MOTHER Mary Butt

13 BIRTHPLACE OF MOTHER (city or town) Pa.
(State or country)

14 Informant Alverta Barnes

(Address) 1208 E Preston St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 18 1932

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1931 to Apr. 1932

that I last saw her alive on April 17 1932

and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Cardio-vascular-renal disease

Acute cardiac dilatation

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) hypertension

(duration) ✓ yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical tests

(Signed) Jack J. Singer, M. D.

, 19 (Address) 1220 E. Biddle St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Christ Church Adams County Penna

DATE OF BURIAL April 21 1932

20 UNDERTAKER W. A. Fenner

ADDRESS Hanover Pa.

Spec.—9-30—A. & Co.—250 Bks.

78903 HEALTH DEPARTMENT—CITY OF BALTIMORE 78903

CERTIFICATE OF DEATH

92-001
REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3008 Manhattan Ave. WARD 27-55

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Lucian Duke

(a) RESIDENCE No. 3008 Manhattan Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: mal

4 COLOR OR RACE: white

5 Single, ~~Married~~, Widowed, ~~Divorced~~, (write the word): Widower.

5a If married, widowed, or divorced (or ~~divorced~~): Helen Murtaugh

6 DATE OF BIRTH (month, day, and year): Sept. 16/61

7 AGE: Years 70 | Months 7 | Days 1 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Manager of Club

(b) General nature of industry, business, or establishment in which employed (or employer): 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Staunton Co. Va.

PARENTS

10 NAME OF FATHER: Alfred Duke

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Ann Cosby

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Miss. Helen Duke (Address): 3008 Manhattan Ave.

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 17, 1932

17 I HEREBY CERTIFY, That I attended deceased from January 30, 1932, to April 17, 1932, that I last saw h[illegible] alive on March 15, 1932, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Aortic Stenosis

(duration) yrs. mos. dy.

CONTRIBUTORY (Secondary): Acute Cardiac Dilatation (duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Myer A. Weinberg M. D.

19 (Address) 1726 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — DATE OF BURIAL: April 20 1932

20 UNDERTAKER: Martin Dailey & Sons — ADDRESS: 1527 N. North Ave.

M. D. B. 1268-9

Pusateri

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78904 — CERTIFICATE OF DEATH — 84-001 — B 78904

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 5-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lena Pusateri

(a) Residence: No. 313 East Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Italian	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 2, 1929

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER

13. NAME Joseph Pusateri

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Santina Marenno

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mother (Santina Pusateri
(Address) 313 East Street.

18. BURIAL, CREMATION, OR REMOVAL 4/19/32
Place Holy Redeemer Date 19

19. UNDERTAKER Geo. J. Kelly Inc
(Address) 1 N. Fayette St. Geo. J. Kelly

20. FILED ..... 19 ..... Registrar. A.O.H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 16th, 1932 to April 17th, 1932

I last saw h.. alive on April 17, 1932 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Suppurative Otitis Media (Left)	11-12 days
Acute Mastoiditis (Left)	2-3 days (?)
Brain Abscess	12-24 hrs (?)

Other contributory causes of importance:

Name of operation Lumbar Spinal Puncture Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. F. Burns, M. D.

(Address) Mercy Hospital

1-30—M. & T.—100 B—50L.

E 78905

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78905

CERTIFICATE OF DEATH

23

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 Jordan St. WARD) 24

2-FULL NAME Leslie Whitfield

(a) RESIDENCE NO 922 Jordan ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) 1912.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) O H O
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Berlin Whitfield

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Lemuel P. Stewart, M.D.

(Address) 922 Jordan St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Bacteriological

(Signed) H. Leslie Corbin, M. D. Coroner

(Address) 1932

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Ville N. C.

DATE OF BURIAL 4-19 1932

20 UNDERTAKER Hunt Funeral Home

ADDRESS 916 Eager St

THIS is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78906

CERTIFICATE OF DEATH

E 78906

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hos St., 3 (Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Dorsey

(a) Residence: No. 645 E. Madison St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown

6. DATE OF BIRTH (month, day, year): 1872

7. AGE: Years 60 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0+0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): md

FATHER

13. NAME: Unk

14. BIRTHPLACE (city or town) (State or country): Unk

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country): Unk

17. INFORMANT: Wm H. Baker

(Address) 1207 Edmondson

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date April 19 1932

19. UNDERTAKER Emmert & Thos F Doe

(Address) 638 N. Eutaw

20. FILED , 19 A. C. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16th, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on April 16 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1st Arteriosclerosis 2nd degree burns	Sudden

Other contributory causes of importance: Explosion Oil stove

Name of operation: None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury April 16 , 19 32

Where did injury occur? Fire from oil stove (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. E. Lirick Coroner, M. D.

(Address) Coroner

AACo. S-H 2501

78907

HEALTH DEPARTMENT—CITY OF BALTIMORE

210 E 78907

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3038 Boston St. St. 1-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Peter Bollack, Jr.

(a) Residence: No. 303 Boston St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie Bollack

6. DATE OF BIRTH (month, day, year) Sept. 9 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Peter Bollack, Sr.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Rosa Cook

16. BIRTHPLACE (city or town) (State or country) Richmond, Va.

17. INFORMANT Peter Bollack, Sr.
(Address) 2826 Elliott St.

18. BURIAL, CREMATION, OR REMOVAL
Place Schwartzbem Date April 19 1932

19. UNDERTAKER George W Zipkin
(Address) 1752 E Lyon St

20. FILED ..., 19... Registrar. R. P. A.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from September, 1926, to April 16, 1932

I last saw him alive on April 15, 1932 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Chronic cystitis with Chronic Nephritis, Chronic myocarditis, Varricose Ulcers of the legs

Date of onset

Other contributory causes of importance:
Accidental Cerebral Injury

No operation was performed

Name of operation ... Date of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, ~~suicide, or homicide?~~ Date of injury 3/7, 1932

Where did injury occur? Baltimore
(Specify city or town, county, and State)

Specify whether injury occurred in ~~industry, in home, or in public~~ place. On a road O'Donnell St. Tunnel

Manner of injury While riding a taxi

Nature of injury Cer. Sprain with General Acute lowering of resistance

24. Was disease or injury in any way related to occupation of deceased? No If so, specify none

(Signed) Joseph A. Rosenblatt M. D.

(Address) 3018 O'Donnell St. Balto. Md.

M. D. H. 1265-9

78908

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78908

CERTIFICATE OF DEATH

186-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 26-37 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas P. Foll

(a) Residence: No. 3827 Fait Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Foll

6. DATE OF BIRTH (month, day, year) Aug. 18 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME don't know

14. BIRTHPLACE (city or town) (State or country) don't Know

MOTHER

15. MAIDEN NAME don't know

16. BIRTHPLACE (city or town) (State or country) don't know

17. INFORMANT Margaret Foll
(Address) 3827 Fait Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem Date April 19 19 32

19. UNDERTAKER George W. Zirkler
(Address) 1727 E. Eager St.

20. FILED . . 19 A.P.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15 1932

22. I HEREBY CERTIFY, That I attended deceased from . 19 to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 5.30 P m

The principal cause of death and related causes of importance were as follows:

Fractured Skull
Accidental Fall.

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, ~~suicide~~, or ~~homicide~~? Accident Date of Injury . 19
Where did injury occur? April 14 1932
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of Injury Fell down stairs
Nature of Injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
Coroner
4/16/32 (Address) 1305 N Fulton Ave

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

78909

CERTIFICATE OF DEATH

117-002

E 78909

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Saint Joseph's Hospital - St. Ward)

Length of residence in city or town where death occurred 48 yrs. 9 mos. 4 ds. How long in U.S. If of foreign birth? yrs mos. ds.

2. FULL NAME Mark O. Shriver

(a) Residence: No. 607 - Saint Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rosalia Oliver

6. DATE OF BIRTH (month, day, year) July 14, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Law

10. Date deceased last worked at this occupation (month and year) ---

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME Mark O. Shriver

14. BIRTHPLACE (city or town) (State or country) Carroll County Maryland

15. MAIDEN NAME Katharine Dietrich

16. BIRTHPLACE (city or town) (State or country) Cincinnati Ohio

17. INFORMANT (Address) Mrs. Rosalia O. Shriver 607 St. Paul Street

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date 4/20 19 32

19. UNDERTAKER (Address) Henry H. Mears and Son 805 N. Calvert St.

20. FILED ... 19 ... Registrar

A. O. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-18-1932

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1932 to April 18, 1932

I last saw h[illegible] alive on April 16 1932 death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated Duodenal Ulcer	
Intestinal hemorrhage.	
Other contributory causes of importance:	
Toxemia	

Name of operation — Date of No.

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. E. Meade M. D.

(Address) Saint Joseph's Hosp.

1-20—M. & T.—100 B—50L.

E 78910

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

173

E 78910

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1b.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital. ST. 12-19 WARD)

2-FULL NAME Frank Lample.

(a) RESIDENCE NO 12 E. Lafayette Ave. ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. 9 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married XXXXXXXXXXXX HUSBAND of Clara Clara Lample.

6 DATE OF BIRTH (month, day, and year) June 30, 1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	9	17 18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Unemployed.
(b) General nature of industry, business, or establishment in which employed (or employer): do
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Lample.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Minnie Binder.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Christian Lample. (brother)

(Address) 12 E. Lafayette Ave.

15

Filed ... 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) and inquest find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Peritonitis & Gas Bacillus infection due to pistol shot wound of large bowel

(duration) yrs. mos. da.

Homocide

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? 12 E. Lafayette Ave. April 14, 1932

Did an operation precede death? Yes. Date of

Was there an autopsy? No.

What test confirmed diagnosis? No.

(Signed) Otto M. Reinhardt X Coroner, M. D.

4/18/32 . 19 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetary

DATE OF BURIAL: 4/20/1932

20 UNDERTAKER: W. Maurice Kouteas

ADDRESS 2238 W North Ave

TION is very important See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Bks.

E 78911

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78911

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 505 S. Brunswick St. ST. 20-64 WARD)

2 FULL NAME Frederick A. Roeder

(a) RESIDENCE NO. (Usual place of abode) 505 S. Brunswick St. ST. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of CeCelia S. Roeder (nee Schweitzer)

6 DATE OF BIRTH (month, day, and year) Sept. 9, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	7	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe Maker

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Conrad Roeder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Dieter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mrs. CeCelia S. Roeder 505 S. Brunswock St.

15 Filed , 19 Registrar

R. F. H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 15th

17

I HEREBY CERTIFY, That I attended deceased from April 1 — 1932 to April 15 1932

That I last saw him alive on April 15 1932

and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows: Cerebro Vascular Hemorrhage Contributory Cerebro Arterio Sclerosis Chronic Interstitial Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Ventricle

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) Robert E. Nelson M. D.

4/18/32 (Address) 2657 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount

DATE OF BURIAL 4/19 1932

20 UNDERTAKER Percy V. Lutz & Co. 4101 Edmondson Ave

ADDRESS

PRINT in very important. See instructions on back of certificate.

M. D. B. 1268-0

78912 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 78912

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2334 Jefferson St. (Ward) 18

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME August Buechler

(a) Residence: No. 2334 Jefferson St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): July 17-1857

7. AGE: Years 74 | Months 9 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sheet Iron worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired 08

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Christian Buechler

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Caroline Beisler

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. C. Miller
(Address) 2334 Jefferson St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Balto Com. Date: April 20 1932

19. UNDERTAKER: C. Myers & Son
(Address) 2334 Jefferson St.

20. FILED 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1932 to date, 19—

I last saw him alive on April 17, 1932. Death is said to have occurred on the date stated above, at 12 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Arteriosclerosis	
Chr. Myocardial Insufficiency	Mar 23 31
Chr. Nephritis	
Other contributory causes of importance: Acute Cardiac Dilatation	Apr 13 32
Pulmonary Edema.	

Name of operation: — Date of: —

What test confirmed diagnosis: Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. J. Geyer M. D.

(Address) 156 N. Milton Ave.

M. D. H. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78913

CERTIFICATE OF DEATH

22 E 78913

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Johns Hopkins Hosp (St.) 6-40 (Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Grace Hornberger
(a) Residence: No. 3107 Eadman Ave (St.) Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex Fem | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 12 1928

7. AGE: Years 4 | Months 3 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME Vernon Hornberger
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Grace
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Vernon Hornberger (Address) 3107 Eadman Ave

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cem Date Apr 19 1932

19. UNDERTAKER Mrs C. Miller & Son (Address) 1334 Jefferson St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19
I last saw h alive on Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tetanus	3 days
Other contributory causes of importance: Unknown	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H E Smith M. D.
Coroner
(Address) Coroner

Spec.—8-16-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78914

E 78914

CERTIFICATE OF DEATH

131

REGISTERED NO. 15-61

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3616 Forest Park Ave. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mollie E. Carmine

(a) RESIDENCE NO. 3616 Forest Park Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mch. 30-1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60		17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Thomas H. Carmine

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Annie Hudgins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ga

14 Informant Mrs Catherine Buell

(Address) 3616 Forest Park ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 17, 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1932 to Apr 17, 1932

that I last saw her alive on Apr 17, 1932

and that death occurred, on the date stated above, at 8. P m.

The CAUSE OF DEATH* was as follows:

Chronic Cystitis

(duration) yrs. mos.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. F. Wardner M. D.

4/18 1932 (Address) 16 Randall St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Berne N. C.

DATE OF BURIAL April 19 1932

20 UNDERTAKER Chas. E. Foarch

ADDRESS 502 Madison ave

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

78915 E 78915

CERTIFICATE OF DEATH

10

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenham Hospital St., 1-2 Ward)

Length of residence in city or town where death occurred 6 yrs. 5 mos. 29 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Keller

(a) Residence: No. 34 So. Curley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of /

6. DATE OF BIRTH (month, day, year) Oct 17, 1925

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none do
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Adam Keller
14. BIRTHPLACE (city or town) (State or country) Baltimore md.

MOTHER

15. MAIDEN NAME Mary Lichorowicz
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mary Keller
(Address) 34 So. Curley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date April 20 1932

19. UNDERTAKER John C. Moller
(Address) 1245 E. Oliver St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1932, to Apr. 18, 1932
I last saw him alive on Apr. 18 1932 death is said to have occurred on the date stated above, at 2 05 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nasal and Faucial Diphtheria	4/9/32
Other contributory causes of importance:	
acute Nephritis with Uremia	4/13/32

Name of operation none Date of ...
What test confirmed diagnosis Cultures Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Peter Meranchuk M. D.
(Address) Lyndenham Hospital

OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-3-31—4 Co.—200 Blks.

E 78916

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78916

186-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore City Hospital St. 96-10 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Myers

(a) RESIDENCE NO. 3049 Frederick Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Myers

6 DATE OF BIRTH (month, day, and year) February 1834

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	98	✓		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore County

(State or country) Maryland

PARENTS

10 NAME OF FATHER Charles McConigle

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Scotland

12 MAIDEN NAME OF MOTHER Mary Ann Chalk

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Mt. Airy, Md.

14 Informant Mr. John H. Myers

(Address) 3150 Leeds St.

15 Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16, 1932 193

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Accidental Fracture of Pelvis

(duration) yrs. mos. 7 ds.

(Signed) B F Herzog M.D. M. D.

(Coroner)

4/18. 1932 (Address) 1305 N. Patterson Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death 1 yrs., 2 mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery Date of Burial Apr. 19 1932

20 UNDERTAKER Joseph S Cook ADDRESS 1003 West Baltimore St.

M. D. H. 1268-9

E 78917 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 78917

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2311 E. Madison St., 7-12 Ward)

Length of residence in city or town where death occurred 73 yrs. 6 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William A. Callahan

1a) Residence: No. 2311 E. Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary A. Buckheimer

6. DATE OF BIRTH (month, day, year) Sept. 23, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) --

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Timothy Callahan

14. BIRTHPLACE (city or town) (State or country) ------ Ireland

MOTHER

15. MAIDEN NAME Margaret Goodwin

16. BIRTHPLACE (city or town) (State or country) ------- England

17. INFORMANT Mrs. Mary A. Callahan
(Address) 2311 E. Madison Street

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 4/20, 1932

19. UNDERTAKER Henry U. Mears and Son
(Address) 805 N. Gilbert St.

20. FILED ---, 19-- [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-17-32

22. I HEREBY CERTIFY, That I attended deceased from 4-11, 1932 to 4-17-32

I last saw h alive on 4-17, 1932 Death is said to have occurred on the date stated above, at 4:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	4 yrs
Coronary Thrombosis	Day
Acute Cardiac Dilatation	Day

Other contributory causes of importance:

Name of operation ---- Date of ----

What test confirmed diagnosis? ---- Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ---- Date of injury ----, 19--

Where did injury occur? ----
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ----

Manner of injury ----

Nature of injury ----

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. Ed Reynolds M. D.

(Address) 820 N. Dist Ave

4-18-32

OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 250B

78918 HEALTH DEPARTMENT—CITY OF BALTIMORE 78918

CERTIFICATE OF DEATH

93-004 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. [illegible] Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 13 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Matthew Gill

(a) Residence: No. Elkridge, Md St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Apr 4th 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	—	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER
13. NAME Lawrence Gill
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Isabelle Hogan
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr Frederick Gill
(Address) Elkridge, Md.

18. BURIAL, CREMATION, OR REMOVAL
St Augustines Cem Elkridge Md Date 4/22/1932

19. UNDERTAKER John J Cowan & Son
(Address) 1921 Baltimore St

20. FILED ... 19... Registrar.

OCCUPATION IS very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1932 to April 19, 1932
I last saw him alive on April 14 1932, death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	4/13/32
Other contributory causes of importance: Anemia	4/12/32

Name of operation — Date of
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Emil J. C. Blumbrand, M. D.
(Address) University Hospital

M. D. R. 1268-9

E 78919

E 78919 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE. (No. Provident Hosp. St. 17-25 Ward)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Geo. Brisett

(a) Residence: No. 622 Carlton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia

6. DATE OF BIRTH (month, day, year) 1868

7. AGE Years 63 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Nathaniel Brisett
14. BIRTHPLACE (city or town) (State or country) St Marys Co Md

MOTHER
15. MAIDEN NAME Mary Brooks
16. BIRTHPLACE (city or town) (State or country) St Marys Co Md

17. INFORMANT Mary Carter
(Address) 622 Carlton St

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Cem Date April 20 1932

19. UNDERTAKER Joseph A. Lively
(Address) 1091 N. Mount street.

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17 1932

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on Sunday April 17 1932 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardiac Failure	Sudden

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

E 78920

Dec.—6-16-28—L. F. S.—100 Bks.

E 78920

HEALTH DEPARTMENT—CITY OF BALTIMORE

53

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 18-76

CITY OF BALTIMORE: (No.) 308 (ST.) Schroeder (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Maria J Ayers

(a) RESIDENCE NO. 308 (Usual place of abode) ST., Schroeder WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elijah Ayers

6 DATE OF BIRTH (month, day, and year): Jan 1, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	66	1	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Prince George Co Md.

PARENTS

10 NAME OF FATHER: Henry Young

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Susan Lewell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Elijah Ayers

(Address): 308 N. Schroeder

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4-18-1932

17 I HEREBY CERTIFY, That I attended deceased from Oct 10, 1928, to Apr 18, 1932, that I last saw her alive on April 13, 1932 and that death occurred, on the date stated above, at 7.50 P m.

The CAUSE OF DEATH* was as follows:

Cancer of Eye Nose & Throat

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Thos Woodbridge, M. D.

4/19, 1932 (Address) 703 W Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Wash. D. C.

DATE OF BURIAL: April 4 1932

20 UNDERTAKER: Samuel P. Chase & Son

ADDRESS: 638 N. Gilmor

M. D. B. 1268-9

E 78921 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 78921

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Monument St., 1500 Ward) 3

Registered No. 24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Allen Ackerman

(a) Residence: No. 3616 W. Garrison Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec. 7-1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

FATHER

13. NAME Isidore Ackerman
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ida Kessos
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Isidore Ackerman
(Address) 3615 W. Garrison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Shaw's Funeral Date 4-14- 1932

19. UNDERTAKER Jack Krouse Inc
(Address) 1439 E. Balto St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19 1932

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1932, to April 19, 1932
I last saw h~~im~~ alive on April 19, 1932. Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis	?
Tuberculous Meningitis	4/3/32

Other contributory causes of importance:

T. B. Mesenteritis	?

Name of operation ... Date of ...

What test confirmed diagnosis? clinical ~~Autopsy~~ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) M. B. Kirsh M. D.
(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 78922

HEALTH DEPARTMENT—CITY OF BALTIMORE

78922

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2618 McElderry St. 7-10 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Sarah A. Webster

(a) Residence: No. 2618 McElderry St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo W. Webster

6. DATE OF BIRTH (month, day, year) Sept 10/1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John T. Parkinson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth —

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Geo T. Webster

(Address) 2618 McElderry St

18. BURIAL, CREMATION, OR REMOVAL

Place Deal Island Md Date Jan 9. 1932

19. UNDERTAKER Somerset 69 Phillips Murray & Sons

(Address) 206 Chelsea Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18. 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-K 10 1931 to April 14 1932

I last saw her alive on April 14. 1932 Death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis — Date of onset 1/2 yr

Other contributory causes of importance: Chronic Bronchitis — 1 yr

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury X 19.....

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury X

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W A Abercrombie M. D.

(Address) 4 W Saratoga

AaCo. 5-31 250B

E 78923

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78923

140

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen. Hospital 25-27 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Athel Blackstone (Blockston)

(a) Residence: No. 3900 Pemberton Ave., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married Blockston

5a. If married, widowed or divorced (or) ~~WIFE~~ of August Blackstone

6. DATE OF BIRTH (month, day, year) March 12, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	38	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Frederick Sanders

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Elizabeth Leyter

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date 4/20, 1932

19. UNDERTAKER Philip Herwig
(Address) 2016 Orleans St.

20. FILED ....., 19.... 141 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/10, 1932 to 4/18, 1932

I last saw her alive on 4/18, 1932 death is said to have occurred on the date stated above, at 4:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	(?)
Other contributory causes of importance: multiple abscess	(?)
acute nephritis	(?)

Name of operation Incision & drainage Date of 4/13/32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert F. Cromwell M. D.

(Address) Md. General Hosp.

INSTRUCTION IS very important. See instructions on back of certificate.

M. D. H. 1268-9

E 78924

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78924

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals St. 18-26 (Ward)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Brown

(a) Residence: No. 952 W. Franklin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
Average 50-60 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ? ?86

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steamship Line

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ?

MOTHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

FATHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records of

(Address) Balto. City Hospitals

18. BURIAL, CREMATION, OR REMOVAL,

Place Mt. Auburn Cem. Date Apr 20 1932

19. UNDERTAKER Hynd Eastern

(Address) 976 Eutaw

20. FILED , 19 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17 , 1932

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1932 to April 17, 1932 Death is said to have occurred on the date stated above, at 2 P. M.

I last saw him alive on April 17, 1932

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into Cerebrum	March 22 1932
Hypertension Arteriosclerosis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No (If so, specify)

(Signed) Jas. Glennon M.D.

(Address) Balto. City Hospitals

AaCo. 5 H 250B

3925

HEALTH DEPARTMENT—CITY OF BALTIMORE E 78925

CERTIFICATE OF DEATH

+ 122-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. [illegible] Ward)

Length of residence in city or town where death occurred 1 yrs. mos 3 ds. How long in U. S. If of foreign birth? yrs mos ds

2. FULL NAME Edward Plummer

(a) Residence: No. Lansdowne, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	57	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT George Plummer

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Cem. Date 4-20-32

19. UNDERTAKER Hunt Foster

(Address) 916 Eastern

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1932, to April 17, 1932

I last saw h[illegible] alive on April 17, 1932 death is said to have occurred on the date stated above, at 10 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4-10-32

Other contributory causes of importance:

Incarcerated inguinal hernia

Name of operation Hemiplasty Date of 4-16-32

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George H. Yeager, M. D.

4/18/32 (Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—200 lbks

E 78926 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78926

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 611 W. Lanvale ST. 17-24 WARD 108 v)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Ramey McKenley + one

(a) RESIDENCE NO. 611 W. Lanvale ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
29				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER John Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Fannie Hughes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Virginia Jones
(Address) 611 W. Lanvale St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 18 1932

17

I HEREBY CERTIFY, That I attended deceased from Apr. 14, 1932 to Apr 18 1932

That I last saw him alive on Apr 18 1932

and that death occurred, on the date stated above, at 5-15 P M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. D. Wheeler M. D.
Apr 18 1932 (Address) 7 E Pa Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carlton Cem

DATE OF BURIAL 4-19-1932

20 UNDERTAKER David Carter

ADDRESS 96 Pa Ave

TION is very important. See instructions on back of certificates.

M. D. R. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78927

CERTIFICATE OF DEATH

E 78927

Registered No. 131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Bon Secours Hospital (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 63 yrs. 11 mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Fitzgerald

(a) Residence: No. 1916 W. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Anna Fitzgerald
6. DATE OF BIRTH (month, day, and year): April 28th 1868
7. AGE: Years 63 Months 11 Days 18 If LESS than 1 day, hrs. or min. 19

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Peoples Depart
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER
13. NAME: James Fitzgerald
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER
15. MAIDEN NAME: Virginia Kelley
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Mrs Anna Fitzgerald 1916 W Baltimore St
18. BURIAL, CREMATION, OR REMOVAL — Place: Pen Lucy Date: 4/20/32
19. UNDERTAKER (Address): F. D. Stuppert 1552 W Baltimore St
20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4/16/32
22. I HEREBY CERTIFY, That I attended deceased from 4-11 1932 to 4/16 1932
I last saw him alive on 4/16 1932 Death is said to have occurred on the date stated above, at 9:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6 days.
Other contributory causes of importance:	
Reno-cardio-vascular disease & hypertension	

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Andrew E. Calvin M. D.
(Address) Bon Secours Hospital

(Instructions on back of certificate.)

M. D. B. 1268-9

E 78928 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78928

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4402 Fernhill Av St. (Ward) 28-63

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernard Sachs

(a) Residence: No. 4402 Fernhill Av St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie Sachs

6. DATE OF BIRTH (month, day, year) 6/13/1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Peter Sachs

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Stiefel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Minnie Sachs

(Address) 4402 Fernhill Av

18. BURIAL, CREMATION, OR REMOVAL

Place Levindale Date 4/21/32

19. UNDERTAKER F. D. Pusey

(Address) 1855 W. Baltimore St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/18/32

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1932 to Apr 18, 1932

I last saw him alive on Apr 17, 1932. Death is said to have occurred on the date stated above, at 7.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypocondits	March 7/32
Other contributory causes of importance:	
arterio-sclerosis	1929
Chronic interstitial nephritis	1929
Infected gall bladder	1928

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, state how

(Signed) Walter D. Nuttall M. D.

(Address) 2220 Garrison Av

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 78929 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 78929

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 N. Eutaw St., 11th Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Virginia Bowie

(a) Residence: No. 811 N. Eutaw St., 11th Ward. Baltimore Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Dr. Howard D. Bowie

6. DATE OF BIRTH (month, day, year) Aug. 12 1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Edwin Bentley

14. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER

15. MAIDEN NAME Virginia Eastley

16. BIRTHPLACE (city or town) (State or country) Richmond Va

17. INFORMANT Allen S. Bowie

(Address) 811 N. Eutaw St.

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date April 19, 1932

19. UNDERTAKER Henry W. Jenkins Sons Co

(Address) McCulloh & Richards Sts.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from July, 1926 to Apr. 17, 1932

I last saw h[illegible] alive on Apr. 17, 1932 Death is said to have occurred on the date stated above, at 2:30 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocardial disease	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. D. Bowie M. D.

(Address) 1324 N. Lanvale St

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 78930

E 78930 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 ✓

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 541 Dolphin ST. 17-24 (WARD)

2-FULL NAME Lina Amington

(a) RESIDENCE NO. 541 Dolphin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Remington

6 DATE OF BIRTH (month, day, and year): Sept 20, 1885

7 AGE — Years: 46 — Months: 6 — Days: 20 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home Keeper

(b) General nature of industry, business, or establishment in which employed (or employer): ~

(c) Name of employer: ~

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Henry Garrish

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Jane Pinder

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Julia Remington 541 Dolphin

15 Filed ., 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 14 1932

17 I HEREBY CERTIFY, That I attended deceased from Dec 4, 1931. to April 14, 1932.

that I last saw her alive on April 04, 1932.

and that death occurred, on the date stated above, at 7.55 a m.

The CAUSE OF DEATH* was as follows:

Cancer of Rectum

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) ~ yrs. ~ mos. ~ ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? yes Date of

Was there an autopsy? no

What test confirmed diagnosis? Microscope

(Signed) K. R. Williams, M. D.

, 19 (Address) 3200 Keyseia ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — DATE OF BURIAL: April 14, 1932

20 UNDERTAKER: Mrs Katie R. Williams — ADDRESS 322 N Schroeder St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

M. D. B. 1268-0

78931 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 78931

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 38 E 27th St., 12-50 Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anne Armstrong Godman

(a) Residence: No. 38 E 27th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 12 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	76	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William Patterson

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Glendenning Maria

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Gail Godman

(Address) 38 E 27th St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Apr. 20 . 1932

19. UNDERTAKER George J. Smith

(Address) 1633 Baltimore St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17th . 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st . 1932 to April 17th . 1932

I last saw her alive on April 17th . 1932. Death is said to have occurred on the date stated above, at 2:15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	June 1931
Enlarged Spleen (malignant)	Jan 1931
Asystematic Nursing	Final

Other contributory causes of importance:

Gall stones

Name of operation None Date of ...

What test confirmed diagnosis? ~~Microscopic~~ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) J. A. Chatard . M. D.

(Address) 306 N. Calvert St

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 78932

HEALTH DEPARTMENT—CITY OF BALTIMORE E 78932

CERTIFICATE OF DEATH

23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Good Shepherd General Hospital
CITY OF BALTIMORE: (No. 512 N Gilmor St. Ward 6)
Length of residence in city or town where death occurred Unknown How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Wiles
(a) Residence: No. 25 Frederick St., Ward.
(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	A. A.	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Date APR 1 3 1932 19
Place

19. UNDERTAKER
(Address)

20. FILED 19 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/15, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/14, 1932, to 4/15, 1932
I last saw him alive on 4/15, 1932 death is said to have occurred on the date stated above, at 6 20 P. m.

The principal cause of death and related causes of importance were as follows:

Rheumatic Fever — Date of onset 4/1/32
Chr. V. D. — ?

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carson C. Johnson M. D.
(Address) 632 Baker St

UNIVERSITY OF MARYLAND

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

78933

78933

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 McCulloh St. 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nelson Robyson

(a) Residence: No. 914 McCulloh St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male Col Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 11 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Jas Robyson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Elizabeth Grace Gold

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Jas Robyson

(Address) 914 McCulloh

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 4-20 1939

19. UNDERTAKER Samuel T Hensley

(Address) 378 W Biddle St

20. FILED 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17 1939

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 , and that death occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia 3 days

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H Clark Coroner, M. D.

(Address)

SPECIFIC INSTRUCTIONS ON BACK OF THIS FORM should be carefully followed. OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 250B

E 78934

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78934

CERTIFICATE OF DEATH

23

Registered No. 17-24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1020 Fulda Place St., or Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward St. Brown

(a) Residence: No. 1020 Fulda Place St. Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bro. Ck
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Robert Brown

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary F Elmer

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Lucia Brown
(Address) 1020 Fulda Place

18. BURIAL, CREMATION, OR REMOVAL
Place Pat. Cemetery Date 4/19/32

19. UNDERTAKER Samuel F Hensley
(Address) 305 N Bond St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1932 to Sept 16, 1932

I last saw h alive on Sept 15, 1932 death is said to have occurred on the date stated above, at 3.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pericardial Effusion	6-30
Other contributory causes of importance:	
Pulmonary Tuberculosis	2-30-32

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. D.

(Address) 1126 Druid Hill

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 78935

HEALTH DEPARTMENT—CITY OF BALTIMORE E 78935

CERTIFICATE OF DEATH.

46

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Edgewood Sanitorium

CITY OF BALTIMORE: (No. 6000 Belna Ave) (WARD) 24

2-FULL NAME Caroline Ferguson Roach

(a) RESIDENCE NO. 611 Park Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. 19 ds. How long in U. S., if of foreign birth? 70 yrs. mos. 19 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Roach

6 DATE OF BIRTH (month, day, and year) Mar 31 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	—	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None 037
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore City Md

PARENTS

10 NAME OF FATHER Jacob H. Ferguson
11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md
12 MAIDEN NAME OF MOTHER Sarina Ward Henderson
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Edwin R. Roach
(Address) 611 Park Ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 19, 1932

17 I HEREBY CERTIFY, That I attended deceased from ....., 19 ....., to April 19, 1932.
that I last saw h[illegible] alive on April 18, 1932
and that death occurred, on the date stated above, at 12 45 A m.

The CAUSE OF DEATH* was as follows:
Cancer of Stomach
with metastases to
Glands, Rectum, Skin
(duration) yrs. 10 mos ds.

CONTRIBUTORY (Secondary) Hypertension Pneumonia
(duration) yrs. - mos. 7 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Chas Clifford Ruth, M. D.
, 19 (Address) 222 Wendover Road Bel Air

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL April 21 1932

20 UNDERTAKER Henry J. Jenkins Sons — ADDRESS Cleveland & Preston Sts

THIS is very important. See instructions on back of certificates.

M. D. B. 1268-0

E 78936

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2 E 78936

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 23-33 Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Morrisey

(a) Residence: No. 134 N Hughes St.; Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Date APR 12 1932 19

19. UNDERTAKER

(Address)

20. FILED 19

Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from —, 19 , to —, 19

I last saw h— alive on —, 19 Death is said to have occurred on the date stated above, at —m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tetanus Infection	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury , 19

Where did Injury occur? Unknown

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B Herzog M D Coroner

4/18/32 (Address) 1300 N Patterson Park Ave

M. D. H. 1268-9

E 78937 HEALTH DEPARTMENT—CITY OF BALTIMORE E 789

CERTIFICATE OF DEATH

93-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 213 S Eden St., 3-4 Ward)

(If death occur a hospital or ins give its NAME of street and numb

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos

2. FULL NAME Kahon, Jessek

(a) Residence: No. 213 S Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and S

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	4 5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date 19

19. UNDERTAKER
(Address)

20. FILED 19
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11 19

22. I HEREBY CERTIFY, That I attended deceased
19 to 19
I last saw h alive on 19 Death is
to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis

Date of o

Other contributory causes of importance:

Alcoholism

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the f lowing:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in pub place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased
If so, specify

(Signed) [illegible] M. D.
(Address) 1305 N Fulton Ave (Corone)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

AACo. 5-31 250B

E 78938

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78938

CERTIFICATE OF DEATH

X 93-004

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH University Hospital 4330 ..... Ward)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eva W. Lewis

(a) Residence: No. 607 Orpington Road, ... Ward. Balto. Co. Md.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas V. Lewis

6. DATE OF BIRTH (month, day, year) Jan 6, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min
	56	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Wesley W. Smith
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary E. Tucker
16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Thomas V. Lewis
(Address) 607 Orpington Road

18. BURIAL, CREMATION, OR REMOVAL.
Place Mt Olivet Date April 21 1932

19. UNDERTAKER William Cook
(Address) 607 Orpington Road

20. FILED ..... 19..... R. C. H. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17. 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/15, 1932 to 4/17, 1932
I last saw h[illegible] alive on 4/17, 1932 death is said to have occurred on the date stated above, at 7:15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	4/11/32
Auricular Fibrillation	?

Other contributory causes of importance

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ? If so, specify

(Signed) Harry P. Shelley, M. D.
(Address) Mercy Hosp

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

78939 — E 78939

CERTIFICATE OF DEATH

93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 10 - West)

Length of residence in city or town where death occurred about 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Eves

(a) Residence: No. Preston & Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 30th 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER
13. NAME Peter Eves
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Maria Hildebrand
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Little Sisters of the Poor
(Address) Preston & Valley Sts

18. BURIAL, CREMATION, OR REMOVAL
Place Liberty Cemetery Date April 21 1932

19. UNDERTAKER Powell & Albaugh
(Address) Libertytown Md

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18th 1932

22. I HEREBY CERTIFY, That I attended deceased from June 5th 1932 to Apr 18th 1932

I last saw him alive on Apr 18th 1932 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis	
Other contributory causes of importance:	
Acute Dilatation	

Name of operation None Date of

What test confirmed diagnosis? Vomit Was there an autopsy? No

28. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edmund McCarthy, M. D.

(Address) 11 E Lexington

OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-203 V

E 78940

E 78940

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. St. Joseph's Hospital St. 8-17 Ward)

2-FULL NAME Leving Thomas Milbourne

(a) RESIDENCE NO. 1704 N. Durham St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Iva May Milbourne

6 DATE OF BIRTH (month, day, and year) Feb 1864

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	68	2		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) Hardware Store
(c) Name of employer

9 BIRTHPLACE (city or town) Crisfield
(State or country) Maryland

PARENTS

10 NAME OF FATHER Merrill Milbourne

11 BIRTHPLACE OF FATHER (city or town) Crisfield Md.
(State or country)

12 MAIDEN NAME OF MOTHER Margaret Beauchamp

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant James L. Milbourne
(Address) 1704 Durham St.

15 Filed ..... 19.... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 19 192 32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) Calvin Brown M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Crisfield Md. J. S. Lawson

DATE OF BURIAL Apr 19 1932

20 UNDERTAKER J. S. Lawson & Son

ADDRESS Crisfield Md

O. K. H.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

78941

164-001 L

E 78941

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 112 E. Madison St. ST. 11-24 (WARD)

2-FULL NAME Marjorie W. Thomas.

(a) RESIDENCE NO 129 N. Lanvale St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Divorced

5a If married, widowed or divorced (or) WIFE of: Carlton Thomas.

6 DATE OF BIRTH (month, day, and year): September 29, 1900

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
31	6	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pikesville, Md.

PARENTS

10 NAME OF FATHER: Warren Griffiss.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Elizabeth Dorsey.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md.

14 Informant: Elizabeth Griffiss. (mother)

(Address): 129 N. Lanvale St.

15 Filed 4-19-1932 Huntington Williams, M.D. Registrar Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 18, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating gas poisoning.
Suicide while temporarily deranged.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Hennard X Coroner, M. D.

4/19/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem.

DATE OF BURIAL: 4/20 1932

20 UNDERTAKER: Henry U. Mears and Son

ADDRESS: 605 N. Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

A&Co. 9-31 2108

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78942

CERTIFICATE OF DEATH

95 E 78942

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 6-4 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robt T Browning

(a) Residence: No. 1703 Eutaw Pl St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edna H Browning

6. DATE OF BIRTH (month, day, year) 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 018

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas.

FATHER

13. NAME Richard R Browning

14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Edna H Browning

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date April 29 1932

19. UNDERTAKER Robert E. Williams

(Address) 15 Huntington Ave Huntington Station, N.Y.

R 191932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-17 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-13 1932 to 4-17 1932

I last saw him alive on 4-17 1932 Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4-7-32
Coronary Sclerosis probably	3-1932
Contributory	

Other contributory causes of importance:

Hypertension Cardiovascular Disease

Contributory Sclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Pathological Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) George McDonald M. D.

4-18-32 (Address) Provident Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 78943

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 78943

REGISTERED NO. 15

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3028 Barclay ST. 12-50 (WARD)

2-FULL NAME Mrs. Charles G. Parsons

(a) RESIDENCE NO. 3028 Barclay ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept. 9, 1885

7 AGE: Years 46 Months 7 Days 9 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Meat cutter

(b) General nature of industry, business, or establishment in which employed (or employer): Meat

(c) Name of employer Bayuyan Co

9 BIRTHPLACE (city or town) (State or country): Balto. City

PARENTS

10 NAME OF FATHER Wm Parsons

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Co.

12 MAIDEN NAME OF MOTHER Elizabeth Parsons

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Co.

14 Informant (Address): Mrs. Mary Grant 3028 Barclay

15 191932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 18 1932

17 I HEREBY CERTIFY, That I attended deceased from April 17, 1932 to April 18, 1932

that I last saw him alive on April 17, 1932

and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of Heart

(duration) Several yrs mos. ds.

CONTRIBUTORY (Secondary) Alcoholism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Earl F. Benson, M. D.

4/18/1932 (Address) 5111 York Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pine Grove Parkton Md

DATE OF BURIAL: Apr 20 1932

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78944

E 78944

CERTIFICATE OF DEATH

Registered No. 137

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1617 Clifton Ave. Ward) 43-54

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harris G. Ball

(a) Residence: No. 1617 Clifton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lizzie M.

6. DATE OF BIRTH (month, day, year) Nov 27 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62 63	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 66

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Smith Ball

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Harriet Power

16. BIRTHPLACE (city or town) (State or country) Pittsburg Penn

17. INFORMANT Mrs Anna Ball (Address) 1617 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL Place Westminster Date April 2 1932

19. UNDERTAKER William Carter & Son (Address) 2127 E. Baltimore St.

Registrar.

20. FILED APR 2 1932

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1931 to Apr 19, 1932. Death is said I last saw h— alive on Apr 19, 1932, at 1:30 a. m. to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Prostatic hypertrophy

Date of onset

Other contributory causes of importance:

Cardiac failure

Name of operation Prostatectomy Date of Feb 15 32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Wallace Tum M. D.

(Address) 2042 Eutaw Place

pec.—1-30—M. & T.—250 Bks

(Wisnom)

78945 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78945

CERTIFICATE OF DEATH.

48

1-PLACE OF DEATH Edgewood Sanitorium

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6000 Bellona ave ST. 27-48 WARD)

2-FULL NAME Laura M Wisnom

(a) RESIDENCE NO. 5908 York Road ST., WARD Govans

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wilmer E. Wisnom

6 DATE OF BIRTH (month, day, and year) July 11, 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	46	9	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

PARENTS

10 NAME OF FATHER John Hines

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co Md

12 MAIDEN NAME OF MOTHER Sarah E. Deats

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Co. Md.

14 Informant Wilmer E. Wisnom

(Address) 5908 York Rd

15 Filed 4 19 1932 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/18/32

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1932, to April 16, 1932, that I last saw h.. alive on April 16, 1932, and that death occurred, on the date stated above, at 10:30 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma (Uterus)

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Edwin Bruce Jr. M. D.

4/5, 1932 (Address) Towson Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
York Christian Church Cemetery	4/20/1932
20 UNDERTAKER	ADDRESS
Wm Cook	1217 St Paul St

TION is very important. See instructions on back of certificates.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78946

CERTIFICATE OF DEATH

23 E 78946

1. PLACE OF DEATH Baltimore City Hospitals

Registered No. 24-35

CITY OF BALTIMORE: (No. ..... St. ..... Ward.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 20 yrs. ... mos. ... ds.

2. FULL NAME Kazmier Bordenski

(a) Residence: No. 1414 Andrea St. ..... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 2-

6. DATE OF BIRTH (month, day, year) 16 April 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) 14 months

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Louis . Burdynski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary . Maczkowski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Daughter Stanislawa . Pomeroy
(Address) 1414 Andrea Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date April 20 1932

19. UNDERTAKER John J. Weber
(Address) 401 E. Chester St. Huntington Parkway, Md.

20. FILED 19 1932 Registrar. R.P.L.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-16/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from 2-5-32 im . 19 . to 4-16-32 . 19

I last saw h... alive on 4-16-32 . 19 . Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tbc.	Jan. 1931

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Sputum Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Lawrence M. Sena . M. D.

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 78947

E 78947

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 92-001

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1503 Homestead ST., 9-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph H. McMann

(a) RESIDENCE NO. 1503 Homestead ST., WARD Cockeysville Md
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Julialena C McMann

6 DATE OF BIRTH (month, day, and year): Dec 5, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	4	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): 5 Years ago

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Tirsby McMann

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary Ann Collins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs. J. L. Miller

(Address): 1503 Homestead St.

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4-19-32

17 I HEREBY CERTIFY, That I attended deceased from 8-2-, 1931, to 4-19-32, 19..., that I last saw h[im] alive on 4-17, 1932 and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contrarted if not at place of death? Phoenix Balto Co

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) H. H. Shumanteb, M. D.

4-20, 1932 (Address) Sparks Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Gessops Cockeysville — DATE OF BURIAL: Apr. 21 1932

20 UNDERTAKER: Wm C. Brooks & Son — ADDRESS: Sparks, Md

Important. See instructions on back of certificates.

Director

78948

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 78948

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. West Balto Gen Hosp St., 2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hyman Rovner
(a) Residence: No. 1646 Thomas Pl St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex Male
4. Color or Race White
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Rachel
6. DATE OF BIRTH (month, day, year) 1871
7. AGE Years 60 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER
13. NAME Peter Rovner
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Machuna
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) West Balto Gen Hosp Sarah Swanson Brown 1646 Thomas Pl

18. BURIAL, CREMATION, OR REMOVAL Place Rest Haven Cemetery Date 4-20 1932

19. UNDERTAKER (Address) Jack Rappaport 1432 E. Balto St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19th 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h... alive on ..... Dec... is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset Years

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) I. Blank Coroner M. D.
(Address) Coroner

OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-11 250B

E 78949

E 78949 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 11-001

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 627 S Potomac St., ... Ward)

Length of residence in city or town where death occurred yrs. ..... mos. 10 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Payline Lindemann

(a) Residence: No. Greensboro N. C. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fmale | 4. Color or Race: W | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: John Lindymann

6. DATE OF BIRTH (month, day, year): Oct 22 1864

7. AGE — Years: 67 | Months: 5 | Days: 27 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME [redacted]

14. BIRTHPLACE (city or town) (State or country): Ger

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mrs Mildred McKinder Greensboro N C

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Cem Date April 22 1932

19. UNDERTAKER: Stephens Jones Sons
(Address) 1 E Fayette St Balto

20. FILED ....., 19..... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4/19/32 19

22. I HEREBY CERTIFY, That I attended deceased from 4/13/32, 19..., to 4/19/32, 19..., last saw h[illegible] alive on 4/15/32, 19..., death is said to have occurred on the date stated above, at 7.45 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	
Lobar Pneumonia	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? P.M. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. D. Brake, M. D.
(Address)

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 78950

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 78950

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Taylor.

(a) Residence: No. 31 W. Cross St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Edelly Watson

(Address) 31 W Cross St

18. BURIAL, CREMATION, OR REMOVAL

Place Johns Cemty Date 4/20 19 32

19. UNDERTAKER Walter B. Fuller

(Address) 39 W. Hamburg St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-17-32 19

22. I HEREBY CERTIFY, That I attended deceased from 2-24-32 19 to 4-17-32 19

I last saw h~~im~~ alive on 4-17-32 19 Death is said to have occurred on the date stated above, at 7.45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	7 months
Spontaneous Pneumothorax	12 days

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lawrence [illegible] M. D.

(Address) Balto. City Hospitals.

OCCUPATION is very important. See instructions on back of certificate.

E 78951

E 78951

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 47

1. PLACE OF DEATH

CITY OF BALTIMORE (No. St. Joseph Hosp 5-8 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Mr. Edward Scherer

(a) Residence: No. 120 E Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word): Married

5a. If ~~married, widowed, or divorced~~ HUSBAND of ~~late~~ WIFE of: Hannah M Scherer

6. DATE OF BIRTH (month, day, year): Sept 27th 1861

7. AGE: Years 70 | Months 6 | Days 21 | If LESS than 1 day, hrs or min. 22

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Restaurant Prop
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Restaurant
10. Date deceased last worked at this occupation (month and year): April 1932
11. Total time (years) spent in this occupation: about 40 yrs

12. BIRTHPLACE (city or town) (State or country): New York NY

MOTHER FATHER

13. NAME: Karl Lenow
14. BIRTHPLACE (city or town) (State or country): Kent Lenow
15. MAIDEN NAME: Kent Lenow
16. BIRTHPLACE (city or town) (State or country): Kent Lenow

17. INFORMANT (Address): Edward A Scherer 120 E Monument St

18. BURIAL, ~~CREMATION, OR REMOVAL~~: Place Baltimore Date Thursday 4/21/1932

19. UNDERTAKER (Address): Geo Schilling & Sons 1126 E Monument St

20. FILED ____, 19__ ____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1932 to April 18, 1932.
I last saw him alive on April 18 1932 death is said to have occurred on the date stated above, at 1020 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mediastinal Carcinoma	?
Other contributory causes of importance:	
Atelectasis	1 yr.
Chronic Myocardial failure	1 yr.

Name of operation ____ Date of ____

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ____, 19__

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G M Baumgardner M. D.

(Address) St Joseph Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

78952

HEALTH DEPARTMENT—CITY OF BALTIMORE

78952

CERTIFICATE OF DEATH

93-003
Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1735 Druid Hill Ave St. W'd)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jonas Jackson

(a) Residence: No. 1735 Druid Hill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Eliza Jackson

6. DATE OF BIRTH (month, day, year) 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) U S

FATHER

13. NAME Jonas Jackson

14. BIRTHPLACE (city or town) (State or country) U S

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Travis Mallard Jackson
(Address) 1735 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Ashburn Cem Reason 4-20 1932

19. UNDERTAKER Edgar A. Gilson
(Address) 1735 Druid Hill Ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1932 to April 17, 1932

I last saw him alive on April 9, 1932. Death is said to have occurred on the date stated above, at 4:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	4/14/32
Cer Hemorrhage	1930
Other contributory causes of importance:	
Cer Arteriosclerosis	1930
Arterio Sclerosis	1930

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas. F. Blanchard M. D.

(Address) 3012 St Paul St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

B 78953

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 78953

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 625 W. Mulberry St., 8-16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm E. Peterson

(a) Residence: No. 625 W. Mulberry St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia L.

6. DATE OF BIRTH (month, day, year) Jan 25 1857

7. AGE Years 74 | Months 3 | Days 22 | If LESS than 1 day, hrs. min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas Peterson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Catherine Mason

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Sophia L. Peterson

(Address) 625 W Mulberry

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date April 20 1932

19. UNDERTAKER Henry Sander & Sons Inc

(Address) Baltimore St & Broadway.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19 1932

22. I HEREBY CERTIFY That I attended deceased from 19 to 19

I last saw h alive on Coroner Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Contributory

Pneumonia 1 day

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-11 2508

78954 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 78954

CERTIFICATE OF DEATH

V 17

1. PLACE OF DEATH

Registered No. 13-51

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Union Memorial Hosp St.) (Ward)

Length of residence in city or town where death occurred 1 yrs 0 mos 24 ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Donald George Howard

(a) Residence: No. 3624 Derby St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 24, 31

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
0	0

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER FATHER

13. NAME George Howard

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Elsie Baker

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mother Elsie M. Howard
(Address) 332 Bennett

18. BURIAL, CREMATION, OR REMOVAL
Place L. M. Cry Funeral Date April 21 1932

19. UNDERTAKER Walter Davis
(Address) 32 Eastern Ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1932, to April 19, 1932

I last saw him alive on April 18, 1932, death is said to have occurred on the date stated above, at 6 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis (Epidemic) Probable or Tuberculous Meningitis Possible	4-1-32
Bronchopneumonia	4-15-32

Other contributory causes of importance:

Name of operation 0 Date of

What test confirmed diagnosis? Was there an autopsy? 0

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? 0 If so, specify

(Signed) Robert W. Garis, M. D.

(Address) Union Memorial Hosp.

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 78955 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 78955

CERTIFICATE OF DEATH

v 131

Registered No. 13-52

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3349 Buchanan St., ...Ward)

Length of residence in city or town where death occurred 1 yrs 6 mos ds. How long in U.S. ~~If of foreign birth~~? yrs mos ds.

2. FULL NAME Walter Clarence Hickert

(a) Residence: No. 3349 Buch ave St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of (or ~~WIFE of~~) Sarah E. Hickert (maiden name)

6. DATE OF BIRTH (month, day, year) Sept 6 1869

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
62	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westminster Md

FATHER

13. NAME Samuel C. Hickert

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Louisa Brown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Sarah E. Hickert (Wife)
(Address) 3349 Buch ave.

18. BURIAL, CREMATION, OR REMOVAL
Westminster Cem Ind Date April 21 1932.

19. UNDERTAKER Walter Davis
(Address) 3448 Chestnut Ave.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-18 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 13 1932, to 4-18 1932

I last saw him alive on 4-18 1932 death is said to have occurred on the date stated above, at 5:15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia (Bright's Disease)	2/13/32
Other contributory causes of importance: Cardiac Failure	4-18-32

Name of operation None Date of

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. J. Frankenberger, M. D.

(Address) 1123 St. Paul St.

OCCUPATION is very important. See instructions on back of certificate.

M. E B. E 73956 E 78956

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-003

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., 16-23 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm Marshall Coats

(a) Residence: No. 923 Whatcoat St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year) March ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44?	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ? Md.

FATHER

13. NAME Clark

14. BIRTHPLACE (city or town) (State or country) ? Md.

MOTHER

15. MAIDEN NAME Susie Henson

16. BIRTHPLACE (city or town) (State or country) ? Md.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date April 20, 1932

19. UNDERTAKER (Address) Thomas E. Kelson 1303 Presstman St

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1932 to April 17, 1932

I last saw him alive on April 17, 1932 Death is said to have occurred on the date stated above, at 5:45 P. M.

The principal cause of death and related causes of importance were as follows:

Thrombosis. Middle cerebral artery — Date of onset Sept 8, 1931

Other contributory causes of importance:

Arteriosclerosis
Uremia, terminal — Date of onset ? 5 days

Name of operation None Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, ~~or homicide?~~ ~~Date of injury~~ ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jas. E. Thomas M.D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-16-29—A Co.—100 Blks.

E 78957

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78957

CERTIFICATE OF DEATH

123

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1134 W. Saratoga St., 18-16 Ward)

2-FULL NAME Bertha Wright

(a) RESIDENCE NO. 1134 W. Saratoga St., Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. ~~mos.~~ ~~ds.~~ How long in U. S., if of foreign birth? yrs. mos. ds.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Henry

6 DATE OF BIRTH (month, day, and year) Jan. ? 1904

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	28	3?	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General natura of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) _____
(State or country) North Carolina

PARENTS

10 NAME OF FATHER James E. Enoch

11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) North Carolina

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) North Carolina

14 Informant (Address) James Wright 1134 W. Saratoga St

15 Filed _____, 19__ _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 19th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

(duration) _____ yrs. 9 mos. ? ds.

CONTRIBUTORY (Secondary) _____

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Rogerwell M. D.

4/19th 1932 (Address) 203 Patapsco Ave, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Richmond Va — DATE OF BURIAL: 4-20 1932

20 UNDERTAKER: Lamb Carter — ADDRESS: Pa ave

Director

Spec.—1-12-25—3½T—500 lbs.

William Huber

E 78958 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78958

CERTIFICATE OF DEATH. 108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2442 E. Biddle (ST.) 8-12 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Huber

(a) RESIDENCE NO. 2442 E. Biddle ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? 48 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced: married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Marie K. Huber

6 DATE OF BIRTH (month, day, and year): March 24th 1860

7 AGE — Years: 72 — Months: 0 — Days: 24 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Engineer

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer:

9 BIRTHPLACE (City or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Herman Huber

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Marie K. Huber
(Address) 2442 E. Biddle st

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 18th 1932

17 I HEREBY CERTIFY, That I attended deceased from Sept 6th 1929 to April 18th 1932, that I last saw him alive on April 18th 1932, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation of heart

(duration) 2 yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary): Lobar pneumonia

(duration) — yrs. — mos. 1 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) C. Harry Leibel M.D.

4/20, 1932 (address) 1224 26 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. — DATE OF BURIAL: April 21 1932

20 UNDERTAKER: E. Schloman & Son — ADDRESS 1029 Hanover st.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 78959 STATE OF MARYLAND—CERTIFICATE OF DEATH E 78959

1. PLACE OF DEATH

County Baltimore (Permanent Dept. of Health) Registration Dist. No. 41

Village or City Dundalk No. City Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME William Dovell

(a) Residence: No. 6541 St. Helena Ave. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nora A. Dovell

6. DATE OF BIRTH (month, day, and year) Feb. 5, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Bethlehem Steel

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME James Dovell

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Sarah Martin

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Nora A. Dovell

(Address) 6541 St. Helena Ave. Dundalk

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date Feb 3 19 32

19. UNDERTAKER John F. Deeny

(Address) 815 Eighth St

20. FILED 2/6/32 19 W. Bladen Lee Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. (Month) 2, (Day) 193 2. (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to 19

I last saw h alive on , 19 , death is said to have occurred on the date stated above, at 3.20p m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows

Date of onset

Unavoidable Accident

Pneum. C. F.

Other Contributory Causes of importance

Name of operation Date of

What test confirmed diagnosis? Was there an au opsy?

23. If death was due to external causes (VIOLENCE) fill in also the following.

Accident, suicide, or homicide Accident Date of injury 2/2/32 19

Where did injury occur Near Furners Sta. (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Fracture Skull

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frederick W. Adams M. D.

(Address) Dundalk, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CAUSE OF DEATH must be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

78960

HEALTH DEPARTMENT—CITY OF BALTIMORE E 78960

CERTIFICATE OF DEATH

1449.00

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) MARYLAND GENERAL St., HOSPITAL (Ward)

Length of residence in city or town where death occurred 18 yrs. ..... mos ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos ..... ds.

2. FULL NAME MRS. Mary MARGARET MEHRLING

(a) Residence: No. 800 WOODINGTON AVE St., ... Ward. .....
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of EDWARD AWSLIE MEHRLING

6. DATE OF BIRTH (month, day, year) AUG. 15, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	26	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) MISKIMMON, VA

FATHER

13. NAME THORNTON J. SAMPSON

14. BIRTHPLACE (city or town) (State or country) VIRGINIA

MOTHER

15. MAIDEN NAME DELLA WALKER

16. BIRTHPLACE (city or town) (State or country) VIRGINIA.

17. INFORMANT HOSPITAL RECORDS
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Apl. 20 1932

19. UNDERTAKER Wm. H. Deitrich Sons
(Address) North & Pa. Ave.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) APRIL 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from APRIL 16, 1932 to APRIL 18, 1932
I last saw h[illegible] alive on APRIL 16, 1932 death is said to have occurred on the date stated above, at 2.05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
HEMOLYTIC JAUNDICE	APR 15, 1932
Other contributory causes of importance: SECONDARY ANEMIA following PREGNANCY	APR 16, 1932

Name of operation ..... Date of .....

What test confirmed diagnosis? CLINICAL Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? NO Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Robert T. Poston M. D.

(Address) Md. General Hospital

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 78961

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 78961

164

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Rear 10 Wheeler Ave. St., 20-69 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Allen W. Purdum

(a) Residence: No. 1 Norman Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color, or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 17, 1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sanitary Grocery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Arelk Co Md.

FATHER

13. NAME Wilford D Purdum

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Susan Sandant

16. BIRTHPLACE (city or town) (State or country) Arelk Md.

17. INFORMANT Mr. Louis H. Beers

(Address) 1 Norman Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Md Date Apr. 20. 1932

19. UNDERTAKER Wm. McKeever Sons

(Address) North & Pennsylvania Ave

20. FILED . 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 19. 1932

22. I HEREBY CERTIFY, That I attended deceased from April 19 1932 to April 19 1932

I last saw him alive April 19 1932 Death is said to have occurred on the date stated above, at 5:45 m.

The principal cause of death and related causes of importance were as follows:

Suicide by Carbon-monoxide Gas from automobile exhaust.

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Sight. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury Apr 19 1932

Where did injury occur? Rear of 10 Wheeler Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Close to Home

Manner of injury Suicide from carbon mon.

Nature of Injury Gas

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Guy M. Bromwell M. D.

(Address) 203 Patapsco Ave Coroner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 78962

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78962

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 10-14 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Klais

(a) Residence: No. Preston & Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow

6. DATE OF BIRTH (month, day, year): 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Ignatius Klais

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME: Ann Thompson

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Little Sisters of the Poor
(Address) Preston & Valley St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date April 1922

19. UNDERTAKER: Harry Eldridge
(Address) 700 N Carrollton Ave

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 19th 1932

22. I HEREBY CERTIFY, That I attended deceased from March 1st 1932 to Apr 19th 1932

I last saw her alive on Apr 19th 1932 death is said to have occurred on the date stated above, at 10.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Other contributory causes of importance:	
Chr. Endocarditis	

Name of operation Autopsy Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Hill Carter M. D.

(Address) 1114 Hartford Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

78963

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78963

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1637 Clarkson St. 23-32 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 4 mos. 25 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Frost

(a) Residence: No. 1637 Clarkson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Frederick Frost

6. DATE OF BIRTH (month, day, year) Nov 25 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Host

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Catherine Archer

(Address) 1637 Clarkson St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date April 22 1932

19. UNDERTAKER John F. Denny

(Address) 715 Light St

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932, to April 19, 1932

I last saw h alive on April 19 1932 death is said to have occurred on the date stated above, at 8.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Sclerosis	1/1/32

Other contributory causes of importance:

Exhaustion	4/18/32

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Campbell M.D.

(Address) 1644 Hanover St

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 78964 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78964

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 S. Chester St. 7-st Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martin Dwornicki

(a) Residence: No. 410 S Chester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Wesley Grochowina

(Address) 610 S Patterson Pk Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Date April 21. 1932

19. UNDERTAKER P. Zasenski

(Address) 1930 Eastern Ave

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at ? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. E. Weyforth M. D.

Coroner

4/20/32 (Address) 1305 N Patterson Pk Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

78965

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 78965

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 537 McMechen St., 14-20 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Kenyon

(a) Residence: No. 537 McMechen St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 15 - 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary Rebecca (Address) 537 McMechen St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Zion Date Apr. 26, 1932

19. UNDERTAKER Mrs. R. G. Elliott (Address) 1725 Ashland Ave.

20. FILED , 19 R. P. H. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1932 to April 19, 1932

I last saw her alive on April 18, 1932 Death is said to have occurred on the date stated above, at 12 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Nephritis Interst	7/25/31
Other contributory causes of importance: Hypertension Chr	1932

Name of operation Date of

What test confirmed diagnosis? Post Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas P Mueller M. D.

(Address) 3013 Eastern Ave. 21

4/20/32

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78966

CERTIFICATE OF DEATH

82 - E 78966

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 646 Josephine St. 4-25 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Norman

(a) Residence: No. 646 Josephine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Police Dept
(Address) Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place. Date. ... 19

19. UNDERTAKER
(Address)

20. FILED ... 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 22. 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Apoplexy.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Eugene Feldt M. D.
Coroner
(Address) 739 Eastern Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

E 78967 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78967

CERTIFICATE OF DEATH

93-002

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1910 Walbrook Ave. St., 15-24 Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S. If of foreign birth? 35 yrs. mos. ds.

2. FULL NAME Ida Rachs

(a) Residence: No. 1910 Walbrook Ave. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Simon Aaron Rachs

6. DATE OF BIRTH (month, day, year) 1872

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 039

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Simon Aaron Rachs Son

(Address) 1910 Walbrook Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Lebanon Date 4-20- 1932

19. UNDERTAKER Isaac Levin Inc.

(Address) 1838 E Baltimore St.

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-20- 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1929 to April 20, 1932

I last saw her alive on April 18, 1932 death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Myocardial Insufficiency

Other contributory causes of importance:

Myocardial failure

Name of operation — Date of —

What test confirmed diagnosis? Hyp. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Nathan Shpritz M. D.

(Address) 2351 Eutaw Place.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78968

CERTIFICATE OF DEATH

131 E 78968

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Gen Hospital St. 14-28 Ward 6

Length of residence in city or town where death occurred 39 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marion Austin Shenton

(a) Residence: No. 1811 W. Lombard St., ... Ward ...
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or ~~WIFE~~) Rosa Shenton

6. DATE OF BIRTH (month, day, year) Jan 15, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
53	56	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Invalid
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert County Maryland

FATHER
13. NAME John Desmond Shenton
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Amanda Fox
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 4/21/32

19. UNDERTAKER Edmondson Ave
(Address) 4101

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/18, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/16, 1932, to 4/18, 1932
I last saw him alive on 4/18, 1932 death is said to have occurred on the date stated above, at 7:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mesenteric Thrombosis	3 days

Other contributory causes of importance:

Chronic Nephritis	(?)
~~Cerebral Embolism~~	4-16-32

Name of operation Exploratory Date of 4-17-32

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert V. Chenoweth M. D.
(Address) Md. General Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 2108

E 78969

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78969

CERTIFICATE OF DEATH

X 93-005

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Good Shepherd Hospital
CITY OF BALTIMORE: (No. 1512 N. Gilmor St. 15-24 Ward)
Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Thomas
(a) Residence No. Union Bridge Md St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. Color or Race Colored
5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year) About 1863
7. AGE Years 69 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Schools
10. Date deceased last worked at this occupation (month and year) 1912
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Co Md

MOTHER FATHER
13. NAME Not known
14. BIRTHPLACE (city or town) (State or country) Not known
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mrs. Eva S. Whitehill
(Address) Union Bridge Md
18. BURIAL, CREMATION, OR REMOVAL Bodkin Funeral Co Md Date April 22 1932
19. UNDERTAKER C. D. Bankert
(Address) Union Bridge Md
20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20. 1932
22. I HEREBY CERTIFY, That I attended deceased from April 18. 1932 to April 20. 1932
I last saw h alive on April 20. 1932 death is said to have occurred on the date stated above, at 4 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	4-19-32
Myocardial Insufficiency	4-19-32

Other contributory causes of Importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was illness or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Charles T. Workman M. D.
(Address) Good Shepherd Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 78970 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78970

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1710 Mosher St. 16-22 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Douglass

(a) Residence: No. 1710 Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Florence Douglass

6. DATE OF BIRTH (month, day, year) 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54 53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Old + Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Jacob Douglas

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Jane ?

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Grant Douglass
(Address) 1710 Mosher st

18. BURIAL, CREMATION, OR REMOVAL
Place [redacted] Cem. Date April 21, 1932
Johnson Cemetery

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pleasant St.

20. FILED ..... 19.. A. Pitt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/18/32

22. I HEREBY CERTIFY, That I attended deceased from 4/17/32 to 4/18/32

I last saw h alive on 4/18/32 Death is said to have occurred on the date stated above, at 10.50 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Thrombosis 4/11/32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, where?

(Signed) J. R. Hawthorne M. D.

(Address) 912 Edmondson Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 78971

E 78971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4530-Reistertown Rd. St., 15-58 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? 19 yrs. mos. ds.

2. FULL NAME Paolina Arena

(a) Residence: No. 4530-Reistertown Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Arena

6. DATE OF BIRTH (month, day, year) 9/30/1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	7 6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Joseph Tuvenzeno

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rosa Fouisi

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT John Arena
(Address) 4530-Reistertown Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 4/21/32, 19

19. UNDERTAKER Geo. J. Ruth Inc.
(Address) 1736 Harford Ave.

APR 21 1932

Huntington Williams Registrar

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 18, 1932 to Apr 19, 1932

I last saw her alive on Apr 19, 1932 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	months
Other contributory causes of importance: Renal Cardiac disease	Mar 3/31

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis F. Rinaldi M. D.

(Address) 1038 N. Broadway

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 78972

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78972

CERTIFICATE OF DEATH

107-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes Hospital
CITY OF BALTIMORE: (No. Mulberry & Caton Ave St. 19-25 Ward
Length of residence in city or town where death occurred 1 yr. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr Benjamin Walker
(a) Residence: No. 827 Ramsay St. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER
13. NAME Mr Benjamin Walker
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME —
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Anna Cullen
(Address) 827 Ramsay St

18. BURIAL, CREMATION, OR REMOVAL Date April 22 1932
19. UNDERTAKER Hartenstein & Nonemaker
(Address) New Freedom, Pa.

20. FILED April 22 1932 Huntington Williams, M.D.
Registrar Director

PR 271932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1932 to April 19 1932
I last saw h alive on April 19 1932 death is said to have occurred on the date stated above, at 2.05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Acute Cardiac Failure	4 19 32
2. Renal insufficiency	
3. Senile Infirmity	
4. Arteriosclerosis	
Other contributory causes of importance:	

Name of operation Prostatectomy Date of 4 8 32
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Hy Palmer S. Gaul M. D.
(Address) St Agnes Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 78973

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78973

CERTIFICATE OF DEATH.

1315

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. 3215 Brightwood Ave. St. 28-64 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Alma C. Dohrn

(a) RESIDENCE NO. 3215 Brightwood Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Christian W. Dohrn

6 DATE OF BIRTH (month, day, and year) Nov. 12, 1867.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	5	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Julius Thiemer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Clara Osterling

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Clara B. Pendleton

(Address) 3215 Brightwood Ave.

15 Filed APR 21 1932 Huntington Williams, Registrar

Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 19 1932

17 I HEREBY CERTIFY, That I attended deceased from 2/13/32, 1932, to 4/19, 1932

that I last saw h[illegible] alive on 4/19, 1932

and that death occurred, on the date stated above, at 10:30 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Bright's Kidney Disease

(duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Cerebral

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical

(Signed) A. C. Dohrn M. D.

4/20, 1932 (Address) 699 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL April 21 1932

20 UNDERTAKER Wm. C. Black

ADDRESS 927 N. Broadway

AaCo. 5-31 250B

E 78974

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78974

X 186-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital W. 30 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 19 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alvina Stanfield

(a) Residence: No. Granite Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) May 10, 1845

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	86	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME James Stanfield

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Cook

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. William T. Boyd
(Address) 219 Church Lane Pikesville, Md.

18. BURIAL, CREMATION, OR REMOVAL Balto. Co. Md.
Place Ward's Chapel Date April 21, 1932

19. UNDERTAKER Wm. J. Tickner & Son
(Address) Hartsdale Avenue
Huntington Village, N.Y.

20. FILED ... 19... Registrar

APR 21 1932

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1932 to April 18, 1932

I last saw her alive on April 18, 1932 death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	4-14-32
Chronic Nephritis	1929
Arterio Sclerotic heart disease	
Other contributory causes of importance: Fract. femur (left)	3-29-32

Name of operation None Date of —

What test confirmed diagnosis? Lab Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 3/29, 1932

Where did injury occur? At home.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George H. Yeager M. D.

4/18/32 (Address) University Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 78975

E 78975

HEALTH DEPARTMENT—CITY OF BALTIMORE

72-002

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2914 Hudson St. ST., 1-1 WARD)

2—FULL NAME Edward B Sas

(a) RESIDENCE NO. 2914 Hudson St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. 5 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary - Sas

6 DATE OF BIRTH (month, day, and year): 9/5 . 1906

7 AGE: Years 25 | Months 5 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Meat Cutter 013

(b) General nature of industry, business, or establishment in which employed (or employer): B. Pastuszny

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Joseph Sas

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Catharine Dzeczka

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Ben Pastuszny
(Address): 2824 Hudson St

15 Filed, 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 19/32

17 I HEREBY CERTIFY, That I attended deceased from Oct 5, 1931 to April 19, 1932

(that I last saw h alive on April 19, 1932

and that death occurred, on the date stated above, at 7.50 a.m.

The CAUSE OF DEATH* was as follows:

Hodgkins - Disease

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Uremia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of None

Was there an autopsy? No

What [illegible] Hodgkins Disease Surgical Path

(Signed) John J. Byrne M. D.

(Address) 26 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus — DATE OF BURIAL: April 25 1932

20 UNDERTAKER: John J Duda — ADDRESS: 2811 Hudson St

Important. See instructions on back of certificates.

M. D. B. 1268-9

E 78976

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78976

CERTIFICATE OF DEATH

59

Registered No. 27-64

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Jennie Rothel

(a) Residence: No. 3011 Kendall Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Irving Rothel

6. DATE OF BIRTH (month, day, year) March 23 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min:
69		26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Home Duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Boston Pa.

FATHER

13. NAME — Edward W. Richards

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME — Ellen Grey

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT — Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Apr 21 1932

19. UNDERTAKER John O. Mitchell & Sons

(Address) 19-21 Eutaw Place

Huntington, Williams, N.Y.

20. FILED

R211382

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 19 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/19/32 to 4/19/32 and last saw her alive on 4/19/32 Death is said to have occurred on the date stated above, at 4.10 P.M.

The principal cause of death and related causes of importance were as follows:

1) Cerebral Thrombosis Coronary Disease — Date of onset ?

Renal Disease — 9 yrs.

2) Diabetes Mellitus.

Other contributory causes of importance:

Auricular Fibrillation

Cardiac Decompensation

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. L. Chambers M. D.

(Address) Mercy Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A & Co.—250 Bks.

E 78977

E 78977

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 3937 Lounder Av ST. 9-47 WARD

2 FULL NAME Emma Virginia Keal

(a) RESIDENCE No. 3937 Lounder Av ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Edward Keal

6 DATE OF BIRTH (month, day, and year) January 31 1866

7 AGE — Years 66 — Months 10 — Days 19 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Michael Klaine

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Heimlich

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Germany

14 Informant James F. Keal
(Address) 3937 Lounder Ave

15 Filed ..... 1932 Huntington, West Virginia

R 21 1932

Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 19 32

17 I HEREBY CERTIFY, That I attended deceased from July 11 1931, to April 19 1932, that I last saw ... alive on April 19 1932, and that death occurred, on the date stated above, at 9.30 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ..... yrs. 10 mos. ..... ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) Wolfgang Voigt M. D.

4/19/32 (Address) 401 E 25th St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL 4-21 1932

20 UNDERTAKER George J. Rust & Son

ADDRESS 1353 Hanover St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 78978

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78978

CERTIFICATE OF DEATH

V 82-001

1. PLACE OF DEATH: Johns Hopkins Hosp. St., 24 Ward. Registered No. 24135
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (NO.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME: Bertha Johnson

(a) Residence: No. 329 Richardson St., Ward.
(If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Jas R. Johnson

6. DATE OF BIRTH (month, day, year): June 2 1896

7. AGE: Years 36 | Months 2 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 37
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER
13. NAME: Geo. Saulter
14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER
15. MAIDEN NAME: Nathan
16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: Jas R. Johnson
(Address): 329 Richardson

18. BURIAL, CREMATION, OR REMOVAL
Place: Cedar Hill Date: April 22, 1932

19. UNDERTAKER: Charles P. Glenn
(Address): 1012 Pont Ave

20. FILED: Hunter Jeffries Registrar.

R 21 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on and said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Hem.	

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis: Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. H. Lauck Coroner, M. D.
(Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2508

E 78979 HEALTH DEPARTMENT CITY OF BALTIMORE E 78979

CERTIFICATE OF DEATH

724

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 14-20 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs ... mos 8 ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Virginia Cooper

(a) Residence: No. Eflington Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Child

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Child

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Cooper
14. BIRTHPLACE (city or town) (State or country) ? Md.

MOTHER

15. MAIDEN NAME Veronica Jones
16. BIRTHPLACE (city or town) (State or country) Eflington, Md.

17. INFORMANT Mr John Young
(Address) Eflington Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Lukes Cemetery Date April 22 1932

19. UNDERTAKER Wm Berryhaus & Son
(Address) Reisterstown Md.
Huntington Williams, M.D.
Registrar
Director

20. FILED R 21 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-20, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-12, 1932 to 11-20, 1932

I last saw her alive on 11-20 1932 death is said to have occurred on the date stated above, at 2:54 m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis	3wks ago
Other contributory causes of importance: Tuberculosis !	?

Name of operation ... Date of ...

What test confirmed diagnosis? Chemo Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry E McPherson M.D.
1/21/32 (Address) Provident Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 78980

E 78980

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001

1 PLACE OF DEATH

CITY OF BALTIMORE. (No 837 Linden Ave St. 11-24 Ward)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Benjamin Snowden

(a) RESIDENCE No 837 Linden Ave St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. 6 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should state EXACTLY. AGE alone is not sufficient.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary E. Snowden

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 75 | Months 6 | Days 6 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer do

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mary Carroll
(Address) 837 Linden Ave

15 [illegible] Huntington Williams N.Y. Mrs

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 21/32

17

I HEREBY CERTIFY, That I attended deceased from April 11, 1932 to April 21, 1932

that I last saw him alive on April 19, 1932

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 6 yrs. 6 mos. 10 ds.

CONTRIBUTORY (Secondary): None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. K. Pelletreau M. D.

, 19 (Address) 817 Hunnelton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Hill

DATE OF BURIAL: 4/22/1932

20 UNDERTAKER: Geo. H. Holland

ADDRESS: 1601 Druid Hill

APR 21 1932

Registrar

Director

Spec.—9-30—A. & Co.—250 Blks

E 78981

E 78981

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE. (No 837 Lindenave St 11-24 Ward)

REGISTERED No. 150

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Margaret E. Snowden

(a) RESIDENCE No 837 Lindenave St. Ward

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if not foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Benjamin Snowden

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 65; Months —; Days —; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Benj. F. Snowden

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: McCrory

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 19, 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb 29, 1932 to April 19, 1932

that I last saw h[illegible] alive on April 19, 1932

and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Cancer of rt. breast

(duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary): None

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. K. Pitterau M. D.

, 19 (Address) 817 Huntingdon

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

14 Informant: Margt Carroll

(Address) 837 Lindenave

15 Filed APR 21 1932 Huntington Williams, N. J. Registrar

Director

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Hill

DATE OF BURIAL: 4/22/1932

20 UNDERTAKER: Jno. Geo. F. Collard

ADDRESS: 1631 Druid Hill Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should state

M. D. B. 1268-9

E 78982

E 78982 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St., 11-24 (Ward)

Length of residence in city or town where death occurred 69 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Groomes

(a) Residence: No. 206 N. Biddle St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) March 24/63

7. AGE	Years	Months	Days	If LESS than 1 day: ... hrs. or ... min.
	69		24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Maryland.
(State or country)

FATHER

13. NAME Otho Groomes

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Hester Pennington

16. BIRTHPLACE (city or town) Maryland.
(State or country)

17. INFORMANT Hospital Record.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cemetery Date 4/21/32

19. UNDERTAKER Wm. Jno. E. Holland
(Address) 1621 E. Biddle St

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1932 to April 18, 1932

I last saw him alive on April 18, 1932 Death is said to have occurred on the date stated above, at 1.35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate.	Apr.?
& Metastasis to Spine & Lungs.	

Other contributory causes of importance:

Bronchio-Pneumonia	3 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Simon Bryer M. D.

(Address) Mercy Hospital.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250R

E 78983

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78983

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1033 N Eutaw St. 11-24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lucinda Hunter

(a) Residence: No. 1033 N Eutaw St., ... Ward.

(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widower

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) ? 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hunter Hunter

(Address) 1033 Eutaw

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 4/28/ 1932

19. UNDERTAKER Wm. Geo. E. Holland

(Address) 1611 W. Mt. Royal Ave

20. FILED APR 21 1932 Huntington Williams, M.D. Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1932 to April 19, 1932

I last saw her alive on April 19, 1932 death is said to have occurred on the date stated above, at 7:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus and Rectum	1931 Nov.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.

(Address) [illegible]

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 78984

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78984

1314

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2017 W Pratt ST. 70-38 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H Bruchey

(a) RESIDENCE NO. 2017 W Pratt ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carolyn Bruchey

6 DATE OF BIRTH (month, day, and year) Feb 2 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	2	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John H Bruchey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Georgiana Bruchey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs Carolyn Bruchey

(Address) 2017 W Pratt St

15 [illegible] 19 Huntington W Virginia Registrar

APR 21 1932

Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 20 1932

17

I HEREBY CERTIFY, That I attended deceased from Jan 2, 1932, to Apr 20, 1932.

That I last saw him alive on Apr. 20, 1932

and that death occurred, on the date stated above, at 2 40 m.

The CAUSE OF DEATH* was as follows:

Chr. parenchymatous Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Chr. Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? 4+ albumin

(Signed) C W Bevins, M. D.

4/20/ 1932 Address Catonsville, Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem DATE OF BURIAL 4/22/32

20 UNDERTAKER Geo C Staley ADDRESS Fulton & Fayette

IMPORTANT.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AaCo. 5-11 2508

E 78985 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓131 E 78985

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 9-46 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emmanuel Borgfeldt

(a) Residence: No. 2203 Cecil Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced (or) WIFE of: Elizabeth A. Borgfeldt

6. DATE OF BIRTH (month, day, year): Aug 3/71

7. AGE — Years: 60 | Months: 8 | Days: 17 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Electrical Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Brooklyn N.Y.

FATHER

13. NAME: Theo. Borgfeldt
14. BIRTHPLACE (city or town) (State or country): N.Y.

MOTHER

15. MAIDEN NAME: Mary —
16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Elizabeth A. Borgfeldt
(Address) 2203 Cecil Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Pk Date 4/23 1932

19. UNDERTAKER: Philip Herring
(Address) 2016 Orleans St

Huntington Tuberculosis Hospital, N.Y.

20. FILED APR 21 1932 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): August 20. 1932

22. I HEREBY CERTIFY, That I attended deceased from August 16, 1932 to August 20, 1932

That I saw h[illegible] alive on August 20, 1932 death is said to have occurred on the date stated above, at 1:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia-Terminal	7/7/32
Cardio-vascular-renal disease	

Other contributory causes of importance:

Myocardial failure	7/11/32

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Millard H. Strecker, M. D.
Director

(Address) University Hospital

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-H 2508

78986

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 78986

CERTIFICATE OF DEATH

72-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 553 W Conway St. 22-30 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 5 mos. 5 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hilda Snyder

(a) Residence: No. 553 W Conway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F | 4. Color or Race: W | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE: Years 27 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operator do
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Reuben
14. BIRTHPLACE (city or town) (State or country) R.

MOTHER

15. MAIDEN NAME Stanley
16. BIRTHPLACE (city or town) (State or country) R.

17. INFORMANT Nathan Goldberg
(Address) 553 W Conway St

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Cem Date 4/22 19 32

19. UNDERTAKER Jack Levy Inc
(Address) 1429 E Balto

Huntington Apr 22 1932
Registrar.

APR 27 1932
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/21 19 32

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1926 to 4/21 1932

I last saw her alive on 4/19 1932 death is said to have occurred on the date stated above, at 9A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myelocytic Leukemia	About Feb. 1929.

Other contributory causes of importance:

Secondary Anemia

Name of operation None Date of

What test confirmed diagnosis? Blood exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Theodore H. Morrison M. D.
(Address) 1013 N. Charles St

Information should be carefully supplied. All blanks must be filled EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 78987 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78987

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7-10 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Davis

(a) Residence: No. 2733 East Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of William F. Davis

6. DATE OF BIRTH (month, day, year) Jan 1st 1865

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
67	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Angelus Zink

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Magdalene Keller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Helen Scott

(Address) 2733 E. Monument St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cemetery Date Apr 23rd 1932

19. UNDERTAKER Wm Cook

(Address) 1347 E Paul St

20. FILED Apr 21 1932 Huntington Williams, M.D. Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/20, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/17, 1932 to 4/20, 1932

I last saw her alive on 4/20, 1932 Death is said to have occurred on the date stated above, at 4P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 1931

Other contributory causes of importance:

Bronchopneumonia	abt 1 wk
Anemia, Etiology	Jan 1931
Chronic myocarditis, Arteriosclerotic	1924

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. E. Kirsh M. D.

(Address) Sinai Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE 78988

78988

CERTIFICATE OF DEATH

87-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat St. 28-69 Ward)

Length of residence in city or town where death occurred 63 3 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Adam Deupert

(a) Residence: No. Mt Hope Retreat St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Catherine Deupert

6. DATE OF BIRTH (month, day, year) Feb 3 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	3	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bros Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Isodor Deupert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Schade

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mt Hope Retreat
(Address) Mt Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date April 23 1932

19. UNDERTAKER Martin W.C. Dibbel inc.
(Address) 37 Thomas St. Huntington Williams, N.Y.

(Filed) APR 21 1932 19 ... Registrar ... Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20 1932

22. I HEREBY CERTIFY, That I attended deceased from August 1924 to April 20 1932

I last saw him alive on April 19 1932 death is said to have occurred on the date stated above, at 4.00 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Sudden death)	
Other contributory causes of importance: Paranoid Dementia	30 years

Name of operation None Date of

What test confirmed diagnosis? Pathology Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, specify

(Signed) Milton P. Hall, M. D.
(Address) Mt Hope Retreat

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78989

CERTIFICATE OF DEATH

E 78989

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 636 (St.) Perkins Pl (Ward) 21-24

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ephelia G Kennard

(a) Residence: No. 636 (St.) Perkins Pl Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo Kennard

6. DATE OF BIRTH (month, day, year) July 27 95

7. AGE Years 36 Months 8 Days 23 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Thos. Gross

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Jennie Sewell

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Geo Kennard

(Address) 636 Perkins Pl

18. BURIAL, CREMATION, OR REMOVAL

Place Int. Cathedral Cemetery Date April 21 1932

19. UNDERTAKER Mrs Katie R Williams

(Address) 32 [illegible]

20. FILED APR 21 1932 19 Huntington Williams, Registrar Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19 (. 19 32

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on [illegible] and h death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Data of onset

Mitral Stenosis

Sudden

Other contributory causes of importance:

Name of operation Regular Date of.

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. D. Lewis M. D.

(Address) Coroner

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

Lannon

E 78990 HEALTH DEPARTMENT—CITY OF BALTIMORE E 78990

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 742 Vine St. 18-N Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME William Lannon

(a) Residence: No. 742 Vine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widower

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William Lannon
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Minnie Lannon
(Address) 742 Vine St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cemetery Date April 23, 1932

19. UNDERTAKER Mrs Katie R. Williams
(Address) 222 E Lanvale St.

Huntington Williams, M.D.
Registrar.

FILED APR 21 1932

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1932, to April 20, 1932
I last saw him alive on April 16, 1932 death is said to have occurred on the date stated above, at 7.40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis + nephritis	1924
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Foster, M. D.
(Address) 1317 Eutaw St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 250B

Prot. ✓ E 78991

E 78991

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53 E 78[illegible]

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Emergency Hospital St. 11-22 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Groth

(a) Residence: No. 1137 N. Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	widowed

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) B. Co. Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hosp Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date April 22, 1932

19. UNDERTAKER Mrs. P. J. Elliott
(Address) 1215 Eastland ave.

20. FILED APR 21 1932 Huntington Williams, N.J.
Registrar
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-19, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-28, 1932, to 4-19, 1932

I last saw h[illegible] alive on 4-19, 1932 death is said to have occurred on the date stated above, at 6:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coagulating Carcinoma of the urinary bladder	Nov. 1931
Other contributory causes of importance:	

Name of operation Cystotomy Date of 4-2-32

What test confirmed diagnosis? Path. Exam Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Hornbaker, M. D.

(Address) University Hosp.

INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 78992

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 78992

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1606 Jefferson St., 7-9 Ward)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Perry

(a) Residence: No. 1606 Jefferson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of John C. Perry

6. DATE OF BIRTH (month, day, year) Aug 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) about 1yr

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Somerset Co Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Maria Maddox

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mabel Edna Henry (Granddaughter)

(Address) 1606 Jefferson

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Apr. 24 1932

19. UNDERTAKER Mrs. R. G. Elgar

(Address) 725 Eastlandave

20. FILED Apr 25 1932 Huntington Williams, M.D. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1931 to April 20 1932

I last saw h alive on April 19 1932 death is said to have occurred on the date stated above, at 1:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1 yr ago.
Other contributory causes of importance: Extreme Hypertension Arteriosclerosis	1 yr ago
Cerebral Hemmorrhage	April 17 '32

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. J. Young M. D.

(Address) 1424 E Monument st

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. E. 1268-9

25982 E 78993

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9 E 78993

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St. 18-26 (Ward)

Length of residence in city or town where death occurred 1yr. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Johnson

(a) Residence: No. 015 Edmondson St., Ward. Ave -
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 19 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	~~1~~	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md -

FATHER

13. NAME James Johnson

14. BIRTHPLACE (city or town) (State or country) N-Car

MOTHER

15. MAIDEN NAME Anna Taylor

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Friends -
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date April 21 1932

19. UNDERTAKER Wm. A. G. Elliott
(Address) 1923 Eastland ave

20. FILED Apr 21 1932 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19 1932

22. I HEREBY CERTIFY, That I attended deceased from April 12 1932 to April 19 1932

I last saw him alive on April 14 1932 Death is said to have occurred on the date stated above, at 6 15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
pulmonary T pneumonia	April 12
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 73994

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78994

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5503 Reisterstown Rd. St. 7-5 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. 2 mos. 19 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Klein

(a) Residence: No. 5503 Reisterstown Rd. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Daisy Klein

6. DATE OF BIRTH (month, day, year) Feb 1st 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wheelwright for

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. R. + Elect Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME John Klein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Ault

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Daisy Klein

(Address) 5503 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date 4/23/32

19. UNDERTAKER Leo. Wilson & Son

(Address) 2503 Edmondson Ave

20. FILED APR 21 1932, 19.. Huntington Williams, Registrar

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1932 to April 20, 1932

I last saw him alive on April 19, 1932 death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene 1 foot	3 mos
Diabetes	?
Pulmonary Hemorrhage	2 days
Other contributory causes of importance:	
Pulmonary tuberculosis	?

Name of operation No Date of

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton P. Stull, M. D.

(Address) 4531 Reisterstown Rd

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1918

E 78995

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78995

CERTIFICATE OF DEATH

15

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) St. 21-29 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Herndon

(a) Residence: No. 1203 James St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) April 6, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68		13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Orange Co. Va.

FATHER

13. NAME Isaac L. Grades

14. BIRTHPLACE (city or town) (State or country) Orange Co. Va.

MOTHER

15. MAIDEN NAME Amanda Grades

16. BIRTHPLACE (city or town) (State or country) Orange Co. Va.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL. Place Loudon Park Date 4/22 193

19. UNDERTAKER Frederick A. Cole (Address) 1200 W. Lombard St.

20. FILED Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1932 to April 19, 1932

I last saw her alive on April 19, 1932 Death is said to have occurred on the date stated above, at 7:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chr	May 1931
Other contributory causes of importance:	
Empyema, ? focal	March 24 1932

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Jas. E. Thurnell, M. D.

(Address) Balto. City Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-H 2508

E 78996 HEALTH DEPARTMENT—CITY OF BALTIMORE 78996

1932 861 71

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital (St., Ward) 12 49

Registered No. 176

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 1 mos. 6 ds. How long in U.S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME John S. Hynes

(a) Residence: No. 308 South Way St., Guilford - Balto. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Minnie E. Johnmeyer

6. DATE OF BIRTH (month, day, year): March 14 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired. 86

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Alexander H. Hynes

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Sarah Sturgeon

16. BIRTHPLACE (city or town) (State or country): New Oxford Pa.

17. INFORMANT: Mrs. Norman S. Falconer

(Address) 317 University Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 4/22 1932

19. UNDERTAKER: Henry W. Myers and Son

(Address) 202 N. Calvert St.

20. FILED: Huntington Williams, M.D. Registrar

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1932 to April 20, 1932

last saw him alive on 9:25 PM 1932 death is said to have occurred on the date stated above, at 9:25 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. cholecystitis with cholelithiasis with stone in common duct	16½ yrs ago
Other contributory causes of importance: Post operative bronchopneumonia	4/20/32

Name of operation: Cholecystotomy & exploration of common duct Date of: 4/16/32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. H. Mortimer Jr. M. D.

(Address) Union Memorial Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AFR 71

Spec.–7-17-26—A Co.—200 Blks.

E 78997

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78997

CERTIFICATE OF DEATH

108

1-PLACE OF DEATH — REGISTERED NO.

City of BALTIMORE: (No. Provident Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Ponce Wilson

(a) RESIDENCE NO. 95 N Eden St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Cristeta Killed

6 DATE OF BIRTH (month, day, and year): Aug 3 1907

7 AGE: Years 24 Months 8 Days 17 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sol. O.D.

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Greenville

(State or country): N. C.

PARENTS

10 NAME OF FATHER: Bitel Wilson

11 BIRTHPLACE OF FATHER (City or town)

(State or country): N. C.

12 MAIDEN NAME OF MOTHER: Berta Hardison

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): N. C.

14 Informant: Bitel Wilson

(Address) Greenville N. C.

Registrar: Huntington Williams, M.D.

APR 21 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4/20 1932

17 I HEREBY CERTIFY, That I attended deceased from Apr 18, 1932, to Apr 20, 1932, that I last saw h— alive on Apr 20, 1932, and that death occurred, on the date stated above, at 2030 A, m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) B Hamm M. D.

4/20 1932 (Address) 1207 N Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Greenville N. C. April 22 1932

20 UNDERTAKER — ADDRESS

Joseph A. Lively 409 N. Mount St

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 78998

CERTIFICATE OF DEATH

46 E 78998

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St., 793 (Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha Weil

(a) Residence: No. Sinai Hospital St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ? 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inmate of Old Folks Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ~~Zillipsic, Ohio~~ Charleston, W. Va.

FATHER

13. NAME Julius Weil

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Rosie Jung.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Amelia Weil (sister)
(Address) Sinai Hospital.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Balto. Heb. Date Apr. 22 1932

19. UNDERTAKER Harry Sondheim & Son
(Address) 702 Eastern Ave
Huntington Milligan, W. Va.

PR 21 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-21 1932

22. I HEREBY CERTIFY, That I attended deceased from 1929 to 4-21 1932

I last saw her alive on 4-21 1932 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	1931
Other contributory causes of importance: chr. myocarditis	1920

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. B. Kirsh M. D.

(Address) Sinai Hospital.

E—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should be stated EXACTLY. Exact statement of information should be carefully supplied. AGE should be properly classified. So that it may be state CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 78999 | 131 | E 78998

Registered No. 13-59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2445 Lakeview Ave. St., ... Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida Liebow

(a) Residence: No. 2445 Lakeview Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow
6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ernest Liebow
7. DATE OF BIRTH (month, day, year): May 7, 1855
8. AGE: Years 76 | Months 11 | Days 14 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): New York

FATHER

13. NAME: William Froth
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mrs. E. Wolff (Daughter) 2445 Lakeview Ave.

18. BURIAL, CREMATION, OR REMOVAL: Place Evergreen Cem. Brooklyn, N.Y. Date Apr. 22, 1932

19. UNDERTAKER: David Longsworth Son (Address) 1902 Eutaw Place.

20. FILED Huntington Williams, M.D. Registrar

APR 21 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr. 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 9-29, 1921, to April 21, 1932

I last saw h.e alive on April 20, 1932 death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic diffuse nephritis	1920
Arteriosclerosis	1930
Chr. myocarditis	1930
hypertension	1930

Other contributory causes of importance:

Coronary thrombosis — April 18 1932

Name of operation ..... Date of .....

What test confirmed diagnosis? clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. A. Wiechman, M. D.

(Address) 2230 Eutaw Place.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79999 15414/5 23 E 79000

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-13 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Stewart

(a) Residence: No. 808 N Wolfe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
F.	Black	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/1/21

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
11	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME James Stewart

14. BIRTHPLACE (city or town) (State or country) S. C

MOTHER

15. MAIDEN NAME Delia Atwater

16. BIRTHPLACE (city or town) (State or country) N. C

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cmty Date 4/22/32

19. UNDERTAKER Robt Welsh & Son

(Address) 151 N. Eutaw St

Huntingdon Pa

21 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1932 to April 15, 1932

I last saw h. er alive on April 15, 1932. Death is said to have occurred on the date stated above, at 2 33 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis	
Other contributory causes of importance: generalized tuberculosis Pulmonary -	

Name of operation ... Date of ...

What test confirmed diagnosis Bacill. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.

(Address) ...

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AoCo. 5-11 2508

E 79001 HEALTH DEPARTMENT—CITY OF BALTIMORE

46 E 79001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 7-10 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME August George Biedenbach

(a) Residence: No. 2514 E. Jefferson St., Ward. Baltimore
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Minnie Foster Biedenbach

6. DATE OF BIRTH (month, day, year) ~~Dec.~~ 19/1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nat'l Casket Co.
10. Date deceased last worked at this occupation (month and year) 1930
11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Andrew Biedenbach
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Son - John A. Biedenbach
(Address) 2514 E. Jefferson St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Matthews Date April 22 19 32

19. UNDERTAKER Wm. C. Miller & Son
(Address) 2334 Jefferson St.

20. FILED R 21 1932 19 Huntingdon Millwood, Pa.
R. C. H. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1932 to April 19, 1932
I last saw him alive on April 19 1932 death is said to have occurred on the date stated above, at 6 50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Ascending Colon	Oct. 1931
Other contributory causes of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19 ...
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. H. Horaheber M. D.
(Address) Univ Hosp

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-0

E 79002 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79002

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 11-19 Ward)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Olin Lopp

(a) Residence: No. 212 E. ~~Pratt~~ Preston St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Nettie

6. DATE OF BIRTH (month, day, year): Jan. 22, ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41?	7	2?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Upholsterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): ? Texas

FATHER

13. NAME: William

14. BIRTHPLACE (city or town) (State or country): N.C.?

MOTHER

15. MAIDEN NAME: Mary Michael

16. BIRTHPLACE (city or town) (State or country): ? N.C.

17. INFORMANT (Address): Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Hunting[illegible] Date Apr. 21, 19 32

19. UNDERTAKER (Address): John C. Miller Funeral Director Huntington Village, N.Y.

20. FILED APR 21 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1932 to April 20, 1932

I last saw him alive on April 20, 1932 Death is said to have occurred on the date stated above, at 9:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchiectasis	5 yrs
Myocarditis chr.	1 yr

Other contributory causes of importance: None

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J. S. Edmunds M. D.

(Address) Balto. City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79003

CERTIFICATE OF DEATH.

86

E 79003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 411 N. 24th St. 17-51 Ward)

2-FULL NAME John Roland Hunter

(a) RESIDENCE NO. 411 N. 24th St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a (If married, widowed, or divorced) HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 21/1931

7 AGE: Years 0 Months 3 Days 29. If LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md.

PARENTS

10 NAME OF FATHER: John R. Hunter

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Florida

12 MAIDEN NAME OF MOTHER: Cora B. Page

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Ga.

14 Informant: Mr John A. Page

(Address) 411 N. 24th St

15 Filed: APR 21 1932

Huntington Williams, M.D.
B. O. H. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 20 32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Convulsions

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) (duration) ....yrs. ....mos. ....ds.

(Signed) Chas. H. Norman, M. D. (Coroner)

4/20, 1932 (Address) 3632 Boland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's Cem Randallstown Date of Burial: April 22/32

20 UNDERTAKER: Walter Davis ADDRESS: 3418 Eastern Ave

P. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Dr Avery 1603 N. Broadway Wol 3860

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79004

131 E 79004

CERTIFICATE OF DEATH

E 79004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 N. Register St. 17 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna C. Ottenbacher

(a) Residence: No. 1615 N. Register St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced (Husband or) WIFE of Louis W. Ottenbacher

6. DATE OF BIRTH (month, day, year) Oct 27th 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Herman Niemann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Reiling

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louis Ottenbacher

(Address) 1615 N. Register St

18. BURIAL, CREMATION, OR REMOVAL.

Place Dulto Cemetery Date Apr 23rd 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul st

20. FILED APR 21 1932, 19 R. O'H. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1931 to April 20, 1932

I last saw h[illegible] alive on April 20, 1932 Death is said to have occurred on the date stated above, at 11.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	Oct 1-1931

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John O. Avery M. D.

(Address) 1603 N Broadway

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should be properly classified. Exact statement of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Coroner Cromwell 201 Patapsco Ave Canton 0746

HEALTH DEPARTMENT—CITY OF BALTIMORE

79005

CERTIFICATE OF DEATH

E 79005

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 42 S. Carlton St. 8-16 Ward)

If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel H. Albert

1a) Residence: No. 2135 E. Oliver St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE~~ of Elizabeth B. Albert

6. DATE OF BIRTH (month, day, year) Apr 6th 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	0	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry C. Albert

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Hannah Gunnison

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Elizabeth B Albert
(Address) 2135 E. Oliver St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cemetery Date Apr 23rd 1932

19. UNDERTAKER Wm Cook
(Address) 342 St Paul St

19. FILED APR 21 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 21st 1932

22. I HEREBY CERTIFY, That I attended deceased from April 21st 1932 to April 21st 1932

I last saw h in ~~alive~~ Dead on Apr 21st 1932. Death is said to have occurred on the date stated above, at 7:45 m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Guy M. Cromwell Coroner M. D.

(Address) 20B Patapsco Ave. Canton

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

E 79006 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79006

CERTIFICATE OF DEATH

117-001

Registered No. 70-79

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs mos ds. How long in U.S. If of foreign birth 50 yrs mos ds.

2. FULL NAME Mrs Conrad Meyer

(a) Residence: No. 1006 Parkesley Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of: Barbara

6. DATE OF BIRTH (month, day, year): Jan 31st 1867

7. AGE Years	Months	Days	If LESS than 1 day... hrs. or ... min.
65	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Gardner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Landscape

10. Date deceased last worked at this occupation (month and year): 3/30/32

11. Total time (years) spent in this occupation: 35

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Fredrick Meyer

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Barbara Meyer
(Address) 1006 Parkesley St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 4/25/1932

19. UNDERTAKER: Wm Cook
(Address) 1217 St Paul St

20. FILED APR 21 1932 19 B.O.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4-21, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-9, 1932 to 4-24, 1932

I last saw him alive on 4-21, 1932 death is said to have occurred on the date stated above, at 4.15 a m.

The principal cause of death and related causes of importance were as follows:

Ruptured Gastric Ulcer — Date of onset

Other contributory causes of importance: Bronchopneumonia

Name of operation: Closed Opening Date of: 7/9/32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) Leo Gorsalo M. D.

(Address) St Agnes Hospital.

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

D. Whit 532 E 22nd St Hunt 9768

HEALTH DEPARTMENT—CITY OF BALTIMORE

79007

CERTIFICATE OF DEATH

50 E 79007

Registered No. 12-50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 447 Lorraine Ave Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME M. Josephine Hopkins

(a) Residence: No. 447 Lorraine Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 26th 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hereford Balto Co Md

FATHER

13. NAME Frank Hopkins

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

MOTHER

15. MAIDEN NAME Minnie Sholck

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Ogden Knight
(Address) 2462 Freemont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Hereford Balto Co Md Date Apr 23rd 1932

19. UNDERTAKER None Cook
(Address) 1217 St. Paul St

20. FILED APR 21 1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 20th 1932

22. I HEREBY CERTIFY, That I attended deceased from April 10 1932 to April 20 1932

I last saw her alive on April 20 1932 Death is said to have occurred on the date stated above, at 5.55 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	4/19/32
Pyrexia	
Other contributory causes of importance:	
Adrenal Carcinoma	6 mos

Name of operation Breast Amputated Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Thomas F Holtz M. D.

(Address) 532 E 22nd

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 79008

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79008

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St. 7-9 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ruth Leonard

(a) Residence: No. Stockton Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles

6. DATE OF BIRTH (month, day, year) Feb 13 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54 53	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Morris Sturges

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Jennie Taylor

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Stockton Rd Date June 24 1932

19. UNDERTAKER Percival Leitenberger

(Address) Percival Leitenberger Huntington Williams Ave & Rose St

20. FILED APR 21 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21 1932

22. I HEREBY CERTIFY, That I attended deceased from April 10 1932 to April 21 1932

I last saw h[illegible] alive on April 19 1932 Death is said to have occurred on the date stated above, at 3:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, General	Unknown
Coronary Sclerosis	"
Arteriosclerotic Heart Disease	1930
Congestive failure, Myocardial	April 1932

Other contributory causes of importance:

Diabetes Mellitus	1917

Name of operation None Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.

(Address) .....

1-20—M. & T.—100 B—50L

79009

E/79009

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 4-25 WARD)

2-FULL NAME Tom Ow

(a) RESIDENCE NO. 212- W. Mulberry ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred abt 20 yrs. mos. ds. How long in U. S., if of foreign birth? abt 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Yellow	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): About 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	44	?	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer): Restaurant
(c) Name of employer: ? ?

9 BIRTHPLACE (city or town) (State or country): ? China

PARENTS

10 NAME OF FATHER: Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country): ? China

12 MAIDEN NAME OF MOTHER: not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ? China

14 Informant: Mrs. Tom Wah Young (cousin)

(Address) Fairmount Ave & 25th Street

15 Filed ..... 192 Huntington Williams, N.J. Registrar Director

APR 27 1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 20 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) George Zellers, M. D. Coroner

4/21, 1932 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	Apr. 22 1932
UNDERTAKER	ADDRESS
Stewart & Moore Co	108 W. Fayette Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 79010

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79010

CERTIFICATE OF DEATH

23 V

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 Duncan St. 7-10 Ward)

Length of residence in city or town where death occurred 1 yrs. 1 mos ds. How long in U.S. if of foreign birth? yrs. mos ds.

2. FULL NAME Blanch. King

(a) Residence: No. 509 Duncan St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem'l	Colord	widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 20. 1908

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
23 22	22	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 537

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Denis Brown

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Susie Scott

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Ottia Woods
(Address) 509 Duncan St

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson cemtery Date April 22 1932

19. UNDERTAKER Edward Bryan
(Address) 1631 Edmondson Ave

20. FILED APR 22 1932 Registrar.
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20. 1932

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1932 to April 20, 1932

I last saw h[illegible] alive on April 20 1932 death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

4/21/32 (Signed) B F Kenyon M.D.
(Address) 1305 N Patterson Park Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 250B

E 79011

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79011

CERTIFICATE OF DEATH

46

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp St. 6-10 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Anna Mauler

(a) Residence: No. 156 N. Kenwood Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William H. Mauler

6. DATE OF BIRTH (month, day, year) July 27 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Joseph A. Stamm

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Mary E. Beck

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT William H. Mauler
(Address) 156 N. Kenwood

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date April 25 1932

19. UNDERTAKER J. Herr
(Address) 156 N. Luzerne

20. FILED APR 22 1932 Hunting Park Ave. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-20, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-11, 1932 to 4-20, 1932

I last saw her alive on 4-20 1932 death is said to have occurred on the date stated above, at 11 55 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General peritonitis	5 days
Carcinoma of sigmoid	?

Other contributory causes of importance:

Name of operation Resection of sigmoid Date of 4-13-32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Cyrus E. Calar M. D.

(Address) Bon Secours Hospital

Director

R.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 79012

E 79012

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 143 N. Milton Ave St. 10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Geo. W. Adam

(a) Residence: No. 143 N. Milton Ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE)~~ of Marion C. Adam

6. DATE OF BIRTH (month, day, year) Mar 17/56

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
76	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME James Adam

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Elizabeth —

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Marion C. Adam

(Address) 143 N. Milton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 4/22 1932

19. UNDERTAKER Philip Herring

(Address) 2016 Pulaski St

20. FILED APR 22 1932

Registrar.

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 20. 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 20 1932 to Apr 20 1932

I last saw him alive on Apr 19 1932. Death is said to have occurred on the date stated above, at 7:20 A.M. P.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/20/32

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Eugene F. Pessagno M. D.

(Address) 5.14 Irving Lane

M. D. B. 1268-9

79013

HEALTH DEPARTMENT—CITY OF BALTIMORE

79013

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH Baltimore City Hospitals (Bb-1) 97-48

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Angela Baker

(a) Residence: No. 711 Willow ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child's nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 & C

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Cumberland
(State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Texas Md Date April 22 1932

19. UNDERTAKER John E. Miller
(Address) E & 35 E. Stevens

20. FILED April 22 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1930 to April 18, 1932

I last saw her alive on April 18, 1932. Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unknown

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Lawrence A. Sena, M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APPROVED

AACo 5-11 250B

E 79014

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79014

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., Ward)

Registered No. 7-55

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Lilly

(a) Residence: No. 5317 Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

5a. If married, widowed, or divorced (or) WIFE of Anderson Lilly

6. DATE OF BIRTH (month, day, year) 8-19-~~88~~ 94

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	8	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chas. Co. Md.

FATHER

13. NAME Richard Barber

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Lizzie Wheeler

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT (Address) Hospital Records - 4940 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL Place Cremation Date Apr. 23 1932

19. UNDERTAKER Chas. H. Jenkins (Address) 416 N. Carey St.

20. FILED APR 22 1932, 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-19, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-8, 1932 to 4-19, 1932

I last saw h~~e~~r alive on 4-19, 1932 death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular disease	?

Other contributory causes of importance:

① Suppurating Lesion-left knee	3-8-32
② Meningitis (unknown origin)	4-11-32

Name of operation Drainage of Knee Date of 3-21-32

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Luther E. Leith, M. D.

(Address) Balto. City Hospitals

Director

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 2508

E 79015 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79015

CERTIFICATE OF DEATH

V50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1729 N Caroline St. 8-17 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mamie Konig

(a) Residence: No. 1729 N Caroline St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 14 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min
46	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleslady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 667

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto
(State or country)

FATHER

13. NAME Henry D Konig

14. BIRTHPLACE (city or town) Ger
(State or country)

MOTHER

15. MAIDEN NAME Mary Schneider

16. BIRTHPLACE (city or town) Ger
(State or country)

17. INFORMANT Herman H Hemelberger
(Address) 3122 Grindon Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date April 23, 1932

19. UNDERTAKER John Ulrich
(Address) 2008 Arlington Ave

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 27, 1928 to Apr 20, 1932

I last saw h in alive on Apr 20, 1932 death is said to have occurred on the date stated above, at 20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac exhaustion	Apr 20/32
Other contributory causes of importance:	
Carcinoma of breast	Mar 28

Name of operation Removal of breast Date of Mar 28

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) John L Townsend M. D.

(Address) 1714 N Charles St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Huntington Station, N.Y.

APR 23 1932

E 79016

M. D. B. 1268-0

E 79016 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-001 Guard 69

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
(a) CITY OF BALTIMORE: (No. 1403 S Highland St., 76 Ward)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur Noelle
(a) Residence: No. 1403 S Highland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	—	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd
10. Date deceased last worked at this occupation (month and year) unknown
11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) unknown

FATHER
13. NAME unknown
14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Date . 19
Place

19. UNDERTAKER
(Address) Huntingdon Williams, Inc.

20. FILED APR 22 1932 . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5 . 1932

22. I HEREBY CERTIFY, That I attended deceased from ____ . 19 ____ to ____ . 19 ____ Death is said

I last saw h alive on ____ . 19 ____ to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

Carbon Monoxide Poisoning — Suicide

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Yes Date of injury 4/5 . 1932

Where did injury occur? 4/5/32 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Inhalation of Gas

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) B. Adrey Mid M. D. Coroner
(Address) 1305 N Patterson Park

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-11 250B

E 79017

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79017

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals ✓

CITY OF BALTIMORE: (No. 49 St. 11-24 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Randall

(a) Residence: No. 714 Linden Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Willie Randall

6. DATE OF BIRTH (month, day, year) Dec 25, ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME ? Not known

14. BIRTHPLACE (city or town) (State or country) ? unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19...

19. UNDERTAKER
(Address)

20. FILED APR 22 1932 Huntington Williams, M.D. Registrar Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-19-32 . 19

22. I HEREBY CERTIFY, That I attended deceased from 4-6-32 . 19 . to 4-19-32 . 19
I last saw her alive on 4-14-32 . 19 . death is said to have occurred on the date stated above, at 10:35A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Vulva	?
Other contributory causes of importance: Acute Hemorrhage	4-17-32

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Luther E. Leitch M.D.
(Address) Balto City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNIVERSITY OF MARYLAND MAR 21 1932

A&Co. 5-31 250B

E 79018 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79018

CERTIFICATE OF DEATH Baltimore City Hospitals 137

1. PLACE OF DEATH Baltimore City Hospitals Registered No. 137

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 26-27 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles H. Church

(a) Residence: No. None St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of (Unknown)

6. DATE OF BIRTH (month, day, year): July 4, 1855

7. AGE: Years 76 | Months 9 | Days 13 | If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Boston Mass.

FATHER

13. NAME: Allen M Church

14. BIRTHPLACE (city or town) (State or country): Canada

MOTHER

15. MAIDEN NAME: Mary Gay

16. BIRTHPLACE (city or town) (State or country): Boston Mass

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Date APR 21 1932

19. UNDERTAKER (Address)

20. FILED APR 21 1932 Registrar.

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/19/32

22. I HEREBY CERTIFY, That I attended deceased from 4-16-32 to 4-19-32

I last saw him alive on 4-17-32 death is said to have occurred on the date stated above, at 2:00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute urinary retention	
Calculus in Ch	
Benign Prostatic Hypertrophy	4-16-32
Other contributory causes of importance:	
Uremia	4-13-32

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ludwig E. Emile, M.D.

(Address) Balto City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

79019 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 79019

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd Hospital — Registered No. 1317

CITY OF BALTIMORE: (No. 1512 Gilmore St. St., E. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, yrs. / mos. / ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Richards

(a) Residence: No. 1633 E. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Mary Richfield

6. DATE OF BIRTH (month, day, year) 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME George Richfield

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Annie —

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Emily Stanley
(Address) 1758 N. Chapel St

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cem. Date 4-23 1932

19. UNDERTAKER Theo White
(Address) 113 S Wolfe St

20. FILED 4-23-1932 Theodore Pitcairn, M.D. Registrar

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-20-1932

22. I HEREBY CERTIFY, That I attended deceased from 3-1-1932 to 4-20-1932

I last saw him alive on 4-20-1932 Death is said to have occurred on the date stated above, at 11.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Bronchopneumonia	4-4-32
Atherosclerosis cardio-vascular renal disease	1931

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. C. Marshall M. D.
(Address) 1838 E. Monument St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

79020 E 79020

CERTIFICATE OF DEATH

95-102

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 64 St., Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernard Concannon

(a) Residence: No. 2002 E. Fairmount Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Leonora

6. DATE OF BIRTH (month, day, year) April 1, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43		10 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maintainence man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 86

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Jead

14. BIRTHPLACE (city or town) (State or country) ? Ireland

MOTHER

15. MAIDEN NAME Mary Carr

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date April 23 19 32

19. UNDERTAKER (Address) Greaton & E. Lapp Inc 3 [illegible]

20. FILED [illegible] 19 32 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1932 to April 21, 1932

I last saw him alive on April 21, 1932 Death is said to have occurred on the date stated above, at 3:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	[illegible] 1930
Other contributory causes of importance: Subacute nephritis	Jan 1932

Name of operation Date of

What test confirmed diagnosis? Path Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) William Newcomer M. D.

(Address) Balto. City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR [illegible] 1932

AACo. 5-31 250B

E 79021

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79021

CERTIFICATE OF DEATH

59v

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3022 E. Fayette St., 6-11 Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Edward Cullison

(a) Residence: No. 3022 E. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Ellen Cullison

6. DATE OF BIRTH (month, day, year) Sept. 20 1866

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	65	6 7	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Transferman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 023

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Edward Cullison

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary B. Hammen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Ellen Cullison
(Address) 3022 E. Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Am Date April 23 1932

19. UNDERTAKER George N. Zubler
(Address) 1737 E. Eager St. Baltimore, Md.

20. FILED [illegible] 19[illegible] [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Apl 18th, 1931 to April 20th, 1932

I last saw him alive on April 20, 1932 death is said to have occurred on the date stated above, at 5-50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Myocardial degeneration	1931

Other contributory causes of importance:

Diabetes Mellitus 1929

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Theodore J. Thomas M. D.

(Address) 2115 Eutaw Pl.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 2500

E 79022

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79022

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3711 Lee. street St. 25-76 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U.S. if of foreign birth 24 yrs. ... mos. ... ds.

2. FULL NAME Katarzyna Drag

(a) Residence: No. 3711 Lee street, Wagners Point St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 26-1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min
71	7 8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none. do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Poland.
(State or country)

FATHER

13. NAME John Drag

14. BIRTHPLACE (city or town) Poland.
(State or country)

MOTHER

15. MAIDEN NAME Zofia Rzyha.

16. BIRTHPLACE (city or town) Poland.
(State or country)

17. INFORMANT Grzegorz Popera.
(Address) 3711 Lee street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem. Date April 25th 1932

19. UNDERTAKER George A. Weber
(Address) 701 S. Ann street

20. FILED APR 22 1932 19 ... Registrar
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21st, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1932 to April 21, 1932
I last saw her alive on April 21, 1932 death is said to have occurred on the date stated above, at 1⁴⁰ p. m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 4/20/32

Other contributory causes of importance: Chronic Diabetis Insipidus

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Leon D. Hooker M. D.
(Address) 4700 Pennsylvania Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 79023

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79023

CERTIFICATE OF DEATH

XV 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 Ground Ave St., 9-46 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos 7 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lottie Harriet Ingersoll

(a) Residence: No. 915 Ground Ave St., Ward. Salisbury Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of John Ingersoll

6. DATE OF BIRTH (month, day, year) June 16 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ✓
10. Date deceased last worked at this occupation (month and year) ✓
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Salisbury, Md

FATHER

13. NAME Elijah Emory
14. BIRTHPLACE (city or town) (State or country) Salisbury Md

MOTHER

15. MAIDEN NAME Elizabeth Johnson
16. BIRTHPLACE (city or town) (State or country) Salisbury Md

17. INFORMANT John George Ingersoll
(Address) Salisbury Md

18. BURIAL, CREMATION, OR REMOVAL
Place Salisbury Md Date Apr 23, 1932

19. UNDERTAKER Thil & Johnson
(Address) Salisbury, Md

20. FILED Apr 23 1932 in Salisbury, Md. Registrar

APR 29 1932

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 17, 1932 to Apr 21, 1932
I last saw h alive on Apr 21, 1932 death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1a Pneumonia	

Other contributory causes of importance:
Exhaustion + Toxaemia

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Chas Truitt, M. D.
(Address) 7 W Main St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-32—1 F. S.—100 Blks.

E 79024

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79024

CERTIFICATE OF DEATH

92-001

1—PLACE OF DEATH

REGISTERED NO. 15-6

CITY OF BALTIMORE: (No. 4020 Bonner Rd ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles August Eidman

(a) RESIDENCE NO. 4020 Bonner Rd ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frida Eidman

6 DATE OF BIRTH (month, day, and year) Aug 24 188[illegible]

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	7	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 66

(b) General nature of industry, business, or establishment in which employed (or employer) Plumbing supply

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER August Eidman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Katherine Schmell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Frida Eidman

(Address) 4020 Bonner Rd

15 Filed APR 27 1932 by Huntington Williams, N.P. Registrar

Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 27/32

17

I HEREBY CERTIFY, That I attended deceased from Jan 31, 1932, to Apr 27 32, 1932, that I last saw h[illegible] alive on Apr 27, 1932 and that death occurred, on the date stated above, at 12 A m.

The CAUSE OF DEATH* was as follows:

Chronic valvular heart disease

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Exp

(Signed) Wm. E. Stubbs, M. D.

Apr 27, 1932 (Address) 1319 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Apr. 25, 1932
20 UNDERTAKER	ADDRESS
Wm. J. Tickner & Son	N. Balto.

MAY 2 1932

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 79025

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79025

95-002

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital 15-60 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ~~Otto~~ Fannie E. Thawley

(a) Residence: No. 230 Ruskin Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Aug 6 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent Island Md

FATHER

13. NAME James Polk Thawley

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Wm E. Edenfield Jr
(Address) 725 E. 20th St

18. BURIAL, CREMATION, OR REMOVAL
Place Stevensville Md Date Apr 23 1932

19. UNDERTAKER Wm J. Tickner Son
(Address) North & Pa Ave

20. FILED Apr 22 1932 19 Hunter Williams M.D. Registrar.
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-20-1932

22. I HEREBY CERTIFY, That I attended deceased from 8/17, 1931, to 4/20/32, 19

I last saw her alive on 4/20/32, 19 death is said to have occurred on the date stated above, at 6:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hysterio-Selective-Cardio-Vascular Disease	2 years?
Auricular Fibrillation	
Due to the contributory causes of importance: Cardiac Failure.	5 hrs

Name of operation — Date of —

What test confirmed diagnosis? Signs, Symptoms, Autopsy? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry P. Shelley, M. D.

(Address) University Hosp.

N. B.—WRITE PLAINLY, with unfading ink—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 22 1932

M. D. B. 1268-9

E 79026

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Monument & Rutland St.) (Ward) 27-56

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME mr. Abraham Finkelstein

(a) Residence: No. 2929 Oakley Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write word)
male	white	marr[illegible]

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailoring

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Joseph Finkelstein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah Riva

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Nathan Finkelstein

(Address) 2929 Oakley Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rosedale Date April 24 1932

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Balto St.

20. FILED ... Registrar.

APR 22 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/22 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-19- 1932 to 4-22 1932

I last saw him alive on 4-22- 1932 Death is said to have occurred on the date stated above, at 8:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subarachnoid Hemorrhage	4/14/32
Other contributory causes of importance: Bronchopneumonia Chr. myocarditis	4/22/32

Name of operation none Date of —

What test confirmed diagnosis? Spinal Puncture Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

21. Was disease or injury in any way related to occupation of deceased? —

If so, specify ...

(Signed) J. E. Goodyear, M. D.

(Address) Sinai Hospital.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 79027.

John Held.

E 79027.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 208 Bruce ST. 1428 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Held

(a) RESIDENCE NO. 208 Bruce ST. 19 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1845	May	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: John Held

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Frank Held

(Address) 206 Bruce st

Filed APR 22 1932, 19 Huntingdon Williams, N.S. Registrar Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 20 1932

17 I HEREBY CERTIFY, That I attended deceased from June, 1930, to April 19, 1932.

that I last saw h[illegible] alive on April 19, 1932.

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

chronic interstitial nephritis

uremia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Urinalysis

(Signed) Wallace Adler, M. D.

April 19 (Address) 343 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. DATE OF BURIAL: April 23rd 1932

20 UNDERTAKER: A. Jones

ADDRESS: 111 S. Gilmor St

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79028

E 79028

CERTIFICATE OF DEATH

50v

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4707 Glenmore Ave) (Ward) 22

Registered No. 42

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. Unknown How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna E. French

(a) Residence: No. 4707 Glenmore Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of Samuel J. French

6. DATE OF BIRTH (month, day, year) May 5, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dublin Ind

FATHER

13. NAME Chas. E. Gilbert

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rose F. Kerr

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Samuel J. French

(Address) 6300 Old Harford Rd.

18. BURIAL, CREMATION, OR REMOVAL Place Fair Oaks Cem. Date April 23, 1932

19. UNDERTAKER Leonard J. Buck

(Address) 5303 Harford Rd.

20. FILED APR 22 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1932 to April 20, 1932

I last saw her alive on April 20 1932 death is said to have occurred on the date stated above, at 6:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma breast	1930
Metastases.	

Other contributory causes of importance:

Name of operation Physical evidence Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. B. Gilbert M. D.

(Address) 2802 Harford Rd.

N. B.—WRITE PLAINLY, with INK and AS FULL AS THE FORM PERMITS. This is a PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Director

Spec.—12-9-25—A Co.—200 Bks.

E 79029

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 E 79029

1-PLACE OF DEATH

REGISTERED NO. _____

City of BALTIMORE: (No. 1201 Springfield ave St. 27-47 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Garrett

(a) RESIDENCE NO. 1201 Springfield ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colord

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Garrett

6 DATE OF BIRTH (month, day, and year): aug. 13 1866

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	43	8	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor gen'l

(b) General nature of industry, business, or establishment in which employed (or employer): Farmer

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Essex County Va.

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Va.

12 MAIDEN NAME OF MOTHER: Mary Garrett

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Va.

14 Informant (Address): Wife 1201 Springfield

Filed May 7 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

5:25 PM 4-20-32

17

I HEREBY CERTIFY, That I attended deceased from 4-14-32, to 4-20-32,

that I last saw h[illegible] alive on 4-20-32 19 at 2:

and that death occurred, on the date stated above, at 5:25 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Suicide (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Encephalitis

about 4 yrs (duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted

If not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinalysis & Physical

(Signed) Ernest Melton, M. D.

, 19 (Address) 202 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Auburn Cem Date of Burial April 23 1932

20 UNDERTAKER: Joseph A. Lively ADDRESS 4011 Mount St

don should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 2

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 79030

CERTIFICATE OF DEATH

108 E 79030

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1009 Myrtle Ave St.) (Ward)

Length of residence in city or town where death occurred 28 yrs mos How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Charles Edgar Wilson

(a) Residence: No. 1009 Myrtle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 20 1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Weaver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Plant in Textiles

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm H. Wilson

14. BIRTHPLACE (city or town) (State or country) Cambridge Md

MOTHER

15. MAIDEN NAME Sarah Wells

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md

17. INFORMANT Sarah Wilson

(Address) 1009 Myrtle ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Calvary Date April 24 1932

19. UNDERTAKER Joseph A Lively

(Address) 409 N Mount St

20. FILED 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/21 1932

22. I HEREBY CERTIFY, That I attended deceased from April 19 1932 to April 21 1932

I last saw him alive on April 21 1932 death is said to have occurred on the date stated above, at 7.30 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	April 16 1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Leon Gerstle, M. D.

(Address) 1111 N Gay St

PR 22 1932

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2502

E 79031 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79031

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1063 W Lexington St. (Ward) 18-26

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Vina M^c Clendon

(a) Residence: No. 1063 W Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (Write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND
(or) WIFE of

6. DATE OF BIRTH (month, day, year): 1852

7. AGE — Years: 80 | Months: — | Days: — | If LESS than 1 day, hrs. or min.: —

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Seil
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do
10. Date deceased last worked at this occupation (month and year): —
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Columbia S.C.

FATHER
13. NAME: Harry Goodson
14. BIRTHPLACE (city or town) (State or country): Columbia S.C.

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Vina M^c Clendon
(Address): 1063 W Lexington St

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood, Md. Date April 22, 1932

19. UNDERTAKER: Mrs Katie R Williams
(Address) 322 E. Lanvale St.

Katie R. Williams, Reg. No. 0 0 5
Registrar
Director

PR 22 1932

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year): April 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from February 21, 1932 to March 18, 1932
I last saw her alive March 17, 1932 death is said to have occurred on the date stated above, at 2.a m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis — Date of onset: 11
Myocarditis
Other contributory causes of importance:
Pulmonary Edema

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) C. F. Howell M.D.
(Address) Baltimore Md

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AoCo. 5-31 250B

E 79032 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 79032

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 34 Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 10-44 (Ward)

Length of residence in city or town where death occurred 49 yrs mos ds How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME Howard Hall

(a) Residence: No. 809 Menthor Court St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: None

6. DATE OF BIRTH (month, day, year): Nov. 7, 1882

7. AGE: Years 49 | Months 6 5 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: —
10. Date deceased last worked at this occupation (month and year): —
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md

FATHER
13. NAME: William Hall
14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER
15. MAIDEN NAME: Mary Anderson
16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Viola Coleman
(Address): 902 Wasmuth St

18. BURIAL, CREMATION, OR REMOVAL
Place: Dulaney's Date: 4-23rd 1932

19. UNDERTAKER: Byron Wright
(Address): 1218 McCulloh St

Huntington Williams, M.D.
Registrar or Deputy

R 22 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-2-31, 19 , to 4-20-32, 19
I last saw him alive on 4-20-32, 19 death is said to have occurred on the date stated above, at 2:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	(2) 1 mos
Arteriosclerosis	(2) 1 mos
Other contributory causes of importance:	
Congestive Heart Failure	4-9-32

Name of operation: None Date of: —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify: —

(Signed) Luther E. Lucas M.D.
(Address) Balto. City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79033

E 79033

CERTIFICATE OF DEATH

27-44 31

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3011 Overland Ave. St. Ward

Length of residence in city or town where death occurred 46 yrs. 9 mos. 17 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Jesse W. De.Haven.

(a) Residence: No. 3011 Overland Ave., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary L. De.Haven.

6. DATE OF BIRTH (month, day, year) July.5.1885.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46.	9.	17.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. United.R.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Conductor.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

FATHER

13. NAME Jesse De. Haven.

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Margaret Hubbard.

16. BIRTHPLACE (city or town) (State or country) Annapolis.Md.

17. INFORMANT (Address) Mary. L. De.Haven 3011 Overland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore. Date April.25.1932

19. UNDERTAKER (Address) C. Howard Evans 1 E. Fort Ave. Huntington Williams, N.P.

19 April Registrar.

PR 27932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22. 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1931 to April 22. 1932

I last saw h live alive on April 21. 1932 death is said to have occurred on the date stated above, at 4 10 a m

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Date of onset

Other contributory causes of, importance:

Myocarditis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. H. Howell M. D.

(Address) 1612 E. Broadway

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79034

CERTIFICATE OF DEATH

92 E 79034

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3106 Presbury St. St. 15-67 Ward)

Length of residence in city or town where death occurred 74 yrs. 2 mos. 27 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Augusta Frazier

(a) Residence: No. 3106 Presbury St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Preston Frazier

6. DATE OF BIRTH (month, day, year) Jan 25 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George T. Whitney

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Margaret Ziegler

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary E. Whitney

(Address) 4102 Ridgewood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date April 23 1932

19. UNDERTAKER Harry R. Armacost & Son

(Address) 1204 Pennsylvania Ave.

Filed APR 22 1932 Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1931 to Apr 20 1932

I last saw her alive on Apr 20 1932 Death is said to have occurred on the date stated above, at 10 1/2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Nov 31
Chronic Nephritis	
Arteriosclerosis	

Other contributory causes of importance:

Senile Changes in Arteries - Arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Bernard L. French M.D.

(Address) 5327 Harford Road

A. B.—WHITE PENCIL, with which this record is written, is indelible. AGE should be stated EXACTLY. PHYSICIANS should be carefully supplied. information should be in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250R

E 79035

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 | E 79035

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St. Ward)

Registered No. 32-31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. mos ds How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Melvina Webb

(a) Residence: No. 701 Sharp St St., — Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

3a. If married, widowed, or divorced (or) WIFE of Mr Webb

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) 4-4-32

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME West Bonds.

14. BIRTHPLACE (city or town) (State or country) N. Carolina

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Husband

(Address) 701 Sharp St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 4-24 1932

19. UNDERTAKER James A Stayes

(Address) 1412 Hatfield St

20. FILED APR 23 1932 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-15-1932

22. I HEREBY CERTIFY, That I attended deceased from 4-4-32, 19..., to 4-15-, 1932

I last saw h[illegible] alive on 4-15-1932 death is said to have occurred on the date stated above, at 2.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	4-15-32
Other contributory causes of importance: Chronic Nephritis & Hypertension	?

Name of operation — Date of —

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) J. T. Ferman, M. D.

(Address) South Baltimore General Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79036

E 79036

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St. 21-29 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ronald Farr

(a) Residence: No. 1225 Glyndon Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 5 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wilson Farr

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mildred Distefano

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Rosie Distefano

(Address) 1225 Glyndon Ave

18. BURIAL, CREMATION, OR REMOVAL

PR London Park Date 4-23 1932

19. UNDERTAKER J. M. Cohen

(Address) 1200 E. Fayette St.

20. FILED APR 22 1932, 19 R. D. [illegible] Registrar

Hampton Delaware, Md.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 21, 1932 to Apr 21, 1932

I last saw him alive on Apr. 21, 1932 death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	
Other contributory causes of importance:	
Malnutrition	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Bernard N. Sondheimer, M. D.

(Address) University Hospital

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

79037

CERTIFICATE OF DEATH.

107 E 79037

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Florence Crittenton Mission 13-51 WARD)

2-FULL NAME Ruth Kelley

(a) RESIDENCE NO. Florence Crittenton Mission ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced. (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 21, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER William E Kelley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Emma E Gunther

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant William E Kelley (Address) 129 Cathedral St

15 Huntington Williams, M.D. Registrar
R. P. H. Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 22 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 16, 1932, to Apr 22, 1932, that I last saw her alive on Apr 21, 1932, and that death occurred, on the date stated above, at 12 noon

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 30 ds.

CONTRIBUTORY (Secondary) Mongolian Idiocy

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys Examination

(Signed) John E Baldwin, M. D.

4/22/1932 (Address) 100 E 33rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pet Cemetery

DATE OF BURIAL 4/23 1932

20 UNDERTAKER J M Cook

ADDRESS 1217 St Paul St

R 22 1932

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A4Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79038 — E 79038

CERTIFICATE OF DEATH

124

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 20 E Randall St. 23 Ward) 24

Length of residence in city or town where death occurred 55 yrs. 4 mos. 20 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John H. Mubly

(a) Residence: No. 20 E Randall St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Mubly.

6. DATE OF BIRTH (month, day, year) Nov 24 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or ... min.
55	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME William Mubly.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Hannitta Jaskel

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Carrie Mubly.
(Address) 20 E Randall St.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cem. Date 4-23 1932

19. UNDERTAKER Mrs Chas A.G. Rohde.
(Address) 2327 Edmondson Ave

20. ..... 1932 H. O. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-20 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 15 1932 to Apr. 20 1932

I last saw him alive on Apr. 20 1932 death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver (none alcoholic)	Indefinite
Other contributory causes of importance: Exhaustion	4/18/32

Name of operation none Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) R. L. Campbell M. D.

4/20/32 (Address) 644 Hanover St

F. B.—WRITE PLAINLY, with pen and ink and use no abbreviations. All the questions must be answered or the certificate will be returned for completion. DO NOT LEAVE ANY BLANKS. If unknown or impossible to obtain information, write "unknown" or "impossible." Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79039

CERTIFICATE OF DEATH

82 E 79039

Registered No. 1081

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3424 Wilkins Ave St. 5-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ... in ... How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Bellhoff

(a) Residence: No. 3424 Wilkins Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Peter Bellhoff.

6. DATE OF BIRTH (month, day, year) Jan 17 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or ... min.
79	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Detrich Frohlking

(Address) 3424 Wilkins Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Pauls Date of Burial 4-24 1932

19. UNDERTAKER Mrs Chas A G. Rohde

(Address) 2327 Edmondson Ave

20. Filed ... 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-21 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 15 1932 to Apr 20 1932

I last saw her alive on Apr 20 1932 death is said to have occurred on the date stated above, at 6.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	
Cerebral-Haemorrhage	2 day
Other contributory causes of importance:	
Edema of Lungs.	1 day

Name of operation none Date of —

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Carl P Roetling M. D.

(Address) 1827 W. Baltimore St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

R 22 1932

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79040

59 E 79040

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 20-71 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Curtis Reynolds

(a) Residence: No. 205 London Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Blanch E Reynolds

6. DATE OF BIRTH (month, day, year) Aug 31 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Transfer. 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Mr. C Reynolds.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Carrie Hutchinson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hazel Reynolds.
(Address) 205 London Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 4- 19 32

19. UNDERTAKER Bernard E Slade
(Address) 1000 E Lexington St

20. FILED APR 22 1932 19 Huntington Williams M.D. Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21 . 1932

22. I HEREBY CERTIFY, That I attended deceased from April 10 . 1932 to April 21 . 1932

I last saw him alive on April 21 1932 death is said to have occurred on the date stated above, at 12.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1927
Chronic Nephritis	1930
Hypertension	1931
Other contributory causes of importance: Cerebral Hemorrhage	Apr. 9. 32

Name of operation — Date of —

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. Whitcomb Lake, M. D.

(Address) Univ. Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79041

CERTIFICATE OF DEATH

131 E 79041

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2104 St. Paul St., 12-50 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth ... yrs. ... mos. ... ds.

2. FULL NAME Mary A. Taylor

1a) Residence: No. 2104 St. Paul St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm S Taylor

6. DATE OF BIRTH (month, day, year) Aug. 24, 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Naval work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 7 yrs

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

FATHER

13. NAME Jeremiah Kenny

14. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

MOTHER

15. MAIDEN NAME Guilelma Stokes

16. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

17. INFORMANT Elizabeth T. Bouchelle
(Address) 2104 St. Paul St

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cemetery Date 4/25/ 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St
Huntington Hilltop, W. Va.

20. FILED APR 22 1932 19 ... A. C. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1932 to April 22, 1932

I last saw h[illegible] alive on April 21, 1932 Death is said to have occurred on the date stated above, at 2 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	4
Other contributory causes of importance: Nephritis	2

Name of operation None Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Thomas L. Cahum M. D.

(Address) 1129 Cahum

APR 22 1932

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79042

CERTIFICATE OF DEATH

E 79042

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4303 (Street) Forrestview Ave (Ward) 26-4

Registered No. ____ (If death occurred in hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Samuel A. Sapp

(a) Residence: No. 4303 Forrestview Ave Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John A. Sapp

6. DATE OF BIRTH (month, day, year): July 9 1876

7. AGE: Years 55 | Months 9 mo | Days 11 | If LESS than 1 day, hrs. or min. ____

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____ | 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country): New Jersey

FATHER

13. NAME: Edgar G. Marsh

14. BIRTHPLACE (city or town) (State or country): N.J.

MOTHER

15. MAIDEN NAME: Emma A. Felter

16. BIRTHPLACE (city or town) (State or country): N.J.

17. INFORMANT: Mr John A. Sapp
(Address) 4303 Forrestview Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Western Date: Apr. 23 1932

19. UNDERTAKER: Margaret E. Flynn
(Address) 142 E. Eager St.

Huntington Williams, M.D.
Registrar.

APR 22 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day year): April 20th, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1932 to April 20, 1932

I last saw her alive on April 20, 1932 death is said to have occurred on the date stated above, at 6 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	April 19/32
Other contributory causes of importance:	
Cardiac Failure	April 1/32

Name of operation None Date of ____

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) J S Harding M. D.

(Address) 7810 Belair Rd.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79043

95 E 79043

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE (No. 1411 Argyle ST. 14-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Richard Whittington

(a) RESIDENCE NO. 1411 Argyle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) may, 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert co md.

PARENTS

10 NAME OF FATHER Richard whittington

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Anna chase

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md.

14 Informant Anna Sample

(Address) 712 Saratoga St

15 Filed 30 Huntington Pulliams M.D. R. P. H. Registrar Director

R 221932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-21-32

17 I HEREBY CERTIFY, That I attended deceased from Feb 16, 1932, to Apr 21, 1932, that I last saw him alive on April 20, 1932 and that death occurred, on the date stated above, at 1.15 A m.

The CAUSE OF DEATH* was as follows:

Cardio Valvular Disease

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Symptoms

(Signed) Chas J Woolridge Jr, M. D.

4-22 1932 (Address) 703 W Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL April 23 1932

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Presstman St

Information should be carefully supplied. Are should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79044

CERTIFICATE OF DEATH

23E 79044

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

CITY OF BALTIMORE: (No. ... St. 19-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Saxton

(a) Residence: No. 516 N. Parrish st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Dec. 25, 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Greene Saxton

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Mary Henderson

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date April 23 1932

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman St.

20. FILED APR 22 1932 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21 1932

22. I HEREBY CERTIFY, That I attended deceased from April 15 1932 to April 21 1932

I last saw him alive on April 21 1932 Death is said to have occurred on the date stated above, at 5.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Dec. 1931

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lawrence A. Sears M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

79045 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-C 79045

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1624 Druid Hill Ave (Ward) 14-20

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kattie Glascoe

(a) RESIDENCE NO. 1624 (Usual place of abode) Druid Hill Ave ST. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed or divorced, HUSBAND of (or) WIFE of: Jas. Glascoe

6 DATE OF BIRTH (month, day, and year): May 25-1868

7 AGE: Years 64 | Months — | Days 20 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: John Endicoon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Louis Butler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Fannie R. Glascoe 1624 Druid Hill Ave.

15 Filed ..., 19..., Registrar

Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 20-32

17

I HEREBY CERTIFY, That I attended deceased from Apr. 19, 1932 to Apr. 20, 1932

that I last saw h alive on Apr. 20, 1932

and that death occurred, on the date stated above, at 10:40 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage 2 ds.

(duration) yrs., mos., ds.

CONTRIBUTORY (Secondary) Paralysis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical

(Signed) John H. Tompkins M. D.

4/23/32 (Address) 1127 N. Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ft. Auburn — DATE OF BURIAL: 4/23/32

20 UNDERTAKER: Mrs. George H. Holland — ADDRESS: 163 Druid Hill Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79046

CERTIFICATE OF DEATH

E 79046

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp. St., 14-36 Ward) 175 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Earl Gordon

(a) Residence: No. 1527 Druid Hill St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single.

6. DATE OF BIRTH (month, day, year) July 3 1897

7. AGE: Years 32 | Months 9 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter 670

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jesse Gordon

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Eva Fenwick

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Helen Carter

(Address) 1527 Druid Hill

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 4/23/32

19. UNDERTAKER Mrs. Lyn. E. Holland

(Address) 1621 Druid Hill Ave

20. FILED Huntington Williams, M.D. Registrar

R 22 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20th 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on August 19 Death is said to have occurred on the date stated above, at m

The principal and contributory causes of importance were as follows:

	Date of onset
Concussion of Brain and Fractured both legs	

Other contributory causes of importance: Thrown out wagon

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in the following:

Accident, suicide, or homicide? Date of injury April 7-

Where did injury occur? Majestic Hotel 1926

(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury Thrown out wagon

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Leik Coroner M. D.

(Address)

information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A & Co.—250 Blks

79047

HEALTH DEPARTMENT—CITY OF BALTIMORE

L 79047

CERTIFICATE OF DEATH.

12-44 93-005

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3507 Newland Road, Guilford (St.) (Ward)

2 FULL NAME Anna Augusta Whiteford

(a) RESIDENCE NO. 3507 Newland Road ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of -------

6 DATE OF BIRTH (month, day, and year) March 16, 1840

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	92	1	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Harford County Maryland

PARENTS

10 NAME OF FATHER: William T. Whiteford

11 BIRTHPLACE OF FATHER (city or town) (State or country): ~~

12 MAIDEN NAME OF MOTHER: Mary A. Willinghan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs. Austin Crook

(Address) 3507 Newland Road

15 [illegible] 19 Huntington Williams, M.D. Registrar

R. F. H. Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 22, 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb - 1, 1932, to April 22, 1932

that I last saw her alive on April 21, 1932

and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) D. W. Kenney M. D.

19 (Address) 1512 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery

DATE OF BURIAL: 4/25 1932

20 UNDERTAKER: Henry U. Mears & Son

ADDRESS: 803 N. Calvert

APR 23 1932

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79048

CERTIFICATE OF DEATH

Registered No. 186-E 79048

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 9-46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles E. Stevens

(a) Residence: No. 3130 Montebello Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma G. Stevens

6. DATE OF BIRTH (month, day, year) June 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	10	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Street Cleaner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Baltimore

10. Date deceased last worked at this occupation (month and year) April 1922

11. Total time (years) spent in this occupation 22 yrs

12. BIRTHPLACE (city or town) (State or country) Fredericksburg Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Thomas McGuire

(Address) 412 E. 31st St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oaklawn Cemetery Date April 23 . 1932

19. UNDERTAKER J. S. Block

(Address) 1003 W. Baltimore St.

19a. FILED Apr 23 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22 . 1932

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .

I last saw him alive on . 19 . Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	
Accidental Fracture of Left Femur	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Yes Date of injury 3/19 . 1932

Where did injury occur? At Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell out of bed

Nature of injury Fractured Femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. P. Kerzog M.D. M. D.
Coroner

(Address) 1305 N. Patterson Park Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

R 23 1932

M. D. B. 1268-0

E 79049 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 79049

255289

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St. 2453 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Barnes Frank M. Barnes

(a) Residence: No. 1037 William St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Lillian Barnes

6. DATE OF BIRTH (month, day, year) March 18, 1898 Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
34	~~33~~	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Housework~~ ob

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Locke Insulator Corp

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frank M Barnes

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME ~~Woodward~~ Margaret Ryan

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date April 25 1932

19. UNDERTAKER R B Cook

Address 1003 N. Baltimore St.

20. FILED APR 23 1932 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1931 to Apr 22, 1932

I last saw him alive on Apr 22, 1932 Death is said to have occurred on the date stated above, at 1.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Hypertension	
Cardiac enlargement	
Myocardial insufficiency	
Chr. vascular nephritis	

Other contributory causes of importance:

Terminal bronchial pneumonia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) Alan Bernstein M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-20—M & T—100 B—50L

E 79050

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79050

CERTIFICATE OF DEATH

1-PLACE OF DEATH Found floating at the

CITY OF BALTIMORE: (No. Foot of Montgomery St. St. 24-33 Ward) REGISTERED NO. 183

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank C. Rogers. (C)

(a) RESIDENCE NO. 725 Grindall Ct. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. ---mos.--- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married HUSBAND of Annie Rogers. (C)

6 DATE OF BIRTH (month, day, and year) September 20, 1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	7	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer. 40
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) South Carolina.

PARENTS

10 NAME OF FATHER John Rogers. (C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina.

12 MAIDEN NAME OF MOTHER Vina L. Tolbert. (C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) South Carolina.

14 Informant Annie Rogers. (C) wife.

(Address) 725 Grindall Ct.

15 Filed 4/22/32 Registrar

Huntington Williams, M.D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Found April 21, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.

Occidental fall overboard.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Found floating in

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt X Coroner, M. D.

19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson Bendey

DATE OF BURIAL 4-23-32

20 UNDERTAKER Daniel Fantry

ADDRESS 916 E. [illegible]

PR 2 1932

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79051

CERTIFICATE OF DEATH

× 108 E 79051

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton Ave St. 25-12 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. 2 mos. 3 ds How long in U.S. If of foreign birth? ... yrs ... mos. ... ds.

2. FULL NAME Edgar Bruno Jr

(a) Residence: No. Smithsonian Heights Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Estelle Bruno

6. DATE OF BIRTH (month, day, year) 1/24/88

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	34	3 2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Augustus Bruno

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louisa Wagner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Estelle Bruno
(Address) Smithsonian Heights

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Apr 25 1932

19. UNDERTAKER Josh Reardon & Son
(Address) 1217 E. Pacca St

Huntington Williams, N.D.

R 231932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 / 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1932 to April 22 1932

I last saw him alive on April 22 1932 death is said to have occurred on the date stated above, at 9:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	4-13-32
Empyema	?

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George S. Thomson M. D.

(Address) St Agnes Hospital

Information should be carefully supplied. Avoid using abbreviations. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79052

CERTIFICATE OF DEATH

48 E 79052

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3729 Brooklyn Ave 25-15 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louise E. Crispens

(a) Residence: No. 3729 Brooklyn Ave 25 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Crispens

6. DATE OF BIRTH (month, day, year) May 18-1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home 077

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George L. Richter

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Charlotte Spearman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John W. Crispens
(Address) 3729 Brooklyn Ave

18. BURIAL, CREMATION, OR REMOVAL
Place St Paul's Cem April 26 1932

19. UNDERTAKER Lilly Funeral Home
(Address) 403 E. Lanvale St.

FILED ... 19... Registrar.

APR 23 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20 1932

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1931 to April 20, 1932

I last saw HER alive on April 20 1932 death is said to have occurred on the date stated above, at 10.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	Indefinite
Other contributory causes of importance: Exhaustion	4/18/32

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) R. C. Vaught M. D.

(Address) 1644 Hanover St.

4/21/32

AACo. 5-11-2908

79053 HEALTH DEPARTMENT CITY OF BALTIMORE

E 79053

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 114 S Broadway St. 3-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Q. Winebrenner

(a) Residence: No. 114 S. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry C. Winebrenner

6. DATE OF BIRTH (month, day, year) June 16 1855

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
13.	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hagerstown Md.

MOTHER FATHER

13. NAME Rufus S. Eckert
14. BIRTHPLACE (city or town) (State or country) Hagerstown Md.
15. MAIDEN NAME Susanna Johns
16. BIRTHPLACE (city or town) (State or country) Hagerstown Md

17. INFORMANT Hattie Winebrenner
(Address) 114 S Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date April 21 1932

19. UNDERTAKER Randall & Hagerty
(Address) Huntington, Indiana

20. FILED APR 23 1932 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21 1932

22. I HEREBY CERTIFY, That I attended deceased from February 3 1932 to April 18 1932
I last saw h[illegible] alive on April 18 1932 death is said to have occurred on the date stated above, at 4 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease.	
Other contributory causes of importance:	
acute dilation of Heart.	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Dr. Samuel Silverstein M. D.
(Address) 22 S. Broadway.

Information should be carefully supplied. Avoid use of such terms as UNKNOWN, INDEFINITE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 79054

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79054

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1231 Washington Blvd. ST. 21-27 (WARD)

2 FULL NAME Louis A. Looe.

(a) RESIDENCE NO. 1231 Washington Blvd. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Widower.

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Johanna Looe.

6 DATE OF BIRTH (month, day, and year) May 16, 1849.

7 AGE Years	Months	Days	If LESS than 1 day, ? hrs. or min.
82	11	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired. Dr

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): md.

PARENTS

10 NAME OF FATHER Henry M. Looe.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Henry Looe.
(Address) 1223 N. Monford Ave.

APR 1 [illegible] 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 21, 1932

17 I HEREBY CERTIFY, That I attended deceased from March 29th, 1932, to April 21, 1932

that I last saw him alive on April 20th, 1932

and that death occurred, on the date stated above, at 12.45 P. m.

The CAUSE OF DEATH was as follows:

Chr. Interstitial Nephritis
& Chr. Myocarditis

(duration) Years mos. ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. diagnosis

(Signed) H. Blatwerthouse M. D.

1932 (Address) 1901 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park.

DATE OF BURIAL: April 25, 1932

20 UNDERTAKER: Brunswick Looe

ADDRESS: 2458 Eastwood Ave.

Director

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should BE EXACT. AGE should be given in all cases.

Spec.—9 30—A. & Co.—250 Bks

E 79055 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79055

CERTIFICATE OF DEATH

59

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 900 N. Montford Ave ST 12 WARD)

2 FULL NAME Pauline Earl

(a) RESIDENCE NO. 900 N. Montford ST. ..... WARD (If non-resident give city or town and State)
(Usual place of abode)

length of residence in city or town where death occurred 48 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 62 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Linton Earl

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cecil Co Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cecil Co Maryland

12 MAIDEN NAME OF MOTHER Pauline Sasseen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cecil Co Maryland

14 Informant Edward Pauline

(Address) 900 N Montford Ave

15 Filed ... Attest: ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 21 1932

17 I HEREBY CERTIFY, That I attended deceased from April 10, 1932, to April 21, 1932

that I last saw her alive on April 20, 1932

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Diabetic Gangrene

about 10 yrs. ... mos. ... ds.
(duration)

CONTRIBUTORY (Secondary) Chr. Myocarditis (duration) Unknown

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Jos. A. Rosenblatt M. D.

4/22 1932 (Address) 308 O'Donnell St.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL April 25 1932

20 UNDERTAKER Frank Brack & Son — ADDRESS 1406 Eastern

APR 23 1932

Director

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

79056

CERTIFICATE OF DEATH

93 E 79056

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1905 Bank St. 9-4 Ward)

Length of residence in city or town where death occurred about 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John O'Brien

(a) Residence: No. 1905 Bank St., Ward.
(Usual place of abode) about 35 yrs. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia O'Brien

6. DATE OF BIRTH (month, day, year) Aug 15 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stationary
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Wm O'Brien
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Sarah Mullaney
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Sarah O'Brien
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Apr. 26 1932

19. UNDERTAKER Lilly & Zeiler
(Address) 732 Hilyard St.

20. Huntington Williams, M.D.
Registrar

APR 26 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....

I last saw h— alive on ....., 19.... Death is said to have occurred on the date stated above, at 5.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Visit Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) G. F. Herzgmd M. D.
Coroner

(Address) 1205 E. Patterson Park Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 79057

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79057

CERTIFICATE OF DEATH

REGISTERED NO. 181

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 5-8 WARD)

2-FULL NAME Charles R Geyer

(a) RESIDENCE No. 2024 Higbet ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. 6 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	6	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Common

9 BIRTHPLACE (city or town) Balto City
(State or country)

PARENTS

10 NAME OF FATHER Adam Geyer

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) unknown

14 Informant Charles G Black
(Address) 742 W North Ave

15 Filed APR 23 1932 Huntington Williams Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 22 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

1 2 3 Injury to L L R side & chest & abdomen accident

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Probably had caught for which he was sleeping (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2024 Higbet St

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M Fenlon, M. D. Coroner

19 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL April 23 1932

UNDERTAKER Chas. G. Black

ADDRESS 742 W North Ave

Director

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

79058

CERTIFICATE OF DEATH

E 003 15 E 79058

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 S. Sharp St. ST. 23-31 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise Turner. (C)

(a) RESIDENCE No. 914 S. Sharp St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ———

6 DATE OF BIRTH (month, day, and year) March 19, 1932

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	1	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Andrew Turner. (C)

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia.

12 MAIDEN NAME OF MOTHER: Gladys Williams. (C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia.

14 Informant: Gladys Turner. (C) mother

(Address) 914 S. Sharp St.

15 Filed: Huntington Williams, M.D. Registrar

R 231932 A.P.H. Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 22, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency.
Congenital.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Einwachter, M. D. Coroner

4/28/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johnson Cemtery — DATE OF BURIAL: 4/23 1932.

20 UNDERTAKER: Walter B. Spriggs — ADDRESS: 537 Hillen St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. S-11 2508

E 79059

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 79059

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Hope Retreat St. 28-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs 5 mos ds How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME Sister Mary Fruitgarde (Rosalie Rogers)

(a) Residence: No. Mt Hope Retreat St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 24 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
70	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Convent

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 65

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME George Rogers

14. BIRTHPLACE (city or town) (State or country) Bavaria Germany

MOTHER

15. MAIDEN NAME Catherine Beutler

16. BIRTHPLACE (city or town) (State or country) Boodam Germany

17. INFORMANT (Address) Mt Hope Retreat Mt Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL

Place Calvary Cem. Date Apr 26 1932

19. UNDERTAKER (Address) P. Gambrill Sons Inc Huntington Terrace, Md.

Filed APR 29 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Mch 1 1924 to April 23 1932

I last saw her alive on April 1 1932 death is said to have occurred on the date stated above, at 9.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Chr Myocarditis	4/12 32
Hemiplegia	4/12 32
Senile Dementia	13 yrs.
Involutional Melancholia	

Other contributory causes of importance

Name of operation None Date of

What test confirmed diagnosis? Phy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton P. Hall M. D.

(Address) Mt Hope Retreat

R 2 3 1932

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79060

CERTIFICATE OF DEATH.

E 79060

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1500 N. Broadway St. 8-17 WARD)

2-FULL NAME Mary Ann Brooks

(a) RESIDENCE NO. 1500 N Bdway ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs 6 mos. ds. How long in U. S., if of foreign birth? yrs mos ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced. (write the word) widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Benj. F Brooks

6 DATE OF BIRTH (month, day, and year) Nov 3 1854

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
73	5	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Isle of Man New York

PARENTS

10 NAME OF FATHER Jas C Reed

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Read

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Ireland

14 Informant Edwin L. Brooks. (Address) 1500 N. Bdway

15 Filed 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-23 1932

17 I HEREBY CERTIFY, That I attended deceased from March 18 1931 to April 23 1932 that I last saw her alive on April 23 1932 and that death occurred, on the date stated above, at 7A m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration

(duration) yrs mos 3 ds

CONTRIBUTORY (Secondary) Pernicious Anemia

(duration) 3 yrs mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? None Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) Dan Miller, M. D.

4/25 1932 (Address) 1500 Bdway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Covenant Ohio

DATE OF BURIAL Apr 29 1932

20 UNDERTAKER Harry D. Dritzke

ADDRESS 4101 Edmondson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 29 1932

Huntington Williams M.D. Director

TSPM

AaCo. 5-31 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

E 79061 E 79061

CERTIFICATE OF DEATH

Registered No. 42-003

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No.) St. 11-24 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos 23 ds. How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Mrs Evelyn K Green

(a) Residence: No. 404 Church Lane Pikesville Ward: Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mr Chas H Green

6. DATE OF BIRTH (month, day, year) Feb 20 1855

7. AGE: Years 80 | Months 2 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Robert Cummins

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Josephine Keys

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT (Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date 4/25/32

19. UNDERTAKER (Address) 410 Edmondson Ave

20. FILED 4-26 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-22 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-30-32 to 4-22 1932

I last saw her alive on 4/22/32 death is said to have occurred on the date stated above, at 12 Midnite.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis Cerebral apoplexy (Right)	? 2 days
Other contributory causes of importance: Acute Dilatation	½ hr.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 23 1932

M. D. B. 1268-5

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79062

CERTIFICATE OF DEATH

E 79062

Louis W. Rake

164 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 506 E-28th St. (Hospital) 9-4th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis W. Rake

(a) Residence: No. 506 E. 28th St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Caroline

6. DATE OF BIRTH (month, day, year) Dec 1-1865

7. AGE: Years 66 | Months 4 | Days 29 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Chas W Rake

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Konagunda Leight

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Caroline Rake

(Address) 506 E-28th St

18. BURIAL, CREMATION, OR REMOVAL

Place St John Date April 23 1923

19. UNDERTAKER William H Schaeffer

(Address) 516 E Monument St

Huntington Mills, Md.

FILED 4-23-1923 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 21 1923

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 6 m.

The principal cause of death and related causes of importance were as follows:

Suicide — Carbon Monoxide Gas — Sudden

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Suicide ... 19...

Where did injury occur? 506 E-28th St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place (Garage Rear home)

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. E. Lurz Coroner M. D.

(Address) ...

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 4-23-1923

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79063 E 79063

CERTIFICATE OF DEATH

+ 16.002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital 7-13 St. (or) Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jol Sichermann

(a) Residence: No. Portsmouth Va. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lilley

6. DATE OF BIRTH (month, day, year) 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Louis Silverman

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Bell Blackman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT h Greenberg

(Address) 3rd St - md

18. BURIAL, CREMATION, OR REMOVAL

Place Portsmouth Va Date April 23 32

19. UNDERTAKER Ed Levinson Bro

(Address) 1127 E Baltimore St

Hamilton Square, Md

20. FILED 19 Registrar

4 23 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 - 23 , 1932

22. I HEREBY CERTIFY, That I attended deceased from 4 - 18 , 1932 to 4 - 23 , 1932

I last saw him alive on 4 - 23 , 1932 Death is said to have occurred on the date stated above, at 3 50 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Type ?)	3 days
Chronic myocarditis	6 yrs
Cardiac insufficiency	8 hrs
Other contributory causes of importance:	
Nodular goitre c hyperthyroidism	6 yrs
Hypertension	6 yrs
Chr nephritis	6 yrs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. B. Kirsh M. D.

(Address) Sinai Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1265-9

E 79064 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79064

260123 X 108

CERTIFICATE OF DEATH

1. PLACE OF DEATH Johns Hopkins Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 7-9 (Ward)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Meyers

(a) Residence: No. Mt Airey Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	

5a. If married, widowed, or divorced: HUSBAND of / (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 20-1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Meyers

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Christine Biggers

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Pikesville Md Date April 29 1932

19. UNDERTAKER F. M. Sadler and Son

(Address) Pikesville Md

20. FILED APR 24 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 20, 1932 to Apr 23, 1932

I last saw h[illegible] alive on Apr 23, 1932 Death is said to have occurred on the date stated above, at 5[illegible] p. m.

The **principal cause of death** and related causes of importance were as follows:

Lobar pneumonia — Date of onset 4-15-32

Other **contributory causes** of importance:

Thrombosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to **external causes (violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. S. Anderson M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1266-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79065

CERTIFICATE OF DEATH

X 54-004 E 79063

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St., 7-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME James Donahue

(a) Residence: No. 5 Bunditt St St., Ward. Elmira - N. Y.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/23/04

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N - Y -

FATHER

13. NAME James Donahue

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridal - Donahue

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records - (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Interment Pa Place Elmira N. Y. Date 4/28 1932

19. UNDERTAKER Geyer & Santry (Address) Funeral Directors Elmira, N. Y.

20. FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 20 1932 to April 23 1932

I last saw him alive on April 23 1932 Death is said to have occurred on the date stated above, at nr.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor - Pinealoma non - malignant	Jan 1932

Other contributory causes of importance: None

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fred W Smith M. D.

(Address) Johns Hopkins Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AAC 5 01 208

E 79066

HEALTH DEPARTMENT CITY OF BALTIMORE

E 79066

CERTIFICATE OF DEATH

66-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-30 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 11 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Irvin Green

(a) Residence: No. Ellicott City Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Arthur Green

6. DATE OF BIRTH (month, day, year) Feb 2 1900

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min
	32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co Md

MOTHER FATHER

13. NAME Jas O'Keefe

14. BIRTHPLACE (city or town) (State or country) Ind.

15. MAIDEN NAME Carrie Dobbins

16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMANT Annie Goodwin
(Address) Ellicott City.

18. BURIAL, CREMATION, OR REMOVAL
Pine Grove Cem. Date Apr. 26 1932

19. UNDERTAKER Easton Sons
(Address) Ellicott City

20. FILED ... Huntington Williams, Registrar
By ... Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-23 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-12 1932 to 4-23 1932

I last saw her alive on 4-23 1932 death is said to have occurred on the date stated above, at 4 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exophthalmic Goitre	1 year (?)

Other contributory causes of importance:
Lost operative athelectasis of left lower lobe of lung.

Name of operation Subtotal thyroidectomy Date of 4-22-32

What test confirmed diagnosis Signs & Symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. B. Montaker A..., M. D.
(Address) Univ. Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Director

M. D. B. 1268-9

E 79067 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79067

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 108

CITY OF BALTIMORE (Co.) Sinai Hosp. St., 17-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hyman Weisberg

(a) Residence: No. 527 N. Pearl St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male — 4. Color or Race White — 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose

6. DATE OF BIRTH (month, day, year) 1885

7. AGE — Years 49 — Months — Days — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1945

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Lewis

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ruth Lewis

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Lewis Weisberg (Address) 2356 Boarman Ave

18. BURIAL, CREMATION, OR REMOVAL Place Washington Rd Cemetery Date 4-24-25 19

19. UNDERTAKER Cash Levin Inc (Address) 1439 E. Baltimore St

20. FILED 4-24-25 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 22nd 1925

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3 Days

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. Kirk Coroner M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 79068

E 79068

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 1 St. 1-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Taylor

(a) Residence: No. 2244 E Lanvale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) ~~Wife~~ Ida

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Box Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mfg

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md —

FATHER

13. NAME Simon Taylor

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ida Rosenstein

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records —

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Cem. Date 4-24-32, 19

19. UNDERTAKER Hart Lane Fee

(Address) 1417 E. Baltimore St.

20. FILED 4-25-32, 19 H. Wise Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1932

22. I, HEREBY CERTIFY, That I attended deceased from April 18, 1932 to Apr. 22, 1932

I last saw him alive on Apr 22, 1932 Death is said to have occurred on the date stated above, at 7:25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated Gastric Ulcer	
Other contributory causes of importance: Bronchopneumonia	

Name of operation Suture of Perforated Ulcer Date of 4-18-32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Allan Wilson Gerdes M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 250B

E 79069

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79069

V 94-002

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital

Registered No. 15-26

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 15 Ward 6)

Length of residence in city or town where death occurred 37 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Benjamin Nannaby

(a) Residence: No. 1613 N. Berlalon St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Nannaby

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Morris Nannaby

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Judd

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Nannaby W.

(Address) 1613 N. Berlalon St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Lebanon Date 4-24- 1932

19. UNDERTAKER Jos. Lazard Inc.

(Address) 1727 Pennsylvania Ave Director

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1932 to April 23, 1932

I last saw him alive on April 23 1932 death is said to have occurred on the date stated above, at 10:45 Am.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset Apr 22/32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify. .....

(Signed) Philip F. Lerner, M. D.

(Address) West Baltimore General Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

79070 E 79070

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

~209

1. PLACE OF DEATH CITY OF BALTIMORE (No.) St. Joseph Hosp. St., 8-13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Harms

(a) Residence: No. 2037½ Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or race White | 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 2-1855

7. AGE Years 77 | Months 2 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER
13. NAME Wm H Harms
14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER
15. MAIDEN NAME Helen Young
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Wm Harms 2037½ Biddle

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore County Date April 25 1932

19. UNDERTAKER (Address) James W. Coughlin 924 E. Eager St.

20. FILED 4/27/1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25th, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 2, 1931, to April 25, 1932. I last saw him alive on April 25, 1932. Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accident Street Car	
Fracture both Humerus	
Fractured Rib & both Legs, Possible fracture Skull, Pneumonia	
Other contributory causes of importance:	
Electric Car,	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury April 8, 1932
Where did injury occur? Fell in front Car,
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. O. Leuk, M. D.
Coroner
(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—9-30—A & Co—250 Blks

E 79071 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79071

CERTIFICATE OF DEATH.

11-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4725 Alhambra Ave (St.) (Ward) 27-48

2 FULL NAME Charles H. Chipman

(a) RESIDENCE No. 4725 Alhambra Ave St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 7th 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	10	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer) Building

(c) Name of employer A. B. Bibbins

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Wm W. Chipman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Emma Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant (Address) Wade H. Chipman 4725 Alhambra Ave

15 Filed Dec 28 1932 Huntington Williams, M.D. Registrar Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 23, 1932

17 I HEREBY CERTIFY That I attended deceased from Nov 19 1932 to Nov 23 1932

that I last saw him alive on Nov 23 1932

and that death occurred, on the date stated above, at 8.15 a m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage 7 days

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L. C. Graham M.D.

Nov 25 1932 (Address) 1172 N. 35th St

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery

DATE OF BURIAL 11/25/1932

ADDRESS

20 UNDERTAKER Wm Cook 1217 St Paul St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. H. 1268-9

E 79072

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79072

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Baltimore City Hospitals

Registered No. 13-54

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry J. Hughes

(a) Residence: No. 1517 Clifton Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 20, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry J. Hughes

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary E. McCarty

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Mon. Cathedral Cemetery Date Apr 25th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1932, to April 21, 1932

I last saw him alive on April 21, 1932. Death is said to have occurred on the date stated above, at 7:35 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chr	Jan 1932

Other contributory causes of importance: Arteriosclerosis chron

Name of operation: None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jas Glenn Jr M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

E 79073.

E 79073

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph's Hospital (Street) (Ward) 7-43

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Christian Kaline

(a) Residence: No. 5924 Bertram Ave - Hamilton Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Anna M. Kaline

6. DATE OF BIRTH (month, day, year) March 14th 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1/32

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Balto Co Md

FATHER

13. NAME John Henry Kaline

14. BIRTHPLACE (city or town) (State or country) A. A. Co Md

MOTHER

15. MAIDEN NAME Matilda Rayburn

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Annie Kaline

(Address) 5924 Bertram Ave

18. BURIAL, CREMATION, OR REMOVAL Parkwood Cemetery Date Apr 26th 1932

19. UNDERTAKER Wm Cook

(Address) 217 St Paul St.

20. FILED ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23rd 1932

22. I HEREBY CERTIFY, That I attended deceased from Pregnancy 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at to

The principal cause of death and related causes of importance were as follows:

Suicide Pistol wound of head

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. C. Funk M. D.

Coroner

(Address) Coroner

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 79074

E 79074

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1113 E Pratt St. 3-5 Ward)

Length of residence in city or town where death occurred 33 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lena Klawansky

(a) Residence: No. 1113 E Pratt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Abraham

6. DATE OF BIRTH (month, day, year) 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Fzick Moltz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Pearl

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Abraham Klawansky
(Address) 1113 E Pratt st

18. BURIAL, CREMATION, OR REMOVAL
Place Forbrew Woodlawn Date April 24 1932

19. UNDERTAKER Sol Levinson + Bro
(Address) 1123 E Baltimore st

20. FILED April 25 1932 Huntingtown Pennsylvania, Pa. 19... Registrar. Director

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23. 1932

22. I HEREBY CERTIFY, That I attended deceased from April 21. 1932 to April 23 1932
I last saw her alive on April 23. 1932 Death is said to have occurred on the date stated above, at 5-10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation,	4/21/32

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Milton F. Cumings M. D.

(Address) 2310 Eutaw Place

M. D. B. 1268-9

F 79075 HEALTH DEPARTMENT—CITY OF BALTIMORE F 79075

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 216 W. Lanvale St. 11-24th Ward)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Gaither Jones.

(a) Residence: No. 216 W. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 10 1869.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None, (Md)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Albert Jones.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mannie Poole

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Thomas Poole Jones.
(Address) Frederick Md.

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Date April 25. 1932

19. UNDERTAKER John O. Mitchell & Son
(Address) 1900 Eutaw Place

20. FILED April 26 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 1925, to 4-22, 1932

I last saw h CR alive on 4-22, 1932 Death is said to have occurred on the date stated above, at 2.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROSIS	
HYPERTENSION	
CEREBRAL HEMORRHAGE	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L Jones M. D.

(Address) 129 St Paul St.

OCCUPATION is very important. See instructions on back of certificate.

E 79075

25-8354

HULTS

E 79076

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St., 9-4th Ward)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sallie A. HULTS

(a) Residence: No. 744 Bartlett ST St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Edward A. Hults

6. DATE OF BIRTH (month, day, year) Dec 21 - 1875 -

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) U S -

FATHER

13. NAME Ernst F. Behrens

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sarah E. Hults

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records -
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cem. Date April 25- 1932

19. UNDERTAKER Horace F. Burgee
(Address) 3631 Falls Road

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 27 . 1932 to April 22 . 1932

I last saw her alive on April 22 . 1932 Death is said to have occurred on the date stated above, at 10 B m.

The principal cause of death and related causes of importance were as follows:

Septicemia: B. hemolytic Streptococcus — Date of onset 2 weeks

Abscess leg: Multiple

Other contributory causes of importance:

Diabetes Mellitus

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Alan Benstein M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. S. T. 100B—50L

E 79077

E 79077

178-001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST. 5-8 WARD)

2-FULL NAME Mary Elizabeth Ellender

(a) RESIDENCE NO 224 N. Gay ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. --- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. --- ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) -------

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	---	---	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework (37
(b) General nature of industry, business, or establishment in which employed (or employer) unknown
(c) Name of employer

9 BIRTHPLACE (city or town) Essex County
(State or country) Virginia

PARENTS

10 NAME OF FATHER Andrew S. Pitts

11 BIRTHPLACE OF FATHER (city or town) -----
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Martha Taylor

13 BIRTHPLACE OF MOTHER (city or town) ------
(State or country) Virginia

14 Informant Mrs. Martha Taylor

(Address) Virginia

15 Filed ..... 192 Huntington Williams, M.D. Registrar

APR 24 1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 21 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating Gas
Poisoning
probably accidental
unknown

(duration) yrs. mos ds.

CONTRIBUTORY [redacted]
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 224 N Gay St

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M Fenton, M. D.
Coroner

5 21 1932 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL
Loudon Park Cemetery

DATE OF BURIAL 4/25 19 32

20 UNDERTAKER Henry A. Meades and Son

ADDRESS 705 N. Calvert

AaCo. 5-31 2108

E 79078

E 79078 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. St., Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Moore

(a) Residence: No. 401 London Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	SINGLE.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 22 32 2.15 am

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or 10 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME William Evans Moore

14. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

MOTHER

15. MAIDEN NAME Mildred Viola Hennemann

16. BIRTHPLACE (city or town) Andrews, N.C.
(State or country)

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date April 25 1932

19. UNDERTAKER Geo L Berger Jr
(Address) 15-12 Rolling Rd

20. FILED APR 25 1932 Huntingtown, Millicent, Md.
Registrar.
Director

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1932 to April 22, 1932

I last saw him alive on April 22, 1932, death is said to have occurred on the date stated above, at 2.37 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atrophia Asphyxia	2
Other contributory causes of importance:	
Eclampsia of pregnancy (Mother)	Apr 22 32

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert R. Wilson M. D.

(Address) 1101 Eutaw Place

A&Co. 5-11 2508

E 79079

E 79079 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5700 Cross Country Boulevard St. 27-57 Ward)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Ida N. Lutz

(a) Residence: No. 5700 Cross Country Boulevard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Lutz

6. DATE OF BIRTH (month, day, year) July 20, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min
61 62	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

13. NAME Lawrence Berger

FATHER

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Lizzie Bigger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Joseph Lutz
(Address) 5700 Cross Co, Blvd.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date April 26, 19 32

19. UNDERTAKER Rita Niedefald
(Address) 914 Greenmount Ave.

20. FILED Huntington Williams, M.D.
Registrar

APR 27 1932

Director

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1931 to April 23, 1932

I last saw her alive on April 23, 1932 death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	April 23,
Arteriosclerosis	?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edgar M. Steele, M.D.

(Address) 2435 Maryland Ave.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 79080

210 E 79080

Registered No.

(If death occurred in a hospital or institution give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 22-27 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles E. Miles

(a) Residence: No. 316 N. Fulton ave, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie A. Miles

6. DATE OF BIRTH (month, day, year) Sept. 9, 1864.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Watchman 6v

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Street Watchman

10. Date deceased last worked at this occupation (month and year) 1/19/32

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John E. Miles.

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Catherine Grindall

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Raymond Miles

(Address) 3804 Ferndale Ave,

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date April 25 1932

19. UNDERTAKER Frank Siefert

(Address) Huntington Millware, N.Y.

Registered

APR 27 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from inquiry, 19 , to , 19

I last saw h alive on inquiry, 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Data of onset

Fractured Skull

Other contributory causes of importance:

Struck by automobile 4/19/32

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 4/19, 1932

Where did injury occur? Eutaw & Lombard Sts.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by automobile

Nature of injury ----

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph Pokorny M. D.
Coroner

(Address) 220 E Madison St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-2

E 79081 ✓ E 79081

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 26-37 Ward)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kunigunda Sauers (Sours)

(a) Residence: No. 310 N. Point Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Louis Sauers

6. DATE OF BIRTH (month, day, year) Aug 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Herman Hellbraun

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Smith

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT (Address) Anita Sauers 310 North Point Rd.

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date April 26. 1932

19. UNDERTAKER (Address) Wm Cook 217 St Paul St

20. FILED Huntington Williams, M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h— alive on 19 Death is said to have occurred on the date stated above, at 4:20 P m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Nil Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. J. Herzog M.D. M. D.

(Address) 1305 N Patterson Park Coroner

79082 ACS 511 250B

Louis Meninger 01 ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

× 177 - E 79082

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Paul and Lombard)

Length of residence in city or town where death occurred ... yrs. ... mos. 29 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis Meninger

(a) Residence: No. 20 Hillcrest Ave St., ... Ward Parkville Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary (Pieh)

6. DATE OF BIRTH (month, day, year): 4-15-1882

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min
50	—	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tobacconist 057

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Balto Co. Md

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Co. Md

FATHER

13. NAME: Wm. Meninger

14. BIRTHPLACE (city or town) (State or country): Balto Co. Md

MOTHER

15. MAIDEN NAME: Florence Gross

16. BIRTHPLACE (city or town) (State or country): Balto Co. Md

17. INFORMANT: Mrs. Mary Meninger
(Address) 20 Hillcrest Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Parkwood Date: 4/26/32

19. UNDERTAKER: George J. Kelly Inc
(Address) 1 E. Fayette St.

20. FILED ... 19 ... Registrar ... Director

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 23, 1932 to April 22, 1932

I last saw him alive on April 22 1932 death is said to have occurred on the date stated above, at 7.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Left inguinal hernia	Jan.
Pulmonary Embolism	4-22

Other contributory causes of importance:

Name of operation: Hemiplasty Date of: 3-24-32

What test confirmed diagnosis: Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify: Left inguinal hernia

(Signed) Wylie M. Tate M.D.

(Address) University Hospital

E 79083

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79083

CERTIFICATE OF DEATH

92-001

Registered No. 9-46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1106-Fillmore Street St., (Ward)

Length of residence in city or town where death occurred life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME J. George Kreiner

(a) Residence: No. 1106-Fillmore Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret (Atz)

6. DATE OF BIRTH (month, day, year) 1/28/1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	2	23 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Storekeeper

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Adam Kreiner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara (Unknown)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Margaret Kreiner
(Address) 1106-Fillmore Street.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 4/30/32 19

19. UNDERTAKER
(Address)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 21 — 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 17 — 1932 to Apr 21 — 1932

I last saw h[illegible] alive on Apr. 21 1932. Death is said to have occurred on the date stated above, at 5[illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	4/17/32
Cholecystitis - several attacks	

Other contributory causes of importance:
Arterio-Sclerosis - Aortic & Valvular heart disease

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas J Keller M. D.

(Address) 522 W. Monument St

STATISTICAL DEATH RETURN. Items, so far as they are properly obtainable, exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 79084 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79084

CERTIFICATE OF DEATH

87-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2424-E. Biddle Street 8-17 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marie Elizabeth Holland

(a) Residence: No. 2424-E. Biddle Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - - - - - - -

6. DATE OF BIRTH (month, day, year) 2/16/1915

7. AGE Years	Months	Days	If LESS than 1 day, hrs.
17	2	3	XXXXXXXXX

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Edward F. Holland

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Elizabeth Schultz

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Edward F. Holland
(Address) 2424-E. Biddle Street

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date 4/20/32

19. UNDERTAKER George J. Radford
(Address) 1321 N. Broadway

20. FILED 19 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1932 to April 17, 1932

I last saw her alive on April 17, 1932 Death is said to have occurred on the date stated above, at 6:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	April 10, 32

Other contributory causes of importance:

Cancer.	Unk

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. L. Gibney M. D.

(Address) 6224 Reisterstown Rd

M. D. B. 1265-0

E 79085

E 79085 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2303 Harford Ave. St. 8-45 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gertrude E. Zimmerman

(a) Residence: No. 2303 Harford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: WIFE of (or) HUSBAND of Newton L. Zimmerman

6. DATE OF BIRTH (month, day, year) March 3rd 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Maryland

FATHER

13. NAME Valentine Hammel

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Mary Kreiger

16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT Mrs. Wesley T. Gardner
(Address) 2303 Harford Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Apr. 25, 1932

19. UNDERTAKER Frederick Lauenhardt
(Address) 7401 Belair Road

20. FILED Apr 27 1932 Hattie Williams N.D.
Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 17, 1932 to Apr 23, 1932

I last saw her alive on Apr 23, 1932 Death is said to have occurred on the date stated above, at 4a. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset

Other contributory causes of importance:

Arteriosclerosis & Myocarditis

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chas Sumwalt M. D.

(Address) 2302 Harford Rd

Geo. Davis Bolen. E 79086

AGO 511 2501 E 79086

HEALTH DEPARTMENT—CITY OF BALTIMORE E. 79086

CERTIFICATE OF DEATH

Registered No. 78

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hosp. (St.) 12-4[illegible] (Ward)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Geo Dave Bolen -

(a) Residence: No. Colora, Md. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 5. 1883

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	49	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 015
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Name Bolen
14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Epperley
16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Husband Bolen
(Address) Colora Md

18. BURIAL, CREMATION, OR REMOVAL Interment
Place Friends Burial Ground Date April 7 1932

19. UNDERTAKER J.E. Tyson
(Address) Rising Sun, Md.

20. FILED 1932 [illegible] Registrar.
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/24, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/5/32, 19 , to 4/24/32, 19

I last saw h[illegible] alive on 4/24/32 19 death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis - Chronic - Cause unknown	2 years

(Other contributory causes of importance)
terminal pneumonia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel McLanahan, M. D.
(Address) Union Memorial Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec—9-30—A. & Co.—250 Blks.

E 79087

HEALTH DEPARTMENT, CITY OF BALTIMORE

E 79087

CERTIFICATE OF DEATH.

V-91-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No Broadway & Fayette St. 6-9 WARD)

2. FULL NAME Effie Perrine

(a) RESIDENCE NO Box 202 Ellicott City ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 15 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb 28 1906

7 AGE: Years 26 | Months 1 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: house work

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): W Va

PARENTS

10 NAME OF FATHER: Truman Perrine

11 BIRTHPLACE OF FATHER (city or town) (State or country): W Va

12 MAIDEN NAME OF MOTHER: Mary E Skidmore

13 BIRTHPLACE OF MOTHER (city or town) (State or country): W Va

14 Informant: Effie Perrine

(Address) Box 202 Ellicott City

15 Filed APR 25 1932, 19

Registrar

Director

R 25 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4-24-32

17

I HEREBY CERTIFY, That I attended deceased from apr. 9, 1932, to apr 24, 1932

that I last saw her alive on apr 24, 1932

and that death occurred, on the date stated above, at 6:29 A.M.

The CAUSE OF DEATH* was as follows:

malignant Endocarditis

(Staphylococcus Citreus grown from blood culture)

1 months (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy - clinical findings

(Signed) Allyn B. Choate M. D.

19 (Address) Church Home & Inf.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenwood W Va — DATE OF BURIAL: Apr 26 1932

20 UNDERTAKER: Hughes & Hughes — ADDRESS: 40 & W Madison

Huntington, W. Va.

TION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 79088 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79088

CERTIFICATE OF DEATH

+407-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Laura J. Meyers

(a) Residence: No. Mt Airy Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Black	Infant-

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 20 1931

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Md

FATHER

13. NAME John Meyers

14. BIRTHPLACE (city or town) ..... (State or country) Md

MOTHER

15. MAIDEN NAME Christine Pegram

16. BIRTHPLACE (city or town) ..... (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Poplar Hill Cemetery Date April 25 1932

19. UNDERTAKER F. M. Snyder

(Address) Mt. Airy

21. PLACE [illegible] Registrar.

R 25 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24 1932

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1932 to April 24, 1932.

I last saw her alive on April 20, 1932 Death is said to have occurred on the date stated above, at 12 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Rickets	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) R. O. Y. Wagner, M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-P

E 79089

E 79089 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4832 Pickwick Ave St., 21-56 Ward)

Length of residence in city or town where death occurred 32 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dr. Sterling Kennon Collier Jr

(a) Residence: No. 4532 Pickwick Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lulu M.

6. DATE OF BIRTH (month, day, year) July 25 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or ... min.
55	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chiropractor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " "
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pittsburg Pa

FATHER
13. NAME Sterling Collier
14. BIRTHPLACE (city or town) (State or country) Pittsburg Pa

MOTHER
15. MAIDEN NAME Hilda Longlecker
16. BIRTHPLACE (city or town) (State or country) Pittsburg Pa

17. INFORMANT Mrs Lulu M. Collier
(Address) 4532 Pickwick Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Jul 25 1932

19. UNDERTAKER H. M. Cook
(Address) 1210 Eutaw Place

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 22 1932

22. I HEREBY CERTIFY, That I attended deceased from Mch 10 1932 to Apr 22 1932

I last saw him alive on Apr 22 1932 Death is said to have occurred on the date stated above, at 5-45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Nephritis	Mch 10
Uremia	Apr 15

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury — 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles E Wells M. D.

(Address) 5-76 Doctors Tights Co

State CAUSE OF DEATH in plain terms. DO NOT USE MERELY TERMINOLOGY OR OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 79090 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79090

92-001

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1016 McKean St. 16-23 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S. if of foreign birth? 10 yrs. mos. ds.

2. FULL NAME Anna Beesum

(a) Residence: No. 1016 McKean St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Theodore L. Beesum

6. DATE OF BIRTH (month, day, year) Aug. 10 1852 ~~Unknown~~

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Frederick Perkus

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Olga Barsum
(Address) 1016 McKean Ave

18. BURIAL, CREMATION, OR REMOVAL Emmanuel Cemetery Date April 26th 1932

19. UNDERTAKER Wm Clark
(Address) 1217 St Paul St

20. FILED APR 26 1932 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1929, to April 23, 1932

I last saw her alive on April 22 1932 death is said to have occurred on the date stated above, at 11:20 A.m.

The principal cause of death and related causes of importance were as follows:

Apoplexy — Date of onset 4/10/32

Other contributory causes of importance

Chronic Endocarditis — Jan 1929

Name of operation ..... Date of .....

What test confirmed diagnosis? Aut. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Holland Larson M. D.

(Address) Hale Thorpe md

Director

M. D. R. 1265-9

79091

E 79091

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH
CITY OF BALTIMORE (Co.) President Hosp St. 17-24 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city (or town) where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robt. Smith,

(a) Residence: No. 207 Argyle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Viola

6. DATE OF BIRTH (month, day, year) 1892

7. AGE Years 40 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 1 Yr

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Mahoney

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Sudie Green
(Address) 1343 Penna Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date April 23, 1932

19. UNDERTAKER Chas H Albaugh
(Address) 1406 Druid Hill Ave

20. FILED ..... 19..... Registrar

21532

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19th, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... said

to have occurred on the date stated above, at ..... m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	
Sudden	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J Hokuk M. D.
Coroner

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9.

E 79092 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79092

CERTIFICATE OF DEATH

V 118

1. PLACE OF DEATH — Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No.) Provident Hosp 7-13 St., (Ward)

Length of residence in city or town where death occurred yrs mos ds How long in U. S. If of foreign birth? yrs mos ds

2. FULL NAME Raymond Pinkett

(a) Residence: No. 825 N. Carolina St., Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Carrie Pinkett

6. DATE OF BIRTH (month, day, year) 1894

7. AGE — Years 38 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) Before

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Joe Pinkett

14. BIRTHPLACE (city or town) (State or country) Unk

MOTHER

15. MAIDEN NAME Elia Lockett

16. BIRTHPLACE (city or town) (State or country) Unk

17. INFORMANT Carrie Pinkett
(Address) 809 Madison

18. BURIAL, CREMATION, OR REMOVAL
Place Mayoty's c.c. Md. Date 4-25 . 19 32

19. UNDERTAKER Wm H. Wright
(Address) 1711 Eden St

Huntington Williams, M.D.
Registrar Director

20. FILED (Date) 4-26-1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29th . 1932

22. I HEREBY CERTIFY, That I attended deceased from . 19 to . 19, I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows: Date of onset

Acute Indigestion hours

Other contributory causes of importance: Error of diet

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Coroner . M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 79093

E 79093

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. St 16-23 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James Pryar

(a) Residence: No. 1119 N. Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rosie Pryar

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
apparent age	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Farmville Va.

FATHER

13. NAME Morris Pryar

14. BIRTHPLACE (city or town) (State or country) Farmville Va.

MOTHER

15. MAIDEN NAME Tempy Brown

16. BIRTHPLACE (city or town) (State or country) ? Va.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date April 25 1932

19. UNDERTAKER (Address) V. G. Brooks 1463 N. Carey St

29. FILED Huntington H... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1932 to April 21, 1932

I last saw him alive on April 21, 1932. Death is said to have occurred on the date stated above, at 4:15 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurysm of aorta (Thoracic)	Indefinite 3 to 6 mos
Other contributory causes of importance: Rupture of aneurysm	3-21-32

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas Edmunds M. D.

(Address) Balto. City Hosp.

OCCUPATION IS VERY Important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

A4Co. 5-31 250B

E 79094 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79094

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 126 N. Payson, St. 20-27 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie C. Jost

(a) Residence: No. 126 N. Payson, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Jost

6. DATE OF BIRTH (month, day, year) March 28, 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81		20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Jacob Hohmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marguerite Schaefer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John C. Jost

(Address) Woodlawn, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Loraine Date 4/25 1932

19. UNDERTAKER Frederick A. Ohle

(Address) 1200 W. Baltimore St.

20. FILED [illegible] Registrar

APR 25 1932

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1932, to April 22, 1932

I last saw her alive on April 21, 1932 death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile arteriosclerosis	Don't know
Myocarditis	Don't know
Cerebral hemorrhage	4-19-32

Other contributory causes of importance:

None

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry C. Ohle M.D.

(Address) 1202 W. Fayette St.

A&Co. 5-31 2500

79095 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 79095

CERTIFICATE OF DEATH

+ V 117-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hos. St. 9-17 Ward)

Length of residence in city or town where death occurred ... yrs. ... most ... ds. How long in U. S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Michael Tyber Golebouski

(a) Residence: No. Stemmers Run, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Teresa

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	about 50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balo Md

MOTHER FATHER

13. NAME Charles
14. BIRTHPLACE (city or town) (State or country) Poland
15. MAIDEN NAME —
16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Teresa Tyber
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem Date April 26 1932

19. UNDERTAKER Wm J Fialkowski
(Address) 2007 Eastern ave Huntingtonville, Md.

20. FILED APR 23 1932 Registrar (Director)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1932, to April 23, 1932
I last saw h. alive on April 23, 1932 death is said to have occurred on the date stated above, at 8.45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	4/21/32

Other contributory causes of importance:

Ruptured Gastric ulcer	4/22/32
Diffuse Peritonitis	
Laparotomy	
Name of operation Appy	Date of 4/22/32

What test confirmed diagnosis? Pathology Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm Appleman Anderson M. D.
(Address) St Joseph Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1269-9

E 79096

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79096

CERTIFICATE OF DEATH

V 82-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto. City Hosp. St. N-37 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth 22 yrs. mos. ds.

2. FULL NAME Wm Gournakis

(a) Residence: No. 4704 Easton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	S

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Greece

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records Balto. City Hosp.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date April 26, 1932

19. UNDERTAKER Shumowich Bros

(Address) 345 Eastern Ave.

20. FILED 4-25-1932 Huntington W. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-23, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-25, 1932 to 4-23, 1932

I last saw him alive on 4-23, 1932 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcus rodens Chronic mastoiditis	Unknown

Other contributory causes of importance:

Lateral Sinus Thrombosis	Mar. 1 1932

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry Shumowich M. D.

(Address) Balto City Hosp. City

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

78097 E 79097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108 9-46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Donald Kness

(a) Residence: No. 1731 Gorsuch Ave St., Ward. 03 Balto. Md

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 7, 1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~Under 1 year~~	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME John C Kness

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Alice A Shipley

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT John C. Kness

(Address) 1731 Gorsuch Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Lawn Date April 27 1932

19. UNDERTAKER John Leland

(Address) 2118 Eutaw Pl

20. FILED APR 29 1932 Huntington Williams Registrar

R 29 1932 Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1932 to April 24, 1932

I last saw him alive on April 24, 1932 death is said to have occurred on the date stated above, at 5 00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, left with empyema	probably April 17

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Jean L. Craven M. D.

Union Memorial Hosp.

IF ANSWERS IS VERY important. See instructions on back of certificate.

M. D. B. 1268-B

E 79098 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79098

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4208 Arizona St. 26-42 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara F. Doehring

(a) Residence: No. 4209 Arizona St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced
BUSBAND of (or) WIFE of William F. Doehrong

6. DATE OF BIRTH (month, day, year) Auglst 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles A. Moser

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Pauline Schlack

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Annette Beiswanger

(Address) 1622 E. 28th St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 4/25 19 33

19. UNDERTAKER Philip Henry

(Address) 2016 Eutaw St

Huntington Williams Ct. N.Y.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 22/33 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 11.45 m P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	
Other contributory causes of importance: Probably Nephritis	?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph Carter Corpner, M. D.

(Address) 508 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

79099

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79099

CERTIFICATE OF DEATH

V48

Registered No. 70-69

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2645 Fredk Ave St. (Ward)

Length of residence in city or town where death occurred 42 yrs. 3 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leland B. Gelsinn

(a) Residence: No. 2645 Fredk. Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Husband

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Edgar Gelsinn

6. DATE OF BIRTH (month, day, year) Jan 7th 1890

7. AGE: 42 Years | 3 Months | 6 Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Typesetter 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Edw. Hirschfield

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary Lenton

16. BIRTHPLACE (city or town) (State or country) Wrangtown

17. INFORMANT (Address) Edgar E. Gelsinn 714 Monterey Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Clint Date 4/25/32

19. UNDERTAKER F. B. Wright & Sons

(Address) Huntington Boulevard

20. FILED 4-23-1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23 1932

22. I HEREBY CERTIFY, That I attended deceased from July 10 1931 to April 23 1932

I last saw her alive on April 22 1932 Death is said to have occurred on the date stated above, at 1 a. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Generalized Carcinomatosis complicating Carcinoma of Uterus. July 1931

Other contributory causes of importance:

Name of operation Biopsy of Cervix Date of 7/16/32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) L. B. Silverhouse M. D.

(Address) 1901 Eutaw Place

4/25/32

OCCUPATION IS VERY important. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

AaCo. 5-21 250B

E 79100 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79100

CERTIFICATE OF DEATH

92-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 1 0 - 4 4 Ward)

Length of residence in city or town where death occurred 68 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Lambert

(a) Residence: No. Preston & Valley St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Conrad Lambert
14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Elizabeth Bartholomew
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Little Sisters of the Poor
(Address) Preston & Valley

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Cemetery Date Apr. 26, 1932

19. UNDERTAKER Rita Mulvihill
(Address) 1 [illegible]

20. FILED APR 25 1932 Huntingtown, Williams, Registrar.

Director

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23rd, 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 1st, 1932, to Apr 23, 1932

I last saw her alive on Apr 23, 1932, death is said to have occurred on the date stated above, at 3.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	

Other contributory causes of importance:

Auricular fibrillation

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. M. Carter, M. D.

(Address) 111 W. Hamilton

M. D. B. 1268-9

E 79101 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79101

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 623 Greenville St. 17-24 Ward) Registered No. 108
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elsie Haythe
(a) Residence: No. 623 Greenville St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 4 1904

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
27	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) Lynchburg Va

FATHER
13. NAME Eagle Haythe
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER
15. MAIDEN NAME Carrie Patterson
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Carrie Brown
(Address) Farmville Va

18. BURIAL, CREMATION, OR REMOVAL
Place Farmville Va Date April 26 1932

19. UNDERTAKER Joseph A Lively
(Address) 419 Monroe St.

20. FILED APR 25 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 22 1932

22. I HEREBY CERTIFY, That I attended deceased from . 19 to . 19 Dr. Lyon
I last saw h alive on . 19 Death is said to have occurred on the date stated above at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3 days

Other contributory causes of importance:

Name of operation Regular Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J H Smith Coroner M. D.
(Address)

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79102

E 79102

93-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 9-46 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Henry Neimiller

(a) Residence: No. 1521 Homestead St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7 2 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
69	69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT City Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Cemetery Date Apl 26 1932

19. UNDERTAKER Hughes & Jones Inc
(Address) 424 N. Broadway

Huntington Portsville, N.D.

....., 19.... Registrar

OR 25 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h.... alive on ..... 19.... Death is said to have occurred on the date stated above, at 9.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or Injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. C. Herzog M.D. M. D.
Coroner

(Address) 1305 N Patterson Park

AaCo. 5-31 250B

79103 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 79103

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. #119 So Loppleton St., 18-29 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Quinn

(a) Residence: No. #119 So Loppleton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 4th 1868

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	64		13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Peter Quinn
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr John Harvey
(Address) 131 So Loppleton St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 4-26 1932

19. UNDERTAKER John J Cowan & Son.
(Address) 901 Eastern Ave

Huntington Williams M.D.
Registrar.

APR 25 1932

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/23/32.

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1932, to April 23, 1932

I last saw him alive on April 23, 1932 death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/23/32
Other contributory causes of importance:	
Chronic Nephritis &	
Arterial Hypertension.	3 Yrs.

Name of operation None Date of —

What test confirmed diagnosis? Sym Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Hunter Williams, M. D.
(Address) 555 Eastern Ave

OCCUPATION IS VERY important. See instructions on back of certificate.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79104

CERTIFICATE OF DEATH

104 E 79104

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Caton & Wilkens Ave. (Ward) 28-64

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. 0 mos. 0 ds. How long in U.S. If of foreign birth? 18 yrs. mos. ds.

2. FULL NAME Harold Raymond Ricker

(a) Residence: No. 3514 Milford Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) April 5 1914

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
18	0	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School-boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Cumberland, Md.

FATHER

13. NAME Victor Ricker

14. BIRTHPLACE (city or town) (State or country) Martinsburg W. Va.

MOTHER

15. MAIDEN NAME Cora Dunlap

16. BIRTHPLACE (city or town) (State or country) Cumberland Md

17. INFORMANT Mrs Roger B. Ricker

(Address) 3011 Raynear

18. BURIAL, CREMATION, OR REMOVAL

Place Martinsburg W Va Date Apr 26 1932

19. UNDERTAKER Stewart Mortuary

(Address) Huntington, W. Va.

20. FILED 25 1932, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24 1932

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1932, to April 24, 1932

I last saw him alive on April 24, 1932, death is said to have occurred on the date stated above, at 10 22 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis	
Cerebral edema following	
acute convulsions	4 21 32

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wilmer S. Engeman, M. D.

(Address) 311 Cyrus Nat. Bk.

OCCUPATION IS very important. See instructions on back of certificate.

M. D. B. 1268-9

E 79105 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 79105

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 93-6

CITY OF BALTIMORE: (No. Baltimore, M St. 2635 Ward)

Registered No. 12635

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Antonetta Wlaczyk

(a) Residence: No. Unknown St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70?	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records
(Address) Baltimore City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date April 26 1932

19. UNDERTAKER John M Weber
(Address) 401 Hamburg St

20. FILED [illegible], 19...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/22, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8/30, 1930 to 4/22, 1932

I last saw her alive on 4/22, 1932 Death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure (Auricular Fibrillation)	4/22/32

Other contributory causes of importance: Senile Psychosis

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. H. Corse M. D.

Director (Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1951

E 79106 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 79106

CERTIFICATE OF DEATH

93-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 S Bond St. 2-nd Ward)

Length of residence in city or town where death occurred, ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter Nowakowski

(a) Residence: No. 603 S Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna Nowakowski

6. DATE OF BIRTH (month, day, year) 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Anna Nowakowski
(Address) 204 S Caroline St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date April 25 1932

19. UNDERTAKER John M Weber
(Address) 1704 S. Chester St

20. FILED APR 25 1932 [illegible]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 24 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
Other contributary causes of importance: Acute Alcoholism	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there no autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) P P Herzog M. D.
4-26-32 (Address) 1305 N Patterson Park Ave

AaCo. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79107

CERTIFICATE OF DEATH

X 36 E 79107

Registered No. .....

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Caton & Wilkens Ave. Ward) 25 72

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos 8 ds How long in U.S. If of foreign birth? ... yrs ... mos ... da

2. FULL NAME Harriet Riley

(a) Residence: No. ... Savage, Maryland

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 15-1918

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
13	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Warren Md.

FATHER

13. NAME Joshua Riley

14. BIRTHPLACE (city or town) (State or country) Warren Md.

MOTHER

15. MAIDEN NAME Elizabeth Holtz

16. BIRTHPLACE (city or town) (State or country) Williamsport Md.

17. INFORMANT Joshua Riley

(Address) Savage Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Savage Md. Date Apr 27th 1932

19. UNDERTAKER Lloyd Kaiser

(Address) Laurel & Hyattsville, Md.

20. FILED ... 1932 ... Director ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1932 to April 25, 1932

I last saw him alive on April 25 1932 death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia (Staph. aureus).	
Multiple abscesses.	

Other contributory causes of importance:

Name of operation Incision & drainage of abscess Date of 4/17/32

What test confirmed diagnosis? Bac. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert Elman, M. D.

(Address) St. Agnes. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

79108

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 79108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE, (No.) 863 Vine St. (Ward) 18-26

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Gross

(a) Residence: No. 863 Vine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Maggie Gross

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hunter

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Talbot Co. Md.

FATHER

13. NAME Basil Gross.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mahoney

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Laura Gross (Address) 863 Vine St

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Zion Cem. Date 4/25 1932

19. UNDERTAKER Fred't Steinbeg (Address) 518 Eutaw St

20. FILED APR 25 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1931 to April 22 1932

I last saw h[illegible] alive on April 22 1932 Death is said to have occurred on the date stated above, at 1:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis - Septic	1929

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Colpoys M. D.

(Address) 1131 Eutaw St

ACo 5-31 250B

E 79109 HEALTH DEPARTMENT CITY OF BALTIMORE E 79109

CERTIFICATE OF DEATH

93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 N. Brentwood Ave St. 10-15 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Taylor Miller

(a) Residence: No. 1011 N. Brentwood Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Widow

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of William H. Miller

6. DATE OF BIRTH (month, day, year) Nov. 19 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER

13. NAME John Brown
14. BIRTHPLACE (city or town) Not known
(State or country)

MOTHER

15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) Not known
(State or country)

17. INFORMANT Charlotte May Miller
(Address) 1011 N. Brentwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date Apr. 26, 1932

19. UNDERTAKER Henry Stoeck & Sons Inc.
(Address) 321 E. Eager St.

20. FILED APR 25 1932 Interim Registrar

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1932 to April 23, 1932
I last saw h[illegible] alive on April 23, 1932 death is said to have occurred on the date stated above, at 10.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	6 Mos
Other contributory causes of importance	
None	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wilbur M. Pearce, M. D.
(Address) St. Paul & Preston Sts.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-21—A Co.—200 Bks.

79110

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79110

46

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2251 Sidney Ave St., 25 Ward) (Westport) 32

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elena Alberta Vansklver

(a) RESIDENCE NO. 2251 Sidney Ave St. Ward

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced (or) WIFE of: Robert Vansklver.

6 DATE OF BIRTH (month, day, and year): Apr 7 1872

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min
	60		18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): md

PARENTS

10 NAME OF FATHER: Wm Hisey

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Balto. md.

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Balto md.

14 Informant (Address): Robt. Vansklver. 2251 Sidney ave.

15 Filed ..... 19 ... Registrar

251932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr. 22 1932

17 I HEREBY CERTIFY, That I attended deceased from Oct 15 1931 to Apr. 22 1932, that I last saw her alive on Apr 20 1932, and that death occurred, on the date stated above, at 5.00 A.m.

The CAUSE OF DEATH* was as follows:

Auricular Fibrillation

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Gastric Cancer

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? X-Ray & Phys Sign

(Signed) Thomas Scott, M. D.

19 (Address) 523 Scott St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — Date of Burial 4/26/32

20 UNDERTAKER: Geo Leimbach — ADDRESS 1525 W Lombard

Director

very important. See instructions on back of certificates.

M. D. B. 1264-9

E 79111

79111. **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5002 Eugene Ave. St. 27-41 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME CHARLES BURKHARDT

(a) Residence: No. 5002 Eugene Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Florence Burkhardt

6. DATE OF BIRTH (month, day, year) August 17, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Michael Burkhardt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Miller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Wm. H. Burkhardt (Son)
(Address) 5002 Eugene Ave.

18. BURIAL, CREMATION, OR REMOVAL
St. Paul's 5th Ref. Ch. Cem. Apr. 25, 1932

19. UNDERTAKER Henry Sander & Son. Inc.
(Address) Baltimore St. & Broadway.

20. FILED Huntington Williams, M.D. Registrar.

APR 25 1932 Director

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 1st., 1932 to April 22nd., 1932.

I last saw him alive on April 22nd., 1932. Death is said to have occurred on the date stated above, at 10.40 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	Unknown
Myocarditis	W
Other contributory causes of importance:	
Acute Myocarditis	2 days.

Name of operation Date of

What test confirmed diagnosis: Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Philip Carlo Antignani, M. D.

(Address) 2942 East Fayette Street.

AdCo. 5-31 250M

E 79112

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79112

131

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Maryland Gen Hospital 4-46

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr James H Wirtz

(a) Residence: No. 2225 Arbus St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Married

6. DATE OF BIRTH (month, day, year): Sept 11, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Boiler Mk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Repair Work

10. Date deceased last worked at this occupation (month and year): August 1932

11. Total time (years) spent in this occupation: 52 yrs

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: John Wirtz

14. BIRTHPLACE (city or town) (State or country): St Thomas Isl

MOTHER

15. MAIDEN NAME: Mat Kenyon

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT: Dept Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Western Cemetery Date: April 27 1932

19. UNDERTAKER: Edward J. Langenfelder
(Address): 224 Light St

20. FILED: APR 25 1932 Huntington Williams, M.D. Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4/24, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/20/32, 19..., to 4/24/32, 19...

I last saw him alive on 4/24/32, 19... death is said to have occurred on the date stated above, at 12 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy.	4 mo
	1
Other contributory causes of importance:	
Chr Myocarditis	1
Chr Nephritis	1
Uremia	4 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? ..... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert F. Chenowith M.D.

(Address) Md General Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

E 79113

E 79113

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-002

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 320. N. Gilmor ST. 14-27 (WARD)

2-FULL NAME Rose Burrell Fletcher

(a) RESIDENCE NO. 320. N. Gilmor ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced (HUSBAND or) WIFE of: William Fletcher

6 DATE OF BIRTH (month, day, and year): May 12 1880

7 AGE: Years 51; Months 11; Days 12; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: John H. Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Corrine Burrell

(Address): 320. N. Gilmor St

Filed APR 25 1932 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 24 1932

17 I HEREBY CERTIFY, That I attended deceased from April 12 1932, to April 24 1932,

that I last saw h alive on April 20 1932

and that death occurred, on the date stated above, at 3:20 A m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary): Pulmonary Edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H Horwood M.D.

April 24 1932 (Address) 13 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fort Va

DATE OF BURIAL: 4/26 1932

20 UNDERTAKER: Samuel H. Grace & Son

ADDRESS: 638 N. Gilmor

79114

HEALTH DEPARTMENT—CITY OF BALTIMORE E 79114

CERTIFICATE OF DEATH

108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5015 York Road St. 27-46 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Felix Hugo McKeown

(a) Residence: No. 5015 York Road St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna McKeown

6. DATE OF BIRTH (month, day, year) Nov 1 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Felix

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary McKeown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Wife Anna McKeown
(Address) 5015 York Road.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date April 26 1932

19. UNDERTAKER Frank V. Fairbrother
(Address) 2518 E. Oues to

20. FILED ... Registrar.
APR 25 1932 ... Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 23 1932

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1932, to Apr 23, 1932

I last saw him alive on Apr 22, 1932 death is said to have occurred on the date stated above, at 7:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Apr 21 32
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) E. M. Duncan, M. D.

(Address) 5106 York Road

Spec.—2-29-28—L. F. S.—500 Blks.

E 79115

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79115

CERTIFICATE OF DEATH

124-001

1—PLACE OF DEATH

REGISTERED NO. 12-19

CITY OF BALTIMORE: (No. 1528 St. Paul ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frank W. Shryock

(a) RESIDENCE NO. 1828 St. Paul ST., WARD Philadelphia, Pa.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 30 1869

7 AGE: Years 63 | Months | Days 23 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Schlitz Malt Co.

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER John F. Shryock

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Lucy Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant Miss Mable Shryock
(Address) Cumberland, Md.

15 Filed APR 25 1932 Registrar

Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 23, 1932

17

I HEREBY CERTIFY, That I attended deceased from Jan 20, 1932, to April 23 1932

that I last saw him alive on apr 22, 1932

and that death occurred, on the date stated above, at 5 a, m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

Chronic Valvular heart (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) [illegible] M. D.

4/25 1932 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cremation Loudon Park — DATE OF BURIAL: April 25, 1932

20 UNDERTAKER: E. Leroy Stiffler, Inc. — ADDRESS: 125 E. North Ave.

M. D. B. 1268-9

E 79116

79116 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., 5-8 Ward)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Evans

(a) Residence: No. 1032 Hillen St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Addie

6. DATE OF BIRTH (month, day, year): April 21, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer Odr O

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Glenwood N.C.

FATHER

13. NAME: Alex

14. BIRTHPLACE (city or town) (State or country): ? N.C.

MOTHER

15. MAIDEN NAME: Vira Holmes

16. BIRTHPLACE (city or town) (State or country): ? N.C.

17. INFORMANT (Address): Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date 19

19. UNDERTAKER
(Address)

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 6, 1931 to April 20, 1932

I last saw him alive on April 20, 1932. Death is said to have occurred on the date stated above, at 12:30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension, secondary Hemorrhage into Cerebrum	July 1931 4-1-32

Other contributory causes of importance:

Arteriosclerosis	[illegible]

Name of operation None Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) [signature] M. D.

(Address) Balto. City Hosp.

UNIVERSITY OF MARYLAND APR 25 1932

1-30—M. & T.—100 B—50L

E 79117 ✓ E 79117

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

166

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Foot of Eutaw St. ST., 4-26 (WARD)

2-FULL NAME William H. Palmer.(C)

(a) RESIDENCE NO. 226 Myrtle Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed or divorced HUSBAND of Belle Palmer.(C)

6 DATE OF BIRTH (month, day, and year) September 29, 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31	6	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Taylor's Island Md.

PARENTS

10 NAME OF FATHER George Palmer.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Louise Stanley.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Belle Palmer.(C) wife.
(Address) 226 Myrtle Ave.

15 Filed APR 5 1932 Huntington Williams M.D. Registrar
Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 22, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by Drowning.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Wm. H. Errhardt, M. D. Coroner

19 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Taylor Island, Dorchester Co. Md.

DATE OF BURIAL: April 7 32

20 UNDERTAKER: The Estate R. Williams

ADDRESS 322 Undertaker

TION is very important See instructions on back of certificates.

E 79118 — 50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79118

34

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1109 W. Franklin ST. 18-76 WARD)

2-FULL NAME Milton Taylor

(a) RESIDENCE NO. 1109 W. Franklin ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. 3 mos. 3 ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 20, 1932

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Baby
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Floyd Hunt

11 BIRTHPLACE OF FATHER (city or town)
(State or country) N. C.

12 MAIDEN NAME OF MOTHER Dorothy Taylor

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Floyd Hunt
(Address) 1109 W. Franklin St

15 Filed ..... 192 ..... Registrar

Huntington Williams M.D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 23 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Congenital Syphilis

(duration) ___ yrs. 3 mos. 3 ds.

CONTRIBUTORY (Secondary) Prematurity

(duration) yrs. 3 mos. 3 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of ___

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Guy N. Cromwell, M. D. Coroner

19 ..... (Address) 223 Patapsco Ave, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Zion Cemetery	April 25, 1932
20 UNDERTAKER Mrs. Katie R. Williams	ADDRESS 322 S

TION is very important See instructions on back of certificates.

AACo. 5-31 250B

E 79119

E 79119 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mt Hope Retreat St. 26-71 Ward)
Length of residence in city or town where death occurred 63 yrs. 10 mos. 22 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie B. Disnell

(a) Residence: No. 22 Augusta St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 9. 1868

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	63	10	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 66
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boston, Mass.

FATHER
13. NAME Reuben J. Disnell
14. BIRTHPLACE (city or town) (State or country) Cork Ireland

MOTHER
15. MAIDEN NAME Almira M. Louse
16. BIRTHPLACE (city or town) (State or country) Boston Mass

17. INFORMANT Mt Hope Retreat
(Address) Mt Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date April 26 1932

19. UNDERTAKER Geo. E. Evans (Son)
(Address) 115 W. Mt Royal Ave

No. 231932 Huntington Indiana Apr. 27
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1929, to April 27, 1932
I last saw her alive on April 27, 1932 death is said to have occurred on the date stated above, at 1.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Nephritis (Diffuse)	?
Arterio Sclerosis	?
Uraemic Coma	1 day
Involution of Psychosis	2 yrs.

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Chem. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased No If so, specify

(Signed) Hilton P. Hull M.D.
(Address) Mt Hope Retreat

M. D. B. 1268-9

E 79120

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79120

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1628 N. Smallwood St. 15-68 Ward 15

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Sindler

(a) Residence: No. 1628 N. Smallwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Late Sarah

6. DATE OF BIRTH (month, day, year) 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Solomon Sindler

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Pearl Mayer

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hilarus Sindler

(Address) 1628 N Smallwood St

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 4/25, 1932

19. UNDERTAKER Sol Levinson & Bro

(Address) 1171 E Balto. St.

20. FILED 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1927, to April 25, 1932

I last saw h.. alive on April 25, 1932 Death is said to have occurred on the date stated above, at 5:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General arteriosclerosis	1927
due to Hypertension	" "
due to Angiospasm	" "
due to Myocarditis	" "
due to Bronchitis	" "

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) N. A. Nicholson M. D.

(Address) 2230 Eutaw Pl.

See instructions on back of certificate.

M. D. B. 1268-9

E 79121

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

E 79121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 6602 Marne ave. St. 26-37 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME Theodore J. Buzgierski

(a) Residence: No. 6602 Marne ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 9-1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Stephen Buzgierski

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Victoria Cybulska

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Victoria Buzgierski

(Address) 6602 Marne ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart of Jesus Date April 26th 1932

19. UNDERTAKER George A. Weber.

Address 2228 Gorsuch Ave

Huntington Woods, Md.

25 1932 , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/24/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from April 22 . 1932 to April 24, . 1932

I last saw him alive on April 24, 1932 Death is said to have occurred on the date stated above, at 5:42 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

none other

Name of operation — Date of —

What test confirmed diagnosis P.S.95 Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — . 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) John J. Kreger M. D.

(Address) 2127 Eastern Ave.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

79122

CERTIFICATE OF DEATH

23 E 79122

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Maryland Penitentiary ST., (WARD) 27

2—FULL NAME John Street

(a) RESIDENCE NO. 1230 Eighth ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	B	S.

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 20, 1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	2	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Francis Hobb

(Address) 1230 Eighth St.

15 Filed APR 25 1932, 19 Huntingtown Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 15, 1932.

17

I HEREBY CERTIFY, That I attended deceased from July 9th, 1931, to Apr 15th, 1932.

that I last saw h im alive on April 15th, 1932

and that death occurred, on the date stated above, at 2.14 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) — yrs. 9 mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) John F. Aubrey, M. D.

, 19 (Address) 3012 Northway Drive

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL APR 25 1932, 19

20 UNDERTAKER [illegible]

ADDRESS [illegible]

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79123 — CERTIFICATE OF DEATH — E 79123

93 803

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE, (No. Provident Hosp 16-22 St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Braxton

(a) Residence: No. 914 N. Fulton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Widowed

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	about 60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER
13. NAME ?
14. BIRTHPLACE (city or town) (State or country) ?

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Provident Hosp Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date . 19

19. UNDERTAKER
(Address) Huntington Williams, N.

20. FILED 5 1932 19..

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 20 32

22. I HEREBY CERTIFY, That I attended deceased from . 19 to . 19

I last saw h alive on Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	6 mos

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19

Where did Injury occur? (Specify city or town, county, and State)

Specify, whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Falk Coroner . M. D.

(Address)

1-30—M. & T.—100 B—50L

E 79124

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79124

CERTIFICATE OF DEATH

REGISTERED NO. 82

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1636 West Baltimore ST. 19-27 WARD

2-FULL NAME EMMA LOUISE FRY

(a) RESIDENCE NO. 1636 West Baltimore ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred LIFE yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
81			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work NONE
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Joseph Fry

11 BIRTHPLACE OF FATHER (city or town) W. Va.
(State or country)

12 MAIDEN NAME OF MOTHER Esther ?

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant William W. Kirwan
(Address) 1636 West Baltimore St.

15 Filed 25 1932 Huntington Williams, M.D.
Registrar
A.C.H. Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 24 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry,) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:
Cerebral Hemorrhage
suddenly
(duration) yrs. mos ds

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Guy M. Loonwell, M. D. Coroner

4/24 1932 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Apr. 26 1932

20 UNDERTAKER Joseph F. B. Cook

ADDRESS 1003 N. Bal. St.

TION is very important See instructions on back of certificate.

AaCo. 5-H 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

79125

CERTIFICATE OF DEATH

53 E 79125

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1650 Cliftview Ave. St.) (Ward) 8-45

Length of residence in city or town where death occurred 58 yrs. mos. 4 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth C. Williams.

(a) Residence: No. 1650 Cliftview Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William J. Williams.

6. DATE OF BIRTH (month, day, year) April 19, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58.		4.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home. (None)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME Joseph K. Rogers.

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Elizabeth Conway.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT William J. Williams.
(Address) 1650 Cliftview Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date April 26, 1932

19. UNDERTAKER A. Hamm Sons
(Address) 38 E. Fort Ave.

20. Filed 251932 Huntington Williams, M.D. Registrar. R. O'K. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1931, to April 23, 1932
I last saw her alive on Apr. 23, 1932 death is said to have occurred on the date stated above, at 7.45 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of popliteal space of left leg with metastasis of abdominal and inguinal glands	about Dec 1929
Other contributory causes of importance: malignant cachexia	about 4 mos before death

Name of operation excision of tumor Date of
What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify - - - -

(Signed) Harry Leiter M. D.
(Address) 1224-1226 Hanover St. 4/25/32

M. D. H. 1268-0

(William L. McGowan)

HEALTH DEPARTMENT—CITY OF BALTIMORE

79126

CERTIFICATE OF DEATH

E 79126

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 729 Ensor St. 10-14 Ward)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William L. McGowan

(a) Residence: No. 729 Ensor St., Ward. Frederick Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

Odd Fellows Home

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret (Woolery) McGowan

6. DATE OF BIRTH (month, day, year) July 4/1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 850

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chambersburg, Pa

FATHER

13. NAME Samuel McGowan

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Elizabeth Mohler

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Margaret McGowan

(Address) 3128 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date April 27 1932

19. UNDERTAKER W. Maurice Kontzen

(Address) 2236 W. North Ave

25 1932 Huntington Williams, N.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 24/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .

that he was alive on between 4 & 10 P.M. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Probably Myocardial Failure — Date of onset

Found dead in bed

Other contributory causes of importance:

History of Diabetes ?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Walter M. D.

Coroner

(Address) 508 E North Ave

M. D. B. 1268-9

Dr L. A. Richardson 1126 W 25th St Univ 1360 ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

79127 E 79127

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614 N. Calvert St. 12-19 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah D. Wakeland

(a) Residence: No. 1614 N. Calvert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~, (or) WIFE of John A. Wakeland

6. DATE OF BIRTH (month, day, year) Nov 1st 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Edgewood Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Annie Ford

16. BIRTHPLACE (city or town) (State or country) Abbington Md

17. INFORMANT Bertha C. Rafferty
(Address) 1614 N. Calbert st

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date Apr 27th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul st

Filed 25 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 25th 1932

I HEREBY CERTIFY, That I attended deceased from March 1932 to April 25 1932

I last saw her alive on April 20 1932 Death is said to have occurred on the date stated above at 12.30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis	1 wk
Arteriosclerosis & Chronic Nephritis	indy

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. E. Richardson M. D.

(Address) 1126 W. 25th St

AdCo. 5-31 250B

79128 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 79128

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4603 Keswick Road St. 27-53 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James T. Spencer

(a) Residence: No. 4603 Keswick Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary E. Spencer

6. DATE OF BIRTH (month, day, year) Jan. 11-1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 56

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 10 yrs.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

FATHER

13. NAME Thomas Spencer

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Rebecca Slater

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Mary E. Spencer
(Address) 4603 Keswick Road

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Cemetery Date April 26 1932

19. UNDERTAKER Horace F. Burgee
(Address) 4631 Falls Road
Huntington Williams, N.P.

19 ... C. P. H. Registrar
Director

251932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1932 to April 23, 1932

I last saw h[illegible] alive on April 23 1932 death is said to have occurred on the date stated above, at 3:30 A.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of liver — Date of onset 2-15-32

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Arthur J Davis, M. D.

(Address) 5001 Belmont Ave

AaCo. 5-31 250B

79129 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79129

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes' Hospital 121

CITY OF BALTIMORE: (No. Hilkens & Caton Sts.) (Ward) 20-69

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Nina Blunt

(a) Residence: No. 135 South Catherine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hutchison Blunt

6. DATE OF BIRTH (month, day, year) 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Henry Quirk

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Jos. H. Blunt
(Address) 135 S. Catherine St.

18. BURIAL, CREMATION, OR REMOVAL
Place Union Dk. Date 4/27/ 1932

19. UNDERTAKER Harry A. Fritzges
(Address) 40 E. Edmondson Ave Huntington Woods, N.Y.

20. FILED 19 [illegible]

25 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1932 to April 23, 1932

I last saw her alive on April 23, 1932 death is said to have occurred on the date stated above, at 7 10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	4/31
Other contributory causes of importance:	
Lobectomy	4/20/32

Name of operation appendectomy Date of 4/20/32

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) George Govatos M. D.

(Address) St Agnes Hospital

AaCo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

79130 112E 79130

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3121 Strickland St.) (or Ward) 30-70

Length of residence in city or town where death occurred Life mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles W. Nelson

(a) Residence: No. 3121 Strickland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sophia W. Nelson

6. DATE OF BIRTH (month, day, year) Aug 6-1881

7. AGE: Years 50 | Months 7 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common Co.
10. Date deceased last worked at this occupation
11. Total time (years) spent in this occupation 0 2

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER
13. NAME George Nelson
14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Sophia W. Nelson
(Address) 3121 Strickland St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date Apr. 27 32

19. UNDERTAKER George L. Schmatz
(Address) 701 Frederick Ave. Huntington Village, Md.

251932 Registrar
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 24 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 5 1932 to Apr 24 1932
I last saw h[illegible] alive on Apr 24 1932 death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchiectasis chronic	7 years
Cardiac decompensation	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? C Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
(Address) 3321 [illegible] Ave

A&Co. 5-31 250B

E 79131 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79131

CERTIFICATE OF DEATH

54-002

1. PLACE OF DEATH Balto City Hospital

CITY OF BALTIMORE: (No. 19-27 St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. 0 mos. 6 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lavinia Lee

(a) Residence: No. 1509 W Lexington St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

5a. If married, widowed, or divorced (or) WIFE of James Lee

6. DATE OF BIRTH (month, day, year) 7-17-1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER FATHER

13. NAME Daniel Scott

14. BIRTHPLACE (city or town) (State or country) Howard Co Md.

15. MAIDEN NAME Ellen Jackson

16. BIRTHPLACE (city or town) (State or country) North Hampton Va

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date April 29 1932

19. UNDERTAKER Joseph A Lively
(Address) 469 N. Mount Street

(Filed) ... 19... Registrar.

R 261932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-27, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-29, 1932 to 4-27, 1932

I last saw her alive on 4-27, 1932 death is said to have occurred on the date stated above, at 11 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Uterine Fibroids	?
(2) Sub-ovarian abscess.	3-27

Other contributory causes of importance:

(1) Post operative Shock	4-28-32
(2) Acute Heart failure (Arrested)	4-27-32

Name of operation Pan Hysterectomy Date of 4-28-32
What test confirmed diagnosis? Operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Lenard E. Leake, M. D.
(Address) Balto City Hospital

M. D. B. 1268-9

79132

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79132

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH (Moving Picture Park) 15-60
CITY OF BALTIMORE (North Ave & Rendale) (No.) (St.) (Ward)

Length of residence in city or town where death occurred 15 yrs. 9 mos. 9 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME August F Rehming.

(a) Residence: No. 2814 Clifton Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Vinnie Rehming
7. DATE OF BIRTH (month, day, year): March 14 1857
8. AGE: Years 75 | Months 1 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Bricklayer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER
13. NAME: Aug F Rehming
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Wilhelmina Lange
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Eugene Teague
(Address) 2814 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem. Date Apr. 26, 1932

19. UNDERTAKER: Wm Tuckerman Sons
(Address) Monroe & Paines. Huntington Williamsville, N.Y.

APR 26 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19
I last saw h alive on April 19 32 Month is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1 year

Other contributory causes of importance:

Name of operation: Regular Date of
What test confirmed diagnosis: Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) H. H. Kerr M. D.
Coroner
(Address)

E 79133

1 E 79130 50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

REGISTERED NO. 13-59

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2867 Woodbrook Ave (WARD)

2-FULL NAME Robert Campbell Hunter

(a) RESIDENCE NO 2867 Woodbrook Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Lillian Hunter

6 DATE OF BIRTH (month, day, and year) April 7 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	0	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Custodian
(b) General nature of industry, business, or establishment in which employed (or employer): Jones Bldg
(c) Name of employer: N. Y. City

9 BIRTHPLACE (city or town) (State or country): Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Elsie R. Horn

(Address) 2873 Woodbrook Ave

15 Filed ..., 192 ... Registrar / Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/25 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said ... (Inquest, autopsy or inquiry) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage 24 hours

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) ..., M. D. Coroner

..., 19 (Address) ...

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem — DATE OF BURIAL: Apl 27 1932

20 UNDERTAKER: Wm Hickey & Sons — ADDRESS: Norfolk Va

TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 79134

E 79134

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 6-9 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis A. Krepner

(a) Residence: No. 1939 E. Fairmount Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 9/1924

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	0	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Attendant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Louis L. Krepner

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Gertrude Hill

16. BIRTHPLACE (city or town) (State or country) Calvert Co., Md.

17. INFORMANT Louis L. Krepner
(Address) 1939 E. Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Cem Date Apr. 27 1932

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 1403 E. Monument St.

Filed Apr 28 1932 Huntington Williams, M.D. Registrar

R 281932

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 24/32 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h alive on ..... 19 .... Death is said to have occurred on the date stated above, at 10.30 m P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture vault & base of skull	4/24/32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 4/24/32

Where did injury occur? 19 N. Chapel St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Vacant packing house- fell from

Manner of injury roof to cement pavement

Nature of injury (playing on roof with compan-ions

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. S. Culler Coroner, M. D.

(Address) 508 E. Lexington St.

M. D. R. 1268-9

E 79135

E 79135 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 Harford av St. 15-58 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Schneider

(a) Residence: No. 3632 Cottage ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Late Joseph

6. DATE OF BIRTH (month, day, year): 1859

7. AGE: Years 73 | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: David Sody

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Rera Sarah

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Dora Hendelberg

(Address) 1615 Harford ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Mt Carmel Date 4/26, 1932

19. UNDERTAKER: Sol Levinson & Bro

(Address) 1127 E Balto st.

20. FILED APR 26 1932 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 24 1932 to April 25 1932

I last saw her alive on April 24, 1932 Death is said to have occurred on the date stated above, at 6.45 p. m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis marked for several years during which I have attended her at intervals

B. P. 200 t-mm. for years

Date of onset

Other contributory causes of importance:

Cerebral Hemorrhage followed by death in 3-4 minutes

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank R. Smith, M. D.

(Address) 927 N. Calvert St

M. D. R. 1208-9

79136 **HEALTH DEPARTMENT—CITY OF BALTIMORE** FR 79136

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Baltimore City Hospitals — Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 5-6 Ward)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wilhemina Jackson

(a) Residence: No. 1230 St. Matthews St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Daniel

6. DATE OF BIRTH (month, day, year) ?

7. AGE — Years	Months	Days	If LESS than 1 day, hrs. or min.
83?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ? 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Cambridge Md.

FATHER

13. NAME Tusha Cornish

14. BIRTHPLACE (city or town) (State or country) Cambridge Md.

MOTHER

15. MAIDEN NAME Ritae Ann ?

16. BIRTHPLACE (city or town) (State or country) Cambridge Md.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cemetery Date Apl 27 . 1932

19. UNDERTAKER John F. Deems (Address) 715 Light St Williamsport, Md.

Huntington Titlewell, Md.

FILED . 19 Registrar Director

PR 26 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1932 to April 23, 1932

I last saw her alive on April 23, 1932 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chr.	
arteriosclerosis	Long 1931
Hypertension	unknown

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Geo. E. Lagowitz M. D.

(Address) Balto. City Hosp.

M. D. B. 1265-9

79137 HEALTH DEPARTMENT—CITY OF BALTIMORE 79137

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 900 Bolton St. 11-24 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gertrude Farrell

(a) Residence: No. 900 Bolton St., Ward. Montour Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C.	Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Chas. Farrell

6. DATE OF BIRTH (month, day, year) Unknown 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Henry Gilks

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Underwood

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary Fawcett

(Address) 900 Bolton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lebanon Cemetery Date April 26 1932

19. UNDERTAKER Wm. F. G. Elliott

(Address) 1225 Ashland Ave.

20. Filed APR 26 1932 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1932, to April 24, 1932

I last saw her alive on April 23, 1932. Death is said to have occurred on the date stated above, at 2:30 A.m.

The principal cause of death and related causes of importance were as follows:

Cardiac failure — Date of onset

Aortic insufficiency

Other contributory causes of importance:

Chronic nephritis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Douglas Sheppard, M. D.

(Address) 1043 Myrtle Ave

AaCo. 1-11 2M8

E 79138 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79138

~34

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto City Hospital 4-24-32 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Pender

(a) Residence: No. 222 Atterline St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Negro	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — ? 1874

6. DATE OF BIRTH (month, day, year) April 2 - ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58		22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Anne Arundel Co (State or country) Md.

MOTHER FATHER

13. NAME Jas. Pender

14. BIRTHPLACE (city or town) Md (State or country)

15. MAIDEN NAME Eliza Gamble

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Albun Date April 27 1932

19. UNDERTAKER Elroy D Wilson
(Address) 1100 Brantley ave.

PR 26 1932 Huntington Williams, M.D.
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-24-1932

22. I HEREBY CERTIFY, That I attended deceased from 7-12-1930 to 4-24-1932

I last saw h[illegible] alive on 4-24-1932 death is said to have occurred on the date stated above, at 2-20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Gonnorrhea	?
Syphillis	?
Arteriosclerosis	?
Prostatic abscess	4-1-32
Other contributory causes of importance:	
peritonitis	4-22-32

Name of operation No Date of .....

What test confirmed diagnosis C.F. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) Lucius E. Litzenberg

(Address) Balto City

AdCo. 5-11-250B

79139

E 79139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH
CITY OF BALTIMORE (No. 26-41 St., Ward) St. Joseph Hosp
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME August F. Fleming (FLEMMING)

(a) Residence: No. 415 Frankford Ave. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary E. Flemming

6. DATE OF BIRTH (month, day, year) Feb. 2nd 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	2	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electric Concreter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown Russia

FATHER
13. NAME John Adam Fleming
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Marie Shaffer
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mary E. Flemming
(Address) 4905 Bamford Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Jerusalem Cemetery April 29 1932

19. UNDERTAKER Frederick Undertaking Co.
(Address) 740 Lillian Road

20. FILED 26 1932 Huntingtown, Williams, N.D. Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1932 to April 26, 1932
I last saw h.im alive on April 26, 1932 death is said to have occurred on the date stated above, at 10-45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	5 mos. first
Tuberculosis Orchitis	
Other contributory causes of importance:	
Anemia	2 mos.

Name of operation Orchectomy Date of
What test confirmed diagnosis Autopsy? there an autopsy? No

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased No If so, specify

(Signed) J. McGuigan Lee M. D.
(Address) St. Joseph Hosp.

AaCo. 5-31 250B

E 79140

E 79140 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

~48

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. ..... St., 15 ... Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maude Hall

(a) Residence: No. 1331 N. Gilmor St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Negro	Married

5a. If married, widowed, or divorced (or) WIFE of Howard Hall

6. DATE OF BIRTH (month, day, year) 1-30-1895

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	37	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Massa. Co. Va.

MOTHER FATHER

13. NAME John Hudgins

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Louise Hems

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Philosophy Ch. Date 4/26/1932

19. UNDERTAKER Mrs. Geo. E. Collard
(Address) 1021 Druid Hill Ave

Huntington Williams, M.D.
Registrar.

R 281932 Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-23, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-8, 1932 to 4-23, 1932

I last saw her alive on 4-23, 1932 death is said to have occurred on the date stated above, at 3:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Cervix with Regional Metastasis	?
Other contributory causes of importance: Myocardial failure	4-16-32

Name of operation No Date of .....

What test confirmed diagnosis? C. Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Curtis F. Little M. D.

(Address) Balto City Hospitals

E 79141

E 79141

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

CERTIFICATE OF DEATH

Registered No. 21-29

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1211 Washington Blvd (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Kahlein

(a) Residence: No. 1211 Washington Blvd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Mary K Kahlein

6. DATE OF BIRTH (month, day, year) age 23rd a 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min
73		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet metal worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lima

FATHER

13. NAME John Kahlein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christine Miller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr Theodore Kahlein
(Address) 1211 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date 4/28/1932

19. UNDERTAKER John L Lowe & Son
(Address) 901 Washington Ave Huntington Palisades, N.J.

APR 28 1932, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/25/1932

22. I HEREBY CERTIFY, That I attended deceased from 4/19, 1932 to 4/25, 1932

I last saw him alive on 4/25, 1932 death is said to have occurred on the date stated above, at 12 55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Hemorrhage	4/18/32
Other contributory causes of importance:	

Name of operation no Date of no

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wallace Hemmeter M. D.

(Address) 7000 Fallsway

M. D. B. 1268-9

79142 E 79142

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2209 N. Charles St. St., 17-58 Ward)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Kate L. Logsdon

(a) Residence: No. 2209 N. Charles St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Logsdon

6. DATE OF BIRTH (month, day, year) Feb. 3, 1844

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
88	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Loftus

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary McCormick

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Frank J. Valentine 2209 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 4/27/32 19

19. UNDERTAKER (Address) Sherman & Son 805 N Calvert St

No. [illegible] Filed 4.26.1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 25 19 32

22. I HEREBY CERTIFY, That I attended deceased from January 1932 to Apr. 25 1932
I last saw her alive on Apr. 25 1932 Death is said to have occurred on the date stated above, at 9:10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile arteriosclerosis	—
Acute Myocardial Insufficiency	Apr 24 hours.
Edema of Lungs.	
Other contributory causes of importance:	
Senile arterio-sclerosis - many years	

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Carroll Lockard M. D.

(Address) 42 Preston St.

AaCo. 5-31 250B

E 79143 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79143

CERTIFICATE OF DEATH

Registered No. 8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 7-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vincent Smearman Sr.

(a) Residence: No. 1503 N. Madeira St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/31/27

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	5	—	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Vincent Smearman

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Schaffer

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Vincent Smearman (Address) 1503 N. Madeira St.

18. BURIAL, CREMATION, OR REMOVAL Place St. Stanislaus Date 4/27/32

19. UNDERTAKER George J. Fuith Inc (Address) 1136 Hollins St.

20. FILED APR 26 1932 Hunter Joyce Williams N.D. Registrar

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/25/32

22. I HEREBY CERTIFY, That I attended deceased from 4/24/32, 19..., to 4/25/32, 19...

I last saw him alive on 4/25/32, 19... death is said to have occurred on the date stated above, at 1:25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	4/13/32
Other contributory causes of importance: Pericarditis	4/18/32

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) M. J. Jackson M. D.

(Address) Sydenham Hospital

M. D. B. 1268-9

79144 HEALTH DEPARTMENT—CITY OF BALTIMORE F 79144

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1628- E. 28th Street St., 9-46a Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME HENRIETTA BAUER

(a) Residence: No. 1628- E. 28th Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John G. Bauer

6. DATE OF BIRTH (month, day, year) 2/15/1856

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
76	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Fredk. Guertler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eleanor Frederick

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Nieser

(Address) 1628-E. 28th Street

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 4, 27, 32 19

19. UNDERTAKER George [illegible] Inc

(Address) 1726 Orangeville [illegible]

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 19 32

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 19 31, to April 24, 19 32

I last saw h[illegible] alive on April 23, 19 32 Death is said to have occurred on the date stated above, at 2.02 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis with Insufficiency	1928
Cardiac Decompensation	April 10 1932

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles W. Edwards M. D.

(Address) 2746 Alameda Blvd

M. D. B. 1268-9

79145 260111

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79145

CERTIFICATE OF DEATH

149-002

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 6-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Helen Carinagi

(a) Residence: No. 1806 E Fairmount Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank

6. DATE OF BIRTH (month, day, year) 11-27-08

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. N.W 0.7

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Michael Seuberger

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Leonard

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date April 27 1932

19. UNDERTAKER Wendell Hopkins

(Address) 300 N Paca St

20. FILED 2 Huntington, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April-24, 1932

22. I HEREBY CERTIFY, That I attended deceased from apr 20, 1932, to apr 24, 1932

I last saw her alive on apr 24, 1932 Death is said to have occurred on the date stated above, at 5:30 P m.

The principal cause of death and related causes of importance were as follows:

Cardiac failure — Date of onset 4-23-32

Other contributory causes of importance:

Carcinomatosis of colon, acute

Name of operation Midline 4/24/32 Date of

What test confirmed diagnosis? P.E. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Blanchard V. Bates M. D.

(Address) The Johns Hopkins Hospital

M. D. B. 1268-9

E 79146

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79146

CERTIFICATE OF DEATH

Registered No. 122

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 27-55 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Esther Magid

(a) Residence: No. 5612 Park Heights ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wolf. Magid

6. DATE OF BIRTH (month, day, year) 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Morris Seidel

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Reva —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Morris Magid

(Address) 30 n Chester st.

18. BURIAL, CREMATION, OR REMOVAL

Place Tela Vista Cemetery Date April 29 1932

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Baltimore st

Huntington Williams, M.D.

Registrar

281932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24 1932

22. I HEREBY CERTIFY, That I attended deceased from April 11 1932 to April 24 1932

I last saw h alive on April 24 1932 Death is said to have occurred on the date stated above, at 12 30 A m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Intestinal Obstruction

Date of onset

Other contributory causes of importance:

Bronchopneumonia

Name of operation Exploratory Laparotomy Date of April 24

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If specify

(Signed) J. E. Goodman M. D.

(Address) Sinai Hospital.

1-30—M & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79147

CERTIFICATE OF DEATH

93-201 V

E 79147

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 N. Pearl ST. 4-25 WARD)

2-FULL NAME Pasquale Presti

(a) RESIDENCE NO. 210 N. Pearl ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rosina Presti

6 DATE OF BIRTH (month, day, and year) April 7-1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	66		18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Grocer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Joseph Presti

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Rosina Brocato

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Salvator Presti

(Address) 2847 Freemount Ave

15 1932 Huntington Williams, N.Y. Registrar

CORONER'S CERTIFICATR OF DEATH

16 DATE OF DEATH (month, day, and year) April 24 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocardial Insufficiency.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute edema of lungs.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Zellard M. D. (Coroner)

4/26, 1932 (Address) 2379 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 4/27 1932

20 UNDERTAKER Frank V. Pipitone

ADDRESS 2818 E. Baltimore

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

79148 E 79148

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No.) South Baltimore General Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos da How long in U S if of foreign birth? yrs mos da

2. FULL NAME Martin L. Bees

(a) Residence: No. 1324 South Charles St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed or divorced — HUSBAND of (or) WIFE of Sophie H. Bees

6. DATE OF BIRTH (month, day, year) Aug 23 - 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	63	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oiler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Pennsy Rail Road Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Fredk Bees

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sophia Hullenkamp Bees

(Address) 1324 S. Charles St.

18. BURIAL, CREMATION OR REMOVAL. Place Druid Park Date April 28 1932

19. UNDERTAKER Joseph S. Hess

(Address) 1604 W. North Ave

Huntington Mutual, N.Y.

26 1932 19 4 R. C. R. (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1932 to April 25, 1932

I last saw him alive on April 25, 1932 death is said to have occurred on the date stated above, at 11:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bi-Lateral Bronchio Pneumonia	4 21 32
Other contributory causes of importance Diabetes Mellitus	YEARS

Operation: Bilateral Inguinal Herniotomy Date of 4-14-32

Name of operation Physical signs

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm J. Sullivan M. D.

(Address) So Baltimore Gen Hosp

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

79149

CERTIFICATE OF DEATH.

53

E 79149

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1543 McKean Ave. St. 15-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Pauline M. Schmebel

(a) Residence No. 1543 McKean Ave. St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced (Husband of ~~her~~) WIFE of Geo. Schmebel

6-DATE OF BIRTH (month, day and year) June 26 1886

7-AGE. 45 yrs. 10 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town). (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Michael Wolf

11-BIRTHPLACE OF FATHER (city or town). (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town). (State or Country). Germany

14- (Informant) George Schmebel

(Address) 1543 McKean Ave.

15- Huntington Williams, N.Y.

Filed 61932 Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 25, 1932

17- I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1931, to April 25, 1932.

that I last saw her alive on April 25, 1932.

and that death occurred, on the date stated above, at 3:45 P. m.

The CAUSE OF DEATH* was as follows:

Hypernephroma (malignant)

(Duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) None

(Duration) — yrs. — mos. — ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Feb. 24, 1932

Was there an autopsy? No

What test confirmed diagnosis? Microscopical

(Signed) John D. Quinn M. D.

4/25, 1932 (Address) 1507 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Lorraine

DATE OF BURIAL. Apr. 28, 1932

20-UNDERTAKER. Mr. & Mrs. John H. Teufel & Son

ADDRESS 801 N. Fayette

A&Co. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

79150 E 79150

CERTIFICATE OF DEATH

Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Back Jenkins St. Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U.S. If of foreign birth? 70 yrs. mos. ds.

2. FULL NAME Ludwig Schneider

(a) Residence: No. 28 Pearl St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Schneider

6. DATE OF BIRTH (month, day, year) May 23, 1846

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Louis Schneider
(Address) 28 Pearl St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Baltimore Date: Apr. 27, 1932

19. UNDERTAKER: John H. Feigley & Son
(Address) Huntington Williams, N.P.

251332 R.C.H. Registrar Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/24, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/12, 1932, to 4/24, 1932

I last saw h[illegible] alive on 4/24, 1932 death is said to have occurred on the date stated above, at 7:41 P.m.

The principal cause of death and related causes of importance were as follows:

Hypertrophied Prostate (Benign) — Date of onset: 4/12/32
Pyelonephritis

Other contributory causes of importance:

Diabetes Mellitus — Date of onset: Unknown

Name of operation: None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Cohnman, M. D.

(Address) West Back Jenkins St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79151

9151

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals St. 76-37 Ward

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John E. Beckwith

(a) Residence: No. none St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Unknown

6. DATE OF BIRTH (month, day, year) May 25, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Easton Md.

FATHER

13. NAME Willism

14. BIRTHPLACE (city or town) (State or country) Easton Md.

MOTHER

15. MAIDEN NAME Matilda Hull

16. BIRTHPLACE (city or town) (State or country) Easton Md.

17. INFORMANT Records of Balto. City Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Springfield Glen Easton Md. Date April 27, 1932
Place

19. UNDERTAKER E. Kurd Evans
(Address) 32 E. Fayette Ave

Huntington Williams, N.D.
Registrar.

2 61932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1930 to April 25, 1932

I last saw him alive on April 25, 1932. Death is said to have occurred on the date stated above, at 12:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arthritis, chr. infection from unknown. Th. unremembered.	1930 6 months

Other contributory causes of importance:

None.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) E. E. Edmondson M. D.

(Address) Balto. City Hosp.

M. D. B. 1268-9

79152

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79152

CERTIFICATE OF DEATH

82-00

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1639 Poplar Grove St., 16-65 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Lupton

(a) Residence: No. 1639 Poplar Grove St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed or divorced~~ (or) WIFE of George H. Lupton

6. DATE OF BIRTH (month, day, year) May 2d 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Philip Hartman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christina Baughman

16. BIRTHPLACE (city or town) (State or country) Holland

17. INFORMANT Samuel H. Lupton

(Address) 2925 Brsbury St

18. BURIAL, CREMATION, OR REMOVAL London Park Cemetery Date Apr . 19

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Huntington Indiana, Ind

20. FILED 26 1932 . 19 C. P. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26th . 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 28 . 1932 to Apr 26 . 1932

I last saw her alive on Apr 22 . 1932 Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Complication Diseases	
Senile arteriosclerosis	
Cerebral Hemorrhage,	4-26-32

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Finley Cole M. D.

(Address) 2207 Harlem Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79153

79153

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1856 N. Gay St. 9-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Wm Hagerman

(a) Residence: No. 1856 N. Gay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Caroline Hagerman

6. DATE OF BIRTH (month, day, year) July 2 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 015

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME August Hagerman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Timothy Ford

(Address) 856 N Gay St

18. BURIAL, CREMATION, OR REMOVAL

Place St Paul's Hill Park Date Apr 28th 1932

19. UNDERTAKER Wm Cook

(Address) 1417 St Paul St

Huntington Williams, M.D., Registrar.

Director

20. [illegible] 28 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 25th 1932

22. I HEREBY CERTIFY, That I attended deceased from April 21 1932 to April 26 1932

I last saw him alive on April 26 1932 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) B P Keroag M.D. M. D.

(Address) 1305 N Patterson Pk Ave

M. D. R. 1268-A

79154

E 79154

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1202 S. Conkling (St.) (Ward) 37

Registered No. 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bartholemew Matt Lorden

(a) Residence: No. 1202 S. Conkling St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Lorden (1)

6. DATE OF BIRTH (month, day, year): Jan 6, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sherman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Copper Works

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: Cornilous Lorden

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Catherine Sexton

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs. Annie Lorden

(Address) 1202 S. Conkling St.

18. BURIAL, CREMATION, OR REMOVAL

Place: New Cathedral Date: April 28 1932

19. UNDERTAKER: John F. Mahon

(Address) 3000 E. Pratt St.

20. FILED APR 28 1932 Huntington Williams M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from September 11 1931 to April 24 1932

I last saw him alive on April 24 1932 Death is said to have occurred on the date stated above, at 8 20 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	September 1931

Other contributory causes of importance:

Name of operation: Exploratory Laparotomy Date of Feb 15

What test confirmed diagnosis: Microscope. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry E. Wilson M. D.

(Address) 30 Biddle St. Baltimore

79155

HEALTH DEPARTMENT—CITY OF BALTIMORE

79155

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH Balto City Hospitals 22-30 Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Ward)

Length of residence in city or town where death occurred 27 yrs. 10 mos. 25 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Brown

(a) Residence: No. Cor. Little Green & Isles St., Ward. 11 S. Green St
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Negro	Married

5a. If married, widowed, or divorced (or) WIFE of Milton Brown

6. DATE OF BIRTH (month, day, year) May 25 - 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Gerard Smith

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Jennie Smith

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 4-27-1932

19. UNDERTAKER Samuel Carter
(Address) 516 N. Carey ave.

FILED R 27 1932 Huntington Williams M.D. Registrar

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-25-1932

22. I HEREBY CERTIFY, That I attended deceased from 2-19-1932 to 4-25-1932

I last saw her alive on 4-25 1932 death is said to have occurred on the date stated above, at 5:25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Multiple fistula in ani (Non Tuberculous)	?
Other contributory causes of importance: (1) Broncho-Pneumonia	4-15-32

Name of operation No Date of

What test confirmed diagnosis C.E. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Lucius E. Linde M. D.

(Address) Balto City Hospitals

79156

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79156

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Saint Joseph's Hospital St., 9-17 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Lacy.

(a) Residence: No. Bush River, Maryland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70+ (?)			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Reads Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place H. Patrick Date [illegible] 1932

19. UNDERTAKER John [illegible]
(Address) 3000 E. Pratt St.

20. FILED ... 19... Registrar.
4 21 1932 Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-25-1932.

22. I HEREBY CERTIFY, That I attended deceased from April 23 1932, to April 25 1932.
I last saw him alive on April 25 1932, death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophic Prostatitis	
Chronic Nephritis	
Other contributory causes of importance:	
Uremia.	

Name of operation None. Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) N. E. Keech M.D.
(Address) St. Josephs Hospital

M. D. B. 1268-9

E 79157

E 79157

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 20- Ward) 71

Registered No. 137

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hugh Gribbin

(a) Residence: No. 4112 Potter St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Policeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. N.Y. City Dept

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anne Fox

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Walter Patterson
(Address) 4112 Potter St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem Date 4/27 19 32

19. UNDERTAKER Frank Farley Hyatt & Hilton Successor
(Address) Huntington Williams, Pres.

20. FILED [illegible] Registrar

E 77932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26/32

22. I HEREBY CERTIFY, That I attended deceased from 19 . to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 2.25 P.M.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency — Date of onset

Other contributory causes of importance:

Benign Prostatic Hypertrophy (Post Operative)

Name of operation Exterpation one year ago Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. H. Lee Coroner M. D.

(Address) 508 E Lnk Ave

79158

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79158

CERTIFICATE OF DEATH

V 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 N. Durham St. 7-13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Karvasek

(a) Residence: No. 817 N. Durham St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank Karvasek

6. DATE OF BIRTH (month, day, year) June 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME John Zlatohlovek

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Frank Karvasek
(Address) 817 N. Durham St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date April 28 1932

19. UNDERTAKER George W Zeigler
(Address) 1330 E Eager St

20. FILED ... Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 25/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... . 19 ... to ... . 19 ...

I last saw h... alive on ... . 19 ... Death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Apoplexy	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... . 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. H Cole Coroner M. D.

(Address) 504 E Fayette

A&Co. 5-31 250R

79159

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79159

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3338 E. Baltimore St. St. 46-11 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Knoble

(a) Residence: No. 3338 E. Baltimore St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Knoble

6. DATE OF BIRTH (month, day, year) May 15, 1845

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	86	11	11 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Carl

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Jaeger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary E. Leimbach

(Address) 2929 Northern Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place Zion Cemetery Date April 28 1932

19. UNDERTAKER George W. Zirkler

(Address) 1230 E. Eager St.

Huntington W. Va.

20. FILED ..... (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1932 to April 25, 1932

I last saw her alive on April 25 1932 death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage (Apoplexy)	Apr 17, 32

Other contributory causes of importance:

Asthenia & compensatial insufficiency

Name of operation — Date of

What test confirmed diagnosis Symptoms there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Stansbury, M. D.

(Address) 714 Park Ave, Baltimore.

M. D. B. 1268-9

E 79160

E 79160 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St., 26-63 Ward)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William J. Dodd

(a) Residence: No. 3616 Fenyon Oak Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs. Mary Dodd.

6. DATE OF BIRTH (month, day, year) March 23 66.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. 60

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Dodd

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Francis Woods

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place London Park Cem. Date Apl 29 1932

19. UNDERTAKER Harry M Armacost & Son
(Address) 4204 Ridgewood Ave

Filed APR 27 1932 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1932 to April 26, 1932

I last saw h[im] alive on April 26, 1932 Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Inguinal Hernia	30 yrs
Other contributory causes of importance: Pulmonary Embolism	1/2 hr.

Name of operation Bilateral Herniotomy Date of 4/19/32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Simon Berger, M. D.

(Address) Mercy Hospital

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001

79161 E 79161

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital (Street) (WARD) 14-7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles Johnson

(a) RESIDENCE NO. 1633 Pierce ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: Years: out 34; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER: Charles Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ga.

12 MAIDEN NAME OF MOTHER: Lottie Kellman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Evon Johnson

(Address): 1633 Pierce St

15 DATE RECEIVED: 4 27 1932

Registrar / Director: Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 23, 1932

17 I HEREBY CERTIFY, That I attended deceased from 4-18, 1932 to 4-23, 1932

that I last saw h/ alive on 4-23, 1932

and that death occurred, on the date stated above, at 3:30 A m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): Anemia

(duration) yrs. about mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical, Lab.

(Signed) Geo. W. McDonald, M. D.

19 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park National on April 27 1932

DATE OF BURIAL

20 UNDERTAKER: Joseph A. Lucky

ADDRESS: 1097 Mount street

M. D. B. 1268-9

E 79162 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79162

CERTIFICATE OF DEATH

8-16 178-001

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1516 N. Montford St., (8) Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? 46 yrs. mos. ds.

2. FULL NAME Edna Worthman
(a) Residence: No. 1516 N. Montford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Worthman

6. DATE OF BIRTH (month, day, year) June 22/1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	10	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bayonne, N.J.

FATHER
13. NAME Patrick Shea
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Anna Mulligan
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT George Worthman
(Address) 1516 N. Montford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cem Date April 28 1932

19. UNDERTAKER Leo G. Cook
(Address) 1732 R Patterson Park Ave

20. FILED 4-27-1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25/32

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19
I last saw h alive on 19 about 1 P.M. Death is said to have occurred on the date stated above, at m

The prinripal cause of death and related causes of importance were as follows:
Illuminating Gas Poisoning
Probably accidental
(Gas heater on unlighted)

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Jos. H. Carter for E. Norris Love M. D.
(Address) Coroner

PENALTIES IS very important. See instructions on back of certificate.

AdCo. 1-11 2508

79163 CHITTENDEN 79163

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 53

1. PLACE OF DEATH Union Memorial Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 12-14 Ward)

Length of residence in city or town where death occurred ... yrs ... mos 1 ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Henry W. Chittenden 3rd

(a) Residence: No. Owings Mills St., Ward.
(If usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 12 1920

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Burlington Ohio Iowa

FATHER

13. NAME Henry W. Chittenden Jr.
14. BIRTHPLACE (city or town) (State or country) Burlington Ohio Iowa

MOTHER

15. MAIDEN NAME Mary Flemming
16. BIRTHPLACE (city or town) (State or country) Burlington Ohio Iowa

17. INFORMANT Father
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Garrison Forest Date Apr 27 1932

19. UNDERTAKER Kenny H. Perkins Sons Co
(Address) McCulloh & Orchard Sts Huntington Williams, W. Va.

20. FILED APR 27 1932 Registrar Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1932 to April 26, 1932
I last saw h alive on April 26, 1932 death is said to have occurred on the date stated above, at 10 20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	April 25

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No (Specify)

(Signed) P. H. Martin M.D. M. D.
(Address) Union Memorial Hosp

Spec.—2-29-28—L. F. S.—500 Blks.

E 79164

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79164

CERTIFICATE OF DEATH

82-001

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 Rogers Ave. ST. 27-15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Miss Mary E. Randle

(a) RESIDENCE NO. Home for the Aged of the M.E. Church

(Usual place of abode)

Length of residence in city or town where death occurred Life time yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year): Oct 17-1860

7 AGE: Years 71; Months 6; Days 9; 11 LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

10 NAME OF FATHER: Richard Randle.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Mary Jones.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Etta Gadsby

(Address): 2211 Rogers Ave.

15 Filed 1932 Huntington Williams, M.D. Registrar

RZ 71932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 26-32

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1932, to April 26, 1932, that I last saw her alive on April 24, 1932 and that death occurred, on the date stated above, at 7.15 p.m.

The CAUSE OF DEATH* was as follows:

Paralysis - throat

(duration) ✓ yrs. ✓ mos. 7 ds.

CONTRIBUTORY (Secondary): Cerebral Hemorrhage.

(duration) ✓ yrs. ✓ mos. 7 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No. Date of None

Was there an autopsy? No

What test confirmed diagnosis? Clinical methods

(Signed) George E. Shannon, M. D.

4/26, 1932 (Address) 700 Fulton Ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet Cemetery — DATE OF BURIAL: April 29 1932

20 UNDERTAKER: John F. Denny — ADDRESS: 715 Light St

Director

AACo. 5-31 250B

E 79165 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79165

CERTIFICATE OF DEATH

X 1140

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 19 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Beulah Agens

(a) Residence: No. ..... St., ... Ward. Whiteford, Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Agens

6. DATE OF BIRTH (month, day, year) August 14.1908

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23	8	10	13

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Whiteford Md

MOTHER FATHER

13. NAME Gaily P. Street

14. BIRTHPLACE (city or town) (State or country) Harford County

15. MAIDEN NAME Mary C. Morrison

16. BIRTHPLACE (city or town) (State or country) Harford County

17. INFORMANT Mary C. Street
(Address) Whiteford Md

18. BURIAL, CREMATION, OR REMOVAL
Place Highland Date April 29. 1932

19. UNDERTAKER Walter P. Hopkins
(Address) Dublin Pa
Huntington Williams, Md

APR 27 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-27 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-22 1932 to 4-27 1932

I last saw her alive on 4-27 1932 death is said to have occurred on the date stated above, at 12:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infected abortion - self-induced	4-21-32
Other contributory causes of importance:	
Lobar pneumonia	4-22-32
Pneumococcic septicemia	4-22-32

Name of operation none Date of

What test confirmed diagnosis Culture Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 4-21 1932

Where did injury occur? home - Whiteford, Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury Tried to induce abortion

Nature of injury Possible lacerations of uterus

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Marion Jones Abram, M. D.

(Address) Aberdeen - Md.

AdCo. 5-31 250B

E 79166 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79166

V 160 002

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Women's Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 9-46 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Sherman

(a) Residence: No. 810 E. 22nd St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 26, 1932

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or 8 min.
—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Frank G. Sherman
14. BIRTHPLACE (city or town) (State or country) Balto Md
15. MAIDEN NAME Margt Dean
16. BIRTHPLACE (city or town) (State or country) Carbondale Pa

17. INFORMANT Frank G. Sherman
(Address) Balto Md

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date April 27 1932

19. UNDERTAKER William J. Schaffer
(Address) 1816 Eutaw Place, Balto, Md.
Huntington Williams, Dir.

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1932, to Sept 26, 1932

I last saw her alive on Sept 26, 1932, and death is said to have occurred on the date stated above, at 2:28 H m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Marasmus Congenital	

Other contributory causes of importance:
Congenital debility

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following. Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Marion P. Sherman, M. D.

(Address) Women's Hospital

AdCo. 5-31-2938

79167

HEALTH DEPARTMENT—CITY OF BALTIMORE E 79167

CERTIFICATE OF DEATH

94-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1719 E. 30th. St. St., 9-46 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Cora S. Koehler

(a) Residence: No. 1719 E. 30th. St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Moses Koehler

6. DATE OF BIRTH (month, day, year) Dec. 6th, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Jersey

FATHER

13. NAME Francis P. Smith

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Moses Koehler

(Address) 1719E. 30th. St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date April 28th. 19 32

19. UNDERTAKER Chas. P. Sauer & Son

(Address) 118 W. Mt. Royal Ave.

20. FILED 27 1932 Huntington Williams, M.D. Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25th. 19 32

22. I HEREBY CERTIFY, That I attended deceased from April 24- , 1932, to April 25 , 1932

I last saw her alive on April 25 19 32 death is said to have occurred on the date stated above, at 11.30 a.m. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism, Coronary	4-24-32
Other contributory causes of importance:	
Arteriosclerosis -	8 mos.

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19 .....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. Pugh, M. D.

(Address) 1117 St Paul

79168 —M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79168

CERTIFICATE OF DEATH.

2108

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 873 Lemmon St.; WARD) 18-29

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mamie Drummond

(Residence in Baltimore: No. 873 Lemmon St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~, (Write the word.) Married

6-DATE OF BIRTH, April 6, 1874. (Month) (Day) (Year)

7-AGE, 58 yrs. 6 mos. 6 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): 37

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James A. Smith

11-BIRTHPLACE OF FATHER (State or Country), Springfield Ills.

12-MAIDEN NAME OF MOTHER Alice L. Brandell

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. W. Smith

(Address) 873 Lemmon St.

15-

Filed ....., 191.... Registrar.

R 27 1932 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 6, 1932. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 12 1932, to April 25 1932, that I saw her alive on April 26 1932, and that death occurred, on the date stated above, at 6:30 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) 9 yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(Duration) 1 yrs. mos. 14 ds.

(Signed) C. N. Hunter M. D.

April 7 1932 (Address) 712 S. Stricker St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn

DATE OF BURIAL, April 27, 1932

20-UNDERTAKER Samuel P. Hemsley

ADDRESS 1111 Eutaw St.

AaCo. 5-31 250B

79169 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 E 79169

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital 5-E (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Maltese

(a) Residence: No. 18 S. East Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 26, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — (Wife)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Michael Maltese

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Lina Scelfo

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Hospital Bon Secours
(Address) W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date April 27 1932

19. UNDERTAKER Thos. V. Pistorio & Bros
(Address) 925 E. Belvedere Ave, Govans, Md

20. FILED APR 27 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-26, 1932

22. I HEREBY CERTIFY, That I attended deceased from 19.., to 19.., I last saw h... alive on 4-26-32, 19.. death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature (7mo Ls)	
Mother admitted w eclampsia	
Baby delivered by Caesarian Section at 4 PM lived for one hr after delivery	
Other contributory causes of importance:	
Maternal Cause Eclampsia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... Was suicide .....

(Signed) F. Paolaccia M. D.
Director
(Address) 1117 N. Paul St.

AA No. 5-31 2508

79170 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 79170

110

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 19-28 (Ward)

Length of residence in city or town where death occurred Life yrs. mos ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John F. Kolzbach

(a) Residence: No. 220 So. Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary A. Kolzbach

6. DATE OF BIRTH (month, day, year) Sept. 10, 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R. R. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Herman B. Kolzbach

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Peschaut

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Mary Kolzbach
(Address) 205 S. Stricker St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 4/29/32 19

19. UNDERTAKER Harry J. Weitzel
(Address) 4101 Edmondson Ave.

20. FILED 4-27-1932 Huntington Williams Registrar

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26 1932

22. I HEREBY CERTIFY, That I attended deceased from January 14, 1932 to April 26, 1932

I last saw him alive on April 26 1932 death is said to have occurred on the date stated above, at 9:45 P.m.

*The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung Abscess	1932
Splenomegaly	1927
Other contributory causes of importance:	
Pyopneumothorax	April, 193

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible], M. D.

(Address) Univ. Hosp.

M. D. B. 1268-b

✓ E. 79171

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 12T62 B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Mt. St Agnes College, Mt Washington 54th St., (Ward) 27

Length of residence in city or town where death occurred 50 yrs. ... mos. — ds. How long in U. S. If of foreign birth? — yrs. ... mos. ... ds.

2. FULL NAME Sister M. Gertrude Wilson

(a) Residence: No. Mt. St. Agnes College, Mt. Washington Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 10, 1845

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	87	0	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious 065

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Wilson

14. BIRTHPLACE (city or town) (State or country) Maryland ?

MOTHER

15. MAIDEN NAME Mary ? ?

16. BIRTHPLACE (city or town) (State or country) U.S.

17. INFORMANT Sister M. Catherine
(Address) Mt St Agnes, Mt Washington

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. St. Agnes Date 4/28, 1932

19. UNDERTAKER Henry A. Myers & Son
(Address) 205 W. Saratoga St.
FILED 27 1932, 19 Huntington Terrace, B. C. I. K. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan ... 1931 ... to ... 19...
I last saw her alive on April 20, 1932 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Large Intestine (Colecum ?)	8/1/31
Other contributory causes of importance: Bronchopneumonia	4/20/32

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) H. Raymond Peters, M. D.

(Address) 1908 W. Lexington St.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

E 79172

CERTIFICATE OF DEATH

133 E 79172

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3802 Ensley Ave (Ward) 15-62

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary C. C. Leonard

(a) Residence: No. 3802 Ensley Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Thomas J. Leonard

6. DATE OF BIRTH (month, day, year) June 18 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Daniel Leonard

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Richmond

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Thomas J. Leonard

(Address) 3802 Ensley Ave

18. BURIAL, CREMATION, OR REMOVAL Date April 28 1932

Place Baltimore Cem

19. UNDERTAKER Wm C. Mitchell & Sons

(Address) 1900 Pennsylvania Ave

Filed Apr 29 1932

Registrar

71932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/1/1932 to 4/26/1932. Death is said

I last saw her alive on 4/25/1932. 2:00 P.M.

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Uremia, cysts of left kidney, senility.

Date of onset 4/10/32

Other contributory causes of importance:

None

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Lee Magruder M.D.

(Address) 1206 E. Preston St.

AaCo. 5-11 250B

79173

HEALTH DEPARTMENT—CITY OF BALTIMORE

79173

CERTIFICATE OF DEATH

46

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 20-bed Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Margaret Elizabeth Otto

(a) Residence: No. 2109 W Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Roy E. Otto

6. DATE OF BIRTH (month, day, year) Mar 31. 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	24	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Patapsco Md

MOTHER FATHER

13. NAME Edward Houck

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Ella Roxbaugh

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Roy E. Otto
(Address) 2109 W Mulberry St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Apr. 28. 1932

19. UNDERTAKER Mrs. Mrs. John H. Tengel & Son
(Address) 501 N Fayette St

20. [illegible] 1932 Huntington Williams, M.D. Registrar
H. H. Y. M. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 26 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 1 . 1932, to Apr 26 . 1932
I last saw her alive on Apr. 26 . 1932 death is said to have occurred on the date stated above, at 10:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Bernard W. Semmes . M. D.
(Address) University Hospital

AACo. S-H 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

79174 E 79174

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH West Baltimore General Hospital St. 30-70 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred yrs mos ds How long in U.S. (If of foreign birth)? yrs mos ds

2. FULL NAME John R Sorgler

(a) Residence: No. 163 S. Motley Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 22, 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
77	9	8 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Cigar Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tobacco Mfr
10. Date deceased last worked at this occupation (month and year) 11 1930
11. Total time (years) spent in this occupation 42

12. BIRTHPLACE (city or town) (State or country) Washington

FATHER

13. NAME John Sorgler
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Un Known

17. INFORMANT John J. Sorgler
(Address) 911 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cemetery Date April 29, 1932

19. UNDERTAKER F. Gray Smith
(Address) 1600 Harlem Ave Huntingtown Williams, MD

20. FILED 27 1932 W. S. H. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/27, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/23, 1932, to 4/27, 1932

I last saw him alive on 4/27, 1932 death is said to have occurred on the date stated above, at 6:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophy of Prostate	
Chronic Nephritis	
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation none Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Zachrau, M. D.
(Address) West Balto Gen Hosp

M. D. B. 1268-9

79175 E 79175

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 22-3093

CITY OF BALTIMORE: (No. ____ St., 22 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Crotty

(a) Residence: No. 309 S. Sharp St. St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nettie B. Crotty

6. DATE OF BIRTH (month, day, year) July 28, ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82?	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Orange Co. N.Y.

FATHER

13. NAME Leonard Crotty ?

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Holnes

16. BIRTHPLACE (city or town) (State or country) Ireland ?

17. INFORMANT (Address) Records of Balto. City Hos.

18. BURIAL, CREMATION, OR REMOVAL Hartford Rd. Place Holy Cross Cem. Date April 28 1932

19. UNDERTAKER Elmer H. Conklin (Address) 924 Eagle St.

20. FILED 27 1932 Huntington Village, N. Y. R. K. B. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1932 to April 25, 1932

I last saw him alive on April 25, 1932 Death is said to have occurred on the date stated above, at 8:15 A.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis, chr.
Arteriosclerosis,
Anemia, secondary.

Date of onset 7/1931

Other contributory causes of importance:

Name of operation None Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas Glanville Jr. M. D.

(Address) Balto. City Hosp.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79176

79176

CERTIFICATE OF DEATH

181

REGISTERED NO. 24-35

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Szablowski.

(a) RESIDENCE NO 1437 Reynolds St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 8 mos. -- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) August 8 1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	8	18 ---	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER John Szablowski.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Jennie Jablowski.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant John Szablowski. Father

(Address) 1437 Reynolds St.

15 Filed 1932 Huntington Williams M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 26, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Scalds about the face and body.
Pulled over a pot of boiling water.
Occidental Death.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1480 Reynolds St.

Did an operation precede death? No. Date of April 24, 1932

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Eisenhardt M. D. Coroner

4/29/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem.

DATE OF BURIAL April 27 1932

20 UNDERTAKER John M. Weber

ADDRESS 401 E. Chester St

M. D. B. 1268-0

79177

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79177

CERTIFICATE OF DEATH

Registered No. 167

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 373I Beehler Ave St., 27-56 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vincenzo Leone

(a) Residence: No. 373I Beehler Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna Leone

6. DATE OF BIRTH (month, day, year) Feb. 13, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Presser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Palermo

FATHER

13. NAME Vito

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rosa Locastro

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Anna Leone
(Address) 373I Beehler Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 4/28/32 19

19. UNDERTAKER George J. Ruth, Inc.
1725 Hanover Ave.
Huntington Williams, N.P.
Registrar

4-27-1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/25 19 32

22. I HEREBY CERTIFY, That I attended deceased from
, 19 , to , 19
I last saw h alive on , 19 Death is said
to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Gun shot wound through head Suicide

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. J. Thomsen Coroner M. D.

(Address) 3622 Roland Ave

Spec.—2-29-28—L. F. S.—500 Blks.

E 79178

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

98 E 79178

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1433 Lawman ST. 24-35 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anna Clark Stalley

(a) RESIDENCE NO. 1433 Lawman ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of James Stalley

6 DATE OF BIRTH (month, day, and year) apr 26 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	0	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland.

10 NAME OF FATHER James Clark

11 BIRTHPLACE OF FATHER (city or town) Ireland.

(State or country)

12 MAIDEN NAME OF MOTHER Mulnam

13 BIRTHPLACE OF MOTHER (city or town) Ireland

(State or country)

14 Informant John Stalley Son

(Address) 1433 Lawman

15 Filed 7-1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) april 27-32

17 I HEREBY CERTIFY, That I attended deceased from March 27, 1932, to april 27, 1932

that I last saw h er alive on apr 26, 1932

and that death occurred, on the date stated above, at 12.10 P m.

The CAUSE OF DEATH* was as follows:

Sanguis both legs (Staph. Stay Af) Melancholia 2 mos

(duration) yrs. 1 mos. 0 ds.

CONTRIBUTORY (Secondary) Defective both legs.

(duration) yrs. 1 mos. 0 ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis? None

(Signed) Thos Fa Stevens, M. D.

4-27, 1932 (Address) 2878 Halford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mem Cathedral

20 UNDERTAKER Chas. L. Stevens

DATE OF BURIAL April 30 1932

ADDRESS 1501 E Fort Ave

1-30—M & T—100 B—501.

79179

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 79179

REGISTERED NO. 167

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Pronounced Dead at St. Joseph's Hospital ST. 27-43 WARD)

2-FULL NAME RANDOLPH LEROY BURKINS.

(a) RESIDENCE No 2825 Roselawn Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara J. Burkins.

6 DATE OF BIRTH (month, day, and year) January 21, 1898.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	3	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laying Hardwood Floors
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Charles E. Burkins.

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country)

12 MAIDEN NAME OF MOTHER Elma E. Lovett

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

14 Informant Mrs. Clara J. Burkins (Wife)
(Address) 2825 Roselawn Avenue.

15 Filed 1932 192 Huntington Williams, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25. 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Pistol Shot Wound Right Temple
Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of no

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John Kaiser, M. D.
Coroner

5/26/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Morelands Memorial Park

DATE OF BURIAL Apr. 28. 1932

20 UNDERTAKER Henry Sander & Sons, Inc.

ADDRESS BALTIMORE ST & BROADWAY.

M. D. B. 1268-9

79180

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79180

CERTIFICATE OF DEATH

X210-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St. 26-37 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Michael Smolak Jr.

(a) Residence: No. 120 Holabird Ave. Dundalk St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, day, year) Sept. 22, 1918

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Michael Smolak Sr.

14. BIRTHPLACE (city or town) (State or country) Checo-Slovakia

15. MAIDEN NAME Anna ~~Smolak~~ Kamec

16. BIRTHPLACE (city or town) (State or country) Checo-Slovakia

17. INFORMANT Michael Smolak Sr.

(Address) 120 Holabird Ave., Dundalk

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart of Mary Date Apr. 28, 1932

19. UNDERTAKER Thos. F. Connelly

(Address) Essex, Md.

FILED 27 1932 Huntington Williams, M.D. Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from inquiry, 19..., to ..., 19...

I last saw h... alive on inquiry, 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Right crushed chest with pyopneumothorax.	
Other contributory causes of importance:	
Struck by automobile	4/18/32

Name of operation none Date of --

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 4/18, 1932

Where did injury occur? Holabird & Monumental (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by auto.

Nature of injury ----

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny Coroner, M. D.

(Address) 2200 E. Monument St.

A&Co. 5-31 250B

E 7918[illegible] HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 53 E 79181

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital 25-72 St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 13 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Ida Hardman

(a) Residence: No. Emmitsburg Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed or divorced
H~~USBAND~~ of
(or) WIFE of Clarence Hardman

6. DATE OF BIRTH (month, day, year) March 19 - 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) md.

MOTHER FATHER

13. NAME Amanias Turner

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Elizabeth Miller

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Norman Turner
(Address) Emmitsburg md

18. BURIAL, CREMATION, OR REMOVAL
Place Friends Crk md Date 4/30 19 32

19. UNDERTAKER W. F. Shuff Jr
(Address) Emmitsburg md

Huntington Wilson, N.D.

2 7 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-27 , 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-14 , 1932 to 4-27 , 1932

I last saw her alive on 4-27 1932 death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

Cerebral Tumor — Date of onset 1 yr

Other contributory causes of importance:

Cerebral Edema — Date of onset 4 wks

Name of operation Lateral Puncture Date of 4 25 32

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? — If so, specify .....

(Signed) Hyalmar S Anderson, M. D.

(Address) St Agnes Hospital

M. D. B. 1265-9

79182

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79182

CERTIFICATE OF DEATH

X 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-7 Ward)

Length of residence in city or town where death occurred ....yrs.... mos. 2 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Harry J. Farr

(a) Residence: No. Perryman, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 3, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
57	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private estate

10. Date deceased last worked at this occupation (month and year) March 1932

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Joseph Farr

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Elena (?)

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Harry J. Farr

(Address) Perryman, Md.

18. BURIAL, CREMATION, OR REMOVAL

Pl... Baltimore County April 30, 1932

19. UNDERTAKER Henry Lanzinger & Sons

(Addres... Aberdeen, Md.

...1932 ...9 ...0 B. P. H. Director
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1932, to April 27, 1932

I last saw him alive on April 27, 1932. Death is said to have occurred on the date stated above, at 2 40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular Disease	Jan 1931
Chronic Diffuse Glomerulonephritis	1929

Other contributory causes of importance:

acute Cardiac decompensation	one week
" fibrinous pericarditis	3 days
hernia	3 days
secondary anemia	6 weeks

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) J. Karl Ehrsmann M. D.

(Address) Mercy Hospital.

M. D. B. 1268-9

Herzog 1305 N Patterson

E 79183

E 79183 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 52

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hpt St. 6-11 Ward)

Length of residence in city or town where death occurred 5/12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William L. Thomas

(a) Residence: No. 35 North Potomac St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Rosa Thomas

6. DATE OF BIRTH (month, day, year) Oct 26 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

FATHER

13. NAME William Thomas

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Rosa Thomas

(Address) 12 South Potomac

18. BURIAL, CREMATION, OR REMOVAL

Place Schwartz Cem Date April 28 1932

19. UNDERTAKER William Cook

(Address) 127 St Paul Street

Huntington West Virginia

20. FILED 4-29-1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 6:15 P.M.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia — Date of onset

Other contributory causes of importance:

Epithelioma of Face
Uraemia

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) R J Herzog M.D. M. D.

Coroner

4/27/32 (Address) 1305 N Patterson Park Ave

M. D. B. 1268-9

79184

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 79184

CERTIFICATE OF DEATH

Registered No. 26-37

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3617 Philadelphia Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Bucherelli or Buccianelli

(a) Residence: No. 3617 Philadelphia Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, year) 2/16/31

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME James Bucherelli or Buccinelli

14. BIRTHPLACE (city or town) Italy
(State or country)

MOTHER

15. MAIDEN NAME Mary Stiffanelli

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT James Bucherelli
(Address) 3617 Philadelphia Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lebanon Date 4/29/32

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1720 Pittsburgh Ave.

20. FILED 4/29/1932 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27. 1932. 19

22. I HEREBY CERTIFY, That I attended deceased from April 16th., 1932. to April 27th., 1932.

I last saw h im alive on April 27th., 1932. Death is said to have occurred on the date stated above, at 6.10 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Whooping Cough	4/6/32
Other contributory causes of importance:	
Broncho-pneumonia	4/16/32

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) Philip Carus Artigiani, M. D.

(Address) 2942 E. Fayette St.,

1-30—M. & T.—100 B—50L

E 79185

E 79185

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+164-001

REGISTERED NO. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 231 McCurley St. WARD 20-20

2-FULL NAME Minnie A. Hobel

(a) RESIDENCE NO. Danville nr. Catonsville St., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced ~~HUSBAND OF~~ (or) WIFE of George F. Hobel

6 DATE OF BIRTH (month, day, and year) March 20, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	1	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Minnie Westermann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Emma M. Bressler

(Address) 231 McCurley St.

15 Filed ..... 192 ..... Registrar

R 281032

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 26th 32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Suicide by Illuminating Gas immediately

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy M. Thomazell, M. D. (Coroner)

4/28 1932 (Address) 220 Edgecombe Circle, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park DATE OF BURIAL Apr 28 1932

20 UNDERTAKER S B Hippert ADDRESS 1850 Belair Rd

E 79186

E 79186

HEALTH DEPARTMENT—CITY OF BALTIMORE

V87-002

CERTIFICATE OF DEATH

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward) 4-5-61

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Allan Lee Needle

(a) Residence: No. 3606 Fairview Ave St., Ward. Balto. Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 5, 1928

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
4 yrs	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER FATHER

13. NAME Sidney A Needle

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mollye Engleman

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Needle
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sinai Date 4-28 1932

19. UNDERTAKER Jack Levine Sons
(Address) 1221 E Baltimore St

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1932 to April 27, 1932

I last saw him alive on April 27, 1932 death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

Internal Hydrocephalus — Date of onset 1928

Other contributory causes of importance:

Air injection

Nature of operation Air injection Date of 4/26/32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address) Union Memorial Hospital

M. D. H. 1268-9

E 79187

E 79187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) St., 10-14 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Garrison

(a) Residence: No. 1029 Madison Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 2, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Queen Annes Md.

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Susan Hesp

16. BIRTHPLACE (city or town) (State or country) Queen Annes Md.

17. INFORMANT Records of Balto. City Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 4/28 1932

19. UNDERTAKER Samuel J Hemsley
(Address) 528 Dr Bridges Pl

24. FILED 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1932 to April 25, 1932
I last saw h in life on April 25, 1932 Death is said to have occurred on the date stated above, at 5:20 P. M.

The principal cause of death and related causes of importance were as follows:

Erysipelas of face — Date of onset 4-18-32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.
(Address) Balto. City Hosp.

M. D. R. 1268-9

79188 HEALTH DEPARTMENT—CITY OF BALTIMORE 79188

CERTIFICATE OF DEATH

94-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 510 W Preston St. 17-2 (Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Gaines

(a) Residence: No. 510 W Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): March 1887

7. AGE: Years 45 | Months 1 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Waitress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 07°

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER FATHER

13. NAME: Anderson Gaines

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Martha Gates

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Sarah Washington (Address) 1122 Cohen St.

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Auburn Date 4/29 1932

19. UNDERTAKER: Raymond Hemsley (Address) 915 Mosher St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 22 1932 to Apr. 25 1932

I last saw h alive on Apr 25 1932. Death is said to have occurred on the date stated above, at 3.30 p.m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset 4/22/32
Coronary arteriosclerosis — Indef.

Other contributory causes of importance:

none known

Name of operation none Date of

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chas J. Keller M. D.

(Address) 222 W. Lanvale St

M. D. H. 1[illegible]-9

79189

E 79189

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. [illegible] St. 16-22 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lanie McBlair

(a) Residence: No. 1120 Harlem Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ? Md.

FATHER

13. NAME: John Matthews

14. BIRTHPLACE (city or town) (State or country) ? Md.

MOTHER

15. MAIDEN NAME: Amanda Lee

16. BIRTHPLACE (city or town) (State or country) ? Md.

17. INFORMANT: Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL: Mt Auburn Cem Date 4/29 1932

19. UNDERTAKER: Samuel T. Hawkins
(Address) 578 W Biddle St

20. FILED , 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-25-32 , 19

22. I HEREBY CERTIFY, That I attended deceased from 4-12-32 , 19 , to 4-25-32 , 19

I last saw her alive on 4-25-32 , 19 . Death is said to have occurred on the date stated above, at 11:25 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dementia, schizophrenia	
Arteriosclerosis	10-29-31

Other contributory causes of importance:

Myocardial failure	4-20-32

Name of operation None Date of

What test confirmed diagnosis? clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ker Gilmore Jr. M. D.

(Address) Balto. City Hosp.

E 79190

E 79190 S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-001

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1303 Myrtle ST., 17-24 WARD)

2—FULL NAME Rebecca Jackson

(a) RESIDENCE NO. 1303 Myrtle ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of: John J. Jackson

6 DATE OF BIRTH (month, day, and year): May 20 - 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	1	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Henry Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Minnie Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Anna Jackson

(Address) 1303 Myrtle Ave

15 Filed _____, 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr. 25 1932

17 I HEREBY CERTIFY, That I attended deceased from April 17, 1932, to April 25, 1932, that I last saw her alive on April 25, 1932, and that death occurred, on the date stated above, at 11:0 A. m.

The CAUSE OF DEATH* was as follows:

Endocarditis, acute

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Tonsilar Infection

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? ~~Clinical Symptoms~~

(Signed) Thos. Woodyard, M. D.

4/27, 1932 (Address) 903 W. Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: 4/28/1932

20 UNDERTAKER: Mrs. George H. Holland

ADDRESS: 1631 Druid Hill

E 79191

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79191

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 808 W. Lanvale st (St.) 17-23 (Ward)

2-FULL NAME Nelle Bell-

(a) RESIDENCE. No. 808 W. Lanvale st St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married~~, Widowed, or Divorced (write the word)
Fem'l	Col	Widower

6a If married, widowed, or divorced
HUSBAND of (or) WIFE of Don't Know Don't Know

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS
10 NAME OF FATHER Don't Know
11 BIRTHPLACE OF FATHER (city or town) (State or country) " "
12 MAIDEN NAME OF MOTHER Don't Know
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Don't Know

14 Informant (Address) Sarah B. Ebony 808 W. Lanvale St.

15 Buried 2 31932, 19 Undertaker Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 27 1932

17 I HEREBY CERTIFY, That I attended deceased from
Dec 1931, to April 27, 1932
that I last saw her alive on April 26, 1932
and that death occurred, on the date stated above, at 10:55 a.m.

The CAUSE OF DEATH* was as follows:
Cerebral Apoplexy
since Dec 1931
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) High Blood Pressure Arteriosclerosis
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No.
What test confirmed diagnosis? Clinical
(Signed) H K Bowman, M. D.
4-28-1932 (Address) 117 W. Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: 4/30/1932

20 UNDERTAKER: Mrs. Geo. H. Holland ADDRESS: 1631 Druid Hill Ave

Spec.—6-9-19—H. P. Co.—1000 Blks.

E 79192

E 79192 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001

REGISTERED NO. 13-59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 2430 Woodbrook ave ST. WARD

2-FULL NAME Sarah A. Thompson

(a) RESIDENCE. NO. 2430 Woodbrook ave ST. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widow

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: James W Thompson

6 DATE OF BIRTH (month, day, and year): April 12. 1863

7 AGE — Years: 69 — Months: 0 — Days: 15 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Seam stress

(b) General nature of industry, business, or establishment in which employed (or employer): Housewife

(c) Name of employer: Public

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Westley Redmond

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Betty Cleveland

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Ida E. Campbell 2430 Woodbrook

15 Filed 4/28, 1932. Registrar: Washington Williams

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 27 1932

17 I HEREBY CERTIFY, That I attended deceased from April 23 1932, to April 27, 1932, that I last saw h[illegible] alive on April 26, 1932, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage 2nd attack (duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) W. H. Wright M. D.

4/27, 1932 (Address) 1209 Presstman ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: 4/30/32

20 UNDERTAKER: Mrs. George K. Holland

ADDRESS: 1631 Druid Hill

Director

1-30—M & T—100 B—50L

E 79193

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79193

93-004

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1707 Covington St. ST. 24-34 WARD)

2-FULL NAME William H. Hodges.

(a) RESIDENCE NO. 1707 Covington St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. ---- mos. -- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced, HUSBAND of [illegible] Frances Hodges.

6 DATE OF BIRTH (month, day, and year) April 11, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	0	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired Flagman, 073
(b) General nature of industry, business, or establishment in which employed (or employer): B. & O. R. R. Co.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Hancock, Md.

PARENTS

10 NAME OF FATHER: George Hodges.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Wales.

12 MAIDEN NAME OF MOTHER: Elizabeth Dugan.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Wales.

14 Informant: Nellie Pensmith. (daughter)
(Address) 5617 Wayne Ave.

15 Filed [illegible] 1932 [illegible] Registrar

R 28107

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 24, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Myocardial Insufficiency.
Acute dilatation of the heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt Coroner, M. D.

4/27/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem

DATE OF BURIAL: April 28 1932

20 UNDERTAKER: C. Schloman & Son

ADDRESS 1034 Hanover

AACo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

79194 E 79194

CERTIFICATE OF DEATH

Registered No. 43-003

1. PLACE OF DEATH 2nd Gen Hosp St. 27-53 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Agnes Walker

(a) Residence No. 405 Hawthorne Rd St., Ward.

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Hall Walker

6. DATE OF BIRTH (month, day, year) Mar 14-1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westmoreland Co Va

FATHER

13. NAME Jame Walker

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Anne Hall

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT (Address) Hospital Record.

18. ~~BURIAL~~, CREMATION, OR REMOVAL. Place Loudon Park Date April 29 19 53

19. UNDERTAKER Fenton Pope (Address) 2-4 W Lexington St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/27/53

22. I HEREBY CERTIFY, That I attended deceased from 4-13-53, to 4/27/53

I last saw h[illegible] alive on 4/27/53 death is said to have occurred on the date stated above, at 1:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Coal~~ Chronic Myocarditis	?
Hypertension	
Other contributory causes of importance:	
Cerebral Apoplexy	11 days

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Robert F. Chenault M.D.

(Address) Md. General Hospital

M. D. R. 1368-A

79195

E 79195

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. V 104-002

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 5-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edmund Willis

(a) Residence: No. 1223 E. Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

7. DATE OF BIRTH (month, day, year) March 15-1879

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	52	1	9	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 00

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Florida

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date 4-28 1932

19. UNDERTAKER Byron Wright

(Address) 1218 McElderry St

20. FILED ..... 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1932 to April 24, 1932

I last saw him alive on April 24, 1932. Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sinusitis, Septicemia (B-hemolytic streptococcus)	4-20-32

Other contributory causes of importance:

Name of operation Trigeminal Antrum Date of 4-22-32

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Alan Bernstein M. D.

(Address) Johns Hopkins Hospital

E 79196

E 79196 00 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital ST. ..... WARD) 7-12

2-FULL NAME Norman S Gaphardt

(a) RESIDENCE NO 2140 Mc Elderry ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yr 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Anna Gaphardt

6 DATE OF BIRTH (month, day, and year) Sept 6 78

7 AGE	Years	Months	Days	If LESS than 1 day, .. hrs. or .. min.
	53	7	19 25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Metal Worker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Christopher Gaphardt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna F. —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Anna Gaphardt
(Address) 2140 Mc Elderry St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/25 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
Pleurisy

..... (duration) yrs. mos. da.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) ..... M. D.
Coroner

4/26/32 (Address) 3632 Belvedere

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Com.

DATE OF BURIAL 4/28 1932

20 UNDERTAKER Ulrich Herring 2016

ADDRESS Orleans St.

M. D. B. 1268-9

E 79197 HEALTH DEPARTMENT—CITY OF BALTIMORE É 79197

CERTIFICATE OF DEATH

11001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1327 Wilton St. 9-14 Ward)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Chas. R. Rappold

(a) Residence: No. 1327 Wilton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Feb 23/31

7. AGE: Years 1 | Months 2 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): City

FATHER

13. NAME: Wm Rappold

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Alma R. Ruzicka

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Wm Rappold

(Address) 1327 Wilton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date 4/28/32

19. UNDERTAKER: Philip Herwig

(Address) 2016 Orleans St

20. FILED Apr 29 1932 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr 25 1932

22. I HEREBY CERTIFY, That I attended deceased from April 23 1932 to April 25 1932

I last saw him alive on April 25 1932. Death is said to have occurred on the date stated above, at 9:50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	
Cardiac Failure	

Other contributory causes of importance:

Congenital Weakness	Constipation

Name of operation: Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. J. Carman, M. D.

(Address) 1701 N. Caroline St

AdCo. 5-31 2'0B

79198 **HEALTH DEPARTMENT CITY OF BALTIMORE** E 79198

82-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5303 Plainfield Ave 26 Ward) 4

Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? 18 yrs. ... mos. ... ds.

2. FULL NAME Rosina Krohn

(a) Residence: No. 5303 Plainfield Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Karl Krohn

6. DATE OF BIRTH (month, day, year): Oct. 16 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min
74	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Austria Hungary

MOTHER'S MAIDEN NAME

13. NAME: Jacob Koch

14. BIRTHPLACE (city or town) (State or country): Austria Hungary

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country): Bohemia

17. INFORMANT: Maria Raesner

(Address) 5303 Plainfield Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem. Date April 29 1932

19. UNDERTAKER: Leonard J. Roth

(Address) 5303 Harford Rd

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 26 1932

22. I HEREBY CERTIFY, That I attended deceased from April 22 1932 to April 26 1932

I last saw h. on alive on April 25 1932 death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Cerebral Hemorrhage	
Other contributory causes of importance:	
Apoplexy	4-22-32
Hemiplegia	4-22-32

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19 ...
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) O. J. Hahr. M. D.

(Address) 516 Cathedral St

AdCo. 5-31 250B

79199 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 003

93E 79199

CERTIFICATE OF DEATH

1. PLACE OF DEATH Johns Hopkins Memorial Hospital — Registered No. 26-37
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1000 Eutaw Ave. St., ... Ward.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Veronica Schaus

(a) Residence: No. 901 South Carlton St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) [illegible] 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
58 yrs.	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Schaus
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Duffner
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Johns Hopkins Memorial Hosp (Address) 1000 Eutaw Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date April 1932

19. UNDERTAKER [illegible] (Address) [illegible]

20. FILED April 29, 1932 [illegible] Director or Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1932 to April 27, 1932

I last saw h[illegible] alive on April 26 1932 death is said to have occurred on the date stated above, at 3:45 A.m. 3:45 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage Rt	4 22 32
Basil Arteriosclerosis	
Hypertension and Heart	
Duo = Myocarditis Decomp	1930
Other contributory causes of importance:	
Cerebral Hemorrhage	
Recurrent	1929

Name of operation [illegible] Date of

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) [illegible] M. D.
(Address) Johns Hopkins Hospital

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

79200 E 79200

CERTIFICATE OF DEATH

124-001 V

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 N. Spring St. 5-9 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Stella Sherry

(a) Residence: No. 407 N. Spring St. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1873

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Westley Forrest

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Mary Hutchins

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Lillie M. Diggs

(Address) 407 N. Spring St

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Cemt Date 4-29 1932

19. UNDERTAKER Edward Bryan.

(Address) 1631 Orleans

Huntington Williams, Inc.

By Registrar Director

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-27-1932

22. I HEREBY CERTIFY, That I attended deceased from 3-1, 1932 to 4/27, 1932

I last saw her alive on 4/27, 1932 death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis & Endocarditis	
Cirrhosis of liver	
Other contributory causes of importance Cirrhosis of liver	

Name of operation Date

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury —, 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) Jas R. Blake M.D.

(Address) 924 Aisquith St.

M. D. B. 1265-0

79201

HEALTH DEPARTMENT—CITY OF BALTIMORE E 79201

CERTIFICATE OF DEATH

Registered No. 984

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital St., 7-13 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. 14 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME (Mr Mike Garonzik)
(a) Residence: No. 377 S Front st Steelton pa St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Esther

6. DATE OF BIRTH (month, day, year) 1877

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER
13. NAME Abraham Granzik
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Sarah
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Esther Garonzik
(Address) 377 S Front st Steelton Pa

18. BURIAL, CREMATORY, OR REMOVAL
Place Steelton Pa Date April 28 1932

19. UNDERTAKER Sol Levinson & Bro
(Address) 1127 E Baltimore st

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27 1932

22. I HEREBY CERTIFY, That I attended deceased from April 13 1932 to April 27 1932
I last saw h alive on April 27 1932 Death is said to have occurred on the date stated above, at 8 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis + Gangrene of left foot	11 weeks that is known

Other contributory causes of importance:

Name of operation Amputation Date of 4-26-32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. E. Snodgrass M. D.
(Address) Sinai Hospital

M. D. H. 1268-9

E 79202 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79202

258914 Aug

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St. 15-58 Ward) Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose Strassurman

(a) Residence: No. 3420 Park Heights Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harris

6. DATE OF BIRTH (month, day, year) June - 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	- 10	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Joseph Strassurman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Mary Swartz

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Shaarei Tfiloh Cem. Date 4/28 1932

19. UNDERTAKER Sol Levinson & Bro

Address 1727 E. Baltimore St

20. FILED 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-26- 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-17- 1932 to 4-26- 1932

I last saw h alive on 4-26- 1932 Death is said to have occurred on the date stated above, at 12 noon m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Liver abscess	March '32
Other contributory causes of importance:	
Diabetes mellitus	1927

Name of operation Drainage liver abscess Date of 4-2-32

What test confirmed diagnosis operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Irving Dana Thrasher M. D.

(Address) Johns Hopkins Hospital

AaCo. 5-11 2508

79203 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 79203

92-001

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3501 Spalding Ave. St. 05-21 Ward)

Length of residence in city or town where death occurred 70 yrs. 4 mos. 6 ds. How long in U.S. If of foreign birth? ... yrs ... mos. ... ds.

2. FULL NAME Margaret A. Chambers

(a) Residence: No. 1142 Hanover St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Chambers

6. DATE OF BIRTH (month, day, year) Dec. 20 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	4	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John C. Bach

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna E. Wagner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Frank K. Gough (Daughter)
(Address) 3501 Spalding Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date April 29 1932

19. UNDERTAKER John C. Young
(Address) 715 Light St

20. FILED ... 19... Registrar.
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1932, to April 26, 1932
I last saw her alive on Apr. 26th 1932 death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic aortic regurgitation of heart	about two years ago
Other contributory causes of importance: Acute bronchitis	2 weeks

Name of operation - - - - Date of - -

What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify - - - -

(Signed) J. Vorm Fleibel, M. D.
(Address) 1224-1226 Hanover Street,

4/28/32

AdCo. 5-31 250B

9204

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79204

+ 133

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Joseph's Hospt. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 9-17 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Elizabeth Watkins

(a) Residence: No. 6804 Dunbar Rd St., Dundalk Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	M.

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Earl R Watkins

6. DATE OF BIRTH (month, day, year) Apr 14-1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25		12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

13. NAME Anthony Franus

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Michalina Zielanka

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Earl R Watkins
(Address) 6804 Dunbar Rd

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart of Mary Apr 20 1932

19. UNDERTAKER John Ullrich & Son
(Address) 209 E Baltimore St Huntingdon Pittsburgh, Pa

20. FILED ..... 1932 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-26-32

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1932 to April 26, 1932

I last saw her alive on April 26, 1932 death is said to have occurred on the date stated above, at 8 00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelo. Hydronephrosis - Rt.	

Other contributory causes of importance:

Uremia.

Name of operation Nephrostomy Rt. Date of 4-3-32

What test confirmed diagnosis? Nephrostomy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19 ....
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J B Hendrix M. D.
(Address) 2 W Fay St 1 Frequent

AaCo. 5-31 250B

79205

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79205

11-002

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. Gen. Hosp. St. 3028 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give NAME instead of street and number.)

Length of residence in city or town where death occurred 49 — yrs — mos. — ds. How long in U.S. if of foreign birth 49 yrs 5 mos. — ds.

2. FULL NAME Mrs Emma OTTer

(a) Residence: No. 6 S. Payson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George D. OTTer

6. DATE OF BIRTH (month, day, year) Sept. 30-1881

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	50	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER'S MAIDEN NAME

13. NAME Julius Schwartz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Caroline

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George D. OTTer
(Address) 6 S. Payson ST.

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Cemetery Date April 30th 1932

19. UNDERTAKER George L. Schwab
(Address) 2101 Frederick ave.

20. FILED ... Registrar.

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 - 26 , 1932

22. I HEREBY CERTIFY, That I attended deceased from 4 - 19 , 1932 to 4 - 26 , 1932

I last saw her alive on 4 26 , 1932 death is said to have occurred on the date stated above, at 8.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4 1 32
Cardiac Dilatation	4 26 32
Hypertention	1929
Other contributory causes of importance:	
La Grippe	4 1 32

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Lubin M. D.

(Address) South Balto. Gen. Hospital

Spec.—8-10-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79206 E 79206

CERTIFICATE OF DEATH

11-002

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1156 Hull ST. 24-35 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Dougherty

(a) RESIDENCE NO. 1156 Hull ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Michael Dougherty

6 DATE OF BIRTH (month, day, and year): March 17, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	1	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): At home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Edward Hughes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Gaughan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Edward A. Dougherty

(Address): 1156 Hull St.

15 APR 28 1932 Huntington Williams, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 27/32

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1932, to April 27, 1932, that I last saw her alive on April 27, 1932 and that death occurred, on the date stated above, at 10.30 A m.

The CAUSE OF DEATH* was as follows:

La Grippe

Arthritis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary): Cardiac Decompensation

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) A. H. Barnum, M. D.

428, 1932 (Address) 436 E Fortave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem.

DATE OF BURIAL: April 30 1932

20 UNDERTAKER: Margaret A. Flynn

ADDRESS: 1422 Light

AACo. 5-11 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

79207 — 114 E 79207

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Balto City Hospitals
CITY OF BALTIMORE: (No. ..... St., 5-8 Ward)

Length of residence in city or town where death occurred 63 yrs. 3 mos. 13 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Daniel Ray

(a) Residence: No. 509 East St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan-9 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	3	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John Ray

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Selina Friar

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Records
(Address) MARYLAND

18. BURIAL, CREMATION, OR REMOVAL.
Place ..... Date ..... 19...

19. UNDERTAKER ...
(Address) Huntington Mortuary, Inc.

20. FILED 7-21-1932, 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-24, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-14, 1932 to 4-24, 1932

I last saw him alive on 4-24, 1932 death is said to have occurred on the date stated above, at 1.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Multiple Abscesses Rt. Lung—(Non Tuberculor)	3-20-32
2) Arteio Sclerosis	?

Other contributory causes of importance:
Myocardial failure — 4-24-32
Anginal
Post operative Shock

Name of operation Major Thoracotomy Date of 4-13-32

What test confirmed diagnosis? C.F. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Lucius E. Litzenberg, M. D.
(Address) Balto City Hospitals

A&Co. 5-31 250B

79208 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 79208

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 18-26 Registered No. 149
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Boyd

(a) Residence: No. 837 W. Lavrmount Ave, Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas Brown

6. DATE OF BIRTH (month, day, year): July 15, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	9	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic ? 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Middlesex Co. Va.

13. NAME: James Boyd

14. BIRTHPLACE (city or town) (State or country): ?

15. MAIDEN NAME: Amelia Wermaly

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT (Address): Records of Balto. City Hospitals

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ..... 19 .....

19. UNDERTAKER
(Address)

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from February 11, 1930 to April 26, 1932
I last saw h[illegible] alive on April 26, 1932 death is said to have occurred on the date stated above, at 12:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma labia majora with general metastases	2 yr.
Other contributory causes of importance: Bronchopneumonia	11 days

Name of operation — Date of —

What test confirmed diagnosis? Clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Luther F. Leitz M. D.
(Address) Balto City Hospitals

Huntington Williams, M.D.
Registrar

AaCo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79209 | CERTIFICATE OF DEATH | E 79209

Registered No. 82

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1518 N. Wolfe St. 8-17 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H. O'Donnell

(a) Residence: No. 1518 N. Wolfe St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed.

5a. If married, widowed, or divorced
HUSBAND of (~~or WIFE of~~) Annie T. O'Donnell

6. DATE OF BIRTH (month, day, year) May 6-1857

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
77	11	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME James O'Donnell

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Martha —?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Blanch Crombie

(Address) 1518 N. Wolfe St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 4-29 1932

19. UNDERTAKER H. H. Turner

(Address) 1508 E. Broadway Huntington Phillips, N.Y.

20. FILED 1932 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27. 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1931 to April 27, 1932

I last saw him alive on April 26 1932 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Sclerosis	1 yr

Other contributory causes of importance:

Cerebral Hemorrhage	10 dy

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edward Boyd M. D.

(Address) 413 N. Washington

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79210

E 79210

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St. (4-37 Ward)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Kenny

(a) Residence: No. 1403 Edmondson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Michael J. Kenny

6. DATE OF BIRTH (month, day, year) 2 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

MOTHER FATHER

13. NAME Richard Kelly

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Ann O'neil

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date 5-2nd 1932

19. UNDERTAKER Bernard E Harley
(Address) 1000 E Pleasant St

20. FILED MAY 2 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/28 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/24 1932 to 4/28 1932

I last saw h[illegible] alive on 4/28 1932 Death is said to have occurred on the date stated above, at 4:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	4 days
Cerebral Hemorrhage	4 days
Cerebral Embolism	4 days
Auricular fibrillation	4 days
Other contributory causes of importance:	
Surgery right leg	2

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J W Jordan M. D.

(Address) Mercy Hospital

AaCo. 5-31 250B

79211 HEALTH DEPARTMENT—CITY OF BALTIMORE 79211

CERTIFICATE OF DEATH

Registered No. 92

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3015 Poplar Terrace St. 15-60 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Runge

(a) Residence: No. 3015 Poplar Terrace St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Wm. Runge

6. DATE OF BIRTH (month, day, year): Oct 4-1864

7. AGE — Years: 67 | Months: 6 | Days: 19 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER'S MAIDEN SURNAME

13. NAME: John Zipprian

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Madeline Runge

(Address) 3015 Poplar Ter.

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Cross A&C Date 4-29, 1932

19. UNDERTAKER: E & B Hardy

(Address) 115 E 21st St

Huntington Philipsburg Pa

20. FILED 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4-26, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 21-, 1932 to April 27, 1932

I last saw him alive on April 26 1932 death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	4/21-32

Other contributory causes of importance: Valvular regurgitation

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Hemphill M. D.

(Address) 704 Cathedral St

Spec.—9-30—A & Co.—250 Blks

79212 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79212

CERTIFICATE OF DEATH.

X 115-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No Church Homes & Infirmary ST. 6-9 WARD)

2. FULL NAME Louis A. Hack

(a) RESIDENCE NO. Steamers Run — Md. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs Lillian M. Hack

6 DATE OF BIRTH (month, day, and year) July 15th 1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	9	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Carpenter
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer H. Hellweg & Bros. Balto Co.

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Frank A. Hack
11 BIRTHPLACE OF FATHER (city or town) Balto Co. (State or country) Maryland
12 MAIDEN NAME OF MOTHER Mary E. Weikert
13 BIRTHPLACE OF MOTHER (city or town) Balto. Co. (State or country) Maryland.

14 Informant Lillian M. Hack
(Address) Steamers Run Md.

15 1932 16 Huntington Williams, R.P. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 27-1932

17
I HEREBY CERTIFY, That I attended deceased from March 18, 1932, to April 27, 1932
that I last saw h im alive on April 27, 1932
and that death occurred, on the date stated above, at 11:20 A.M.
The CAUSE OF DEATH* was as follows:

Subacute Bacterial Endocarditis

(duration) - yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Tonsilitis

(duration) 1 yrs. 5 mos. ns.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? NO Date of
Was there an autopsy? Yes —
What test confirmed diagnosis? autopsy

(Signed) Allyn B. Choate M. D.
, 19 (Address) Church Homes, Balto.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Grace Lutheran Cemetery	May 1 1932
20 UNDERTAKER	ADDRESS
Frederick Lasserman Sons	7401 Belair Rd

1-30—M & T—100 B—50L

E 79213

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 79213

REGISTERED NO. 1801

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST. 17-94 WARD

2-FULL NAME Jane J. Curtis

(a) RESIDENCE NO. 1047 Myrtle Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Fletcher Curtis

6 DATE OF BIRTH (month, day, and year): March 14 1877

7 AGE — Years: 55 | Months: 1 | Days: 12 | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Cook 021
(b) General nature of industry, business, or establishment in which employed (or employer): private family
(c) Name of employer: Dr Lord

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Alfred Pratt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Elizabeth Justice

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Bertha Clay

(Address) 1047 Myrtle

15 Filed ..., 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 26 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cellulitis of r hand & fall down her own front steps injuring her R. Leg.

Accident (duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?... 1047 Myrtle Ave

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Faulkner, M. D. Coroner

4 26 1932 (Address) 703 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery

DATE OF BURIAL: May 1 1932

20 UNDERTAKER: Mrs Katie R Williams

ADDRESS 3221 Edmondson Ave

M. D. B. 1268-0

79214 HEALTH DEPARTMENT—CITY OF BALTIMORE 79214

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No. 23

CITY OF BALTIMORE: (No. ..... St., 17-26 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Raymond Boyer

(a) Residence: No. 404 Myrtle ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Aug. 29, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Presser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles Boyer

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Olive Sulton

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lebanon Cemetery Date April 29, 1932

19. UNDERTAKER Wm Kahe R. Williams
(Address) 3221 Edmondson St.

20. FILED 1932 Huntington Funeral Home Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 21, 1931 to April 25, 1932

I last saw h im alive on April 25, 1932 Death is said to have occurred on the date stated above, at 4.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spontaneous pneumothorax	2 wee

Other contributory causes of importance:

Acute enteritis

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Laurence M. Sena, M. D.
(Address) Baltimore City Hospitals

M. D. B. 1208-B

79215

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 79215

Registered No. 1648

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen. Hosp. St. 4th Ward)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Garnet Hulings

(a) Residence: No. Cockeysville, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Selina Carden

7. DATE OF BIRTH (month, day, year) March 6, 1889

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	1	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. Naval Officer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Navy 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME Ellis J. Hulings

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME Emma

16. BIRTHPLACE (city or town) (State or country) Maine

17. INFORMANT Joseph S. Hulings
(Address) 35 Beech St., Rutherford, N.J.

18. BURIAL, CREMATION, OR REMOVAL
Place Arlington Va. Nat. Cem. Date April 29, 1932

19. UNDERTAKER Henry W. Gentsch & Sons
(Address) Huntington, L.I., N.Y.

19 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) April 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from inquiry, 19 to 19

I last saw h alive on inquiry, 19 Death is said to have occurred on the date stated above, at 10

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Intra-cranial hemorrhage	4/27
Other contributory causes of importance:	
Automobile accident	

Name of operation none Date of --

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 4/27 1932

Where did injury occur? Pimlico Rd. & Smith Ave.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Two autos collided

Nature of injury --

24. Was disease or injury in any way related to occupation of deceased? no If so, specify no

(Signed) Joseph Pokorny Coroner M. D.

(Address) 2250 E. Madison St

AaCo. 5-31 250B

(Laffs)

HEALTH DEPARTMENT—CITY OF BALTIMORE

79216

E-79216

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. 205-607

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., Maryland General Hosp Ward .....)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 21 ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr Frederick Loppi

(a) Residence: No. 67 Don Kolk St., Dundalk Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mrs Frederick Loppi

6. DATE OF BIRTH (month, day, year): July 23, 1892.

7. AGE: Years 40; Months 3; Days 8; If LESS than 1 day, hrs. or min. 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer. 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bethlehem Steel

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 2 yr

12. BIRTHPLACE (city or town) (State or country): Pittsburgh Pa.

13. NAME: Mr Henry Loppi

14. BIRTHPLACE (city or town) (State or country): Bulsburg

15. MAIDEN NAME: Lont Knon

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Hosp records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Catonsville Md Date: April 29 1932

19. UNDERTAKER: John Ulrich

(Address) 2105 Brecan Huntington Williams, N.Y.

20. FILED: APR 29 1932 Registrar Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/7/32, 19 ..., to 4/28/32, 19 ...

I last saw h— alive on 4/28/32 19 ..., death is said to have occurred on the date stated above, at 12 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Third Degree Burns & Lacerations of Arms.	4-7-32
Other contributory causes of importance: Myocardial failure	4-26-32

Name of operation: ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, Suicide or Homicide? Accident Date of injury 4-7-32, 19 32

Where did injury occur? Bethlehem Steel - Sparrows Point (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In Industry

Manner of injury Caught between Rollers

Nature of injury Crushed & Burned Arms

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

Signed: Clarence R. Wilkerson M. D.

(Address) Md. Sanit Hosp

1-30—M & T—100 B—50L

E 79217

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79217

CERTIFICATE OF DEATH

108

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST. 4-25 WARD

2-FULL NAME Frank Stevens

(a) RESIDENCE NO 629 W. Fayette ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 25-1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	9 8	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER Jos Stevens

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Margie —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Jos Stevens
(Address) 629 W. Fayette St

15 Filed ..... 1932 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 27 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Empyema

(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of 4/24/32

Was there an autopsy? Yes

What test confirmed diagnosis? Culture

(Signed) Edgar Zeller, M. D. Coroner

4/29 1932 (Address) 9 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Peters Cemetery

20 UNDERTAKER J. Easton

DATE OF BURIAL 4/29 1932

ADDRESS 9 E Penna. Ave

AaCo. 5-31 250B

79218

HEALTH DEPARTMENT—CITY OF BALTIMORE 79218

CERTIFICATE OF DEATH

92-001

Registered No. 6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 Conway St., Ward 7) 27-20

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs 0 mos ds How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME John Edmond Jones

(a) Residence: No. 4 Conway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie Jones

6. DATE OF BIRTH (month, day, year) 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Annie Jones

(Address) 4 Conway St

18. BURIAL, CREMATION, OR REMOVAL

Place [redacted] Date 4-28 1932

19. UNDERTAKER [redacted]

(Address) [redacted]

20. Filed [illegible] Registrar.

28 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1932 to April 28, 1932

I last saw h[illegible] alive on April 27, 1932 death is said to have occurred on the date stated above, at 12 [illegible] m.

The principal cause of death and related causes of importance were as follows:

Cardiac [illegible] Exhaustion — Date of onset 4-13-32

Other contributory causes of importance: Arteriosclerosis

Name of operation None — Date of

What test confirmed diagnosis? Clinical Diagnosis — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) O. H. Hance, M. D.

(Address) 415 S Broadway

M. D. B. 1268-9

79219 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 79219

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 N. Durham St. 8-17 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William T. Garrison

(a) Residence: No. 1615 N. Durham St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 19, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

FATHER

13. NAME Thomas Garrison

14. BIRTHPLACE (city or town) (State or country) Balt. Md.

MOTHER

15. MAIDEN NAME Hughes

16. BIRTHPLACE (city or town) (State or country) Balt. Md.

17. INFORMANT Mrs. Nicholas Siegel

(Address) 1615 N. Durham St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Md. Date May 1, 1932

19. UNDERTAKER John E. Miller

(Address) 2435 E. Oliver St

FILED 5-1-1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1932, to April 27, 1932

I last saw him alive on April 27, 1932 Death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1 year
Arterial Hypertension	1 year
Other contributory causes of importance: Apoplexy	1 day

Name of operation — Date of

What test confirmed diagnosis? Hypertension Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Clarence Conaway M. D.

(Address) 2755 E. Monument St

Spec.—9 30—A. & Co.—250 Pks.

9220 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79220

CERTIFICATE OF DEATH. 94-001

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 748 E. Fort Ave. St. 94-33 WARD

2 FULL NAME Irvin L. Harvey.

(a) RESIDENCE NO 748 E. Fort Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. 3 mos 17 ds. How long in U. S., if of foreign birth? yrs. mes. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Helen S. Harvey.

6 DATE OF BIRTH (month, day, and year) Jan. 11. 1895.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37.	3.	17.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Day laborer. 040

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer Columbia Box Factory.

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Zacharier Harvey.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Margaret Collins.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Helen S. Harvey.
(Address) 748 E. Fort Ave.

15 DATE RECEIVED 81932. 16 Huntington Williams, M.D. A. C. H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 28. 1932.

17

I HEREBY CERTIFY, That I attended deceased from May. 5, 1931, to Apr. 28, 1932

that I last saw him alive on Apr. 28, 1932

and that death occurred, on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:

Angina Pectoris.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY .....
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical only

(Signed) Philip B. Fowler M. D.

Apr. 28, 1932 (Address) 1432 William St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem. DATE OF BURIAL May. 2. 1932

20 UNDERTAKER A. Howard Evans ADDRESS 38 E. Fort Ave.

AACo. 5-11 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

79221

CERTIFICATE OF DEATH

108 E 79221

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 3213 Elmora Ave St., 8-40 Ward)

Length of residence in city or town where death occurred 41 yrs. 8 mos. 27 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John H. Fields

(a) Residence: No. 3213 Elmora Ave Ward. .....
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of (~~or WIFE of~~) Alice Riggs Fields

6. DATE OF BIRTH (month, day, year) Aug 1st 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	8	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor 7th
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railways
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME John H. Fields

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Mary Jane Gordon

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Alice V. Fields
(Address) 3213 Elmora Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Leonard Cem Date May 2nd 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St
Huntington Williams, N.Y.

20. FILED 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28 1932

22. I HEREBY CERTIFY, That I attended deceased from April 24 1932 to April 28 1932
I last saw h~~im~~ alive on April 28 1932 Death is said to have occurred on the date stated above, ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4/24/32
Other contributory causes of importance:	
Toxemia	4/24/32

Name of operation ..... Date of .....
What test confirmed diagnosis? ~~Clinical~~ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Schumacher M. D.
(Address) 1217 St Paul St.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

79222

CERTIFICATE OF DEATH

117-802

E 79222

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. Ward) 21-30

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S. If of foreign birth? yrs mos. ds.

2. FULL NAME David James

(a) Residence: No. 1051 W. Barre St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of ~~or WIFE~~ of Mrs. David James

6. DATE OF BIRTH (month, day, year) Feb. 18 1895

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	37	2	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R R Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentucky

13. NAME Charles James.

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Molly Eadens

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date Apr 30th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 2 81932 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/27, 1932.

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1932 to April 27, 1932

I last saw him alive on April 27 1932 death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Duodenal Ulcer	4/30
Other contributory causes of importance:	
Bronchio-Pneumonia	4/25/32
Cardio-Vascular Collapse.	4/26/32

Name of operation Post. Gastro-Enterostomy Date of 4/29/32

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. Leslie Arnold M. D.

(Address) Md. General Hospital

M. D. H. 1268-9 Dr Ritter 508 E. North Ave

79223 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓

E 79223

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1733 N. Duncan St., 8-16 (Ward)) 57

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1/2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie M. Ruehl

(a) Residence: No. 1733 N. Duncan St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married~~ Widowed, or ~~Divorced (write the word)~~
Female	White	Widowed

6. If ~~married~~, widowed, or ~~divorced~~
~~HUSBAND OF~~ (or) WIFE of Laurence C. Ruehl

7. DATE OF BIRTH (month, day, year) Mar 19th 1866

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	1	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Geo Jenkins
(Address) Lafayette Ave & Bradford st

18. BURIAL, CREMATION, OR REMOVAL
Place Lutheran Cemetery Apr 29th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED APR 29 1932 Huntington Williams N.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27th 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at 11:5 a. m.

The principal cause of death and related causes of importance were as follows:

Probably Myocardial Insufficiency — Date of onset

Other contributory causes of importance:

History of Rheumatism Chronic

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. H. Ritter M. D.
Coroner

(Address) 508 E North Ave

M. D. B. 1268-9

79224

E 79224

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2107 St. Paul St., 12-50 Ward)

Length of residence in city or town where death occurred 30 yrs. 2 mos. 0 ds. How long in U. S. if of foreign birth? 56 yrs. 3 mos. 2 ds.

2. FULL NAME Sarah Jane Halliday

(a) Residence: No. 2107 St. Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Halliday

6. DATE OF BIRTH (month, day, year) Mch 28 1845

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	86	5	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation none

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Muhlenburg Montgomery

13. NAME Daniel Gosweiler

14. BIRTHPLACE (city or town) (State or country) ? ? ? Pennsylvania

15. MAIDEN NAME Sarah Gilbert

16. BIRTHPLACE (city or town) (State or country) Frederick Maryland

17. INFORMANT Mrs Minnie E Halliday

(Address) 2107 St Paul St

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Lawn Date Apr 30 1932

19. UNDERTAKER Edward Nolan Co

(Address) Baltimore

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-28 1932

22. I HEREBY CERTIFY, That I attended deceased from 1924 to 4-28 1932

I last saw her alive on April 27 1932 Death is said to have occurred on the date stated above, at 4. A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1924
Other contributory causes of importance:	
Nephritis & Myocarditis	1930
Cerebral hemorrhage	4-8-32

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. T. Bouchelle M. D.

(Address) 2104 St. Paul St.

79225

HEALTH DEPARTMENT—CITY OF BALTIMORE

79225

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1400 Eutaw Place St., 14-30 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John A. Ritchey

(3a) Residence: No. 1400 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Helen MacClush Ritchey

6. DATE OF BIRTH (month, day, year) Dec. 25, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Coffee Broker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 645

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME John L. Ritchey

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Adelaide Brown

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Helen K. Ritchey
(Address) 1400 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem'ty Date Apr. 29, 1932

19. UNDERTAKER John J. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1932, to April 27, 1932

I last saw him alive on April 27, 1932 Death is said to have occurred on the date stated above, at 8.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	5 years ago at least
Other contributory cause of importance: Cardiac Decompensation	2 days

Name of operation Clinical examination. X ray Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. M. Slack M. D.

(Address) 1423 N. Mary Land Ave

M. D. B. 1268-9

79226 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E79226

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine McNeil

(a) Residence: No. 321 S. Washington St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William J. McNeil

6. DATE OF BIRTH (month, day, year) July 1 - 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME [illegible] St. Tyler

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary J. Walker

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT William J. McNeil (Husband)
(Address) 321 S. Washington St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date May 2 1932

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. Wolfe St.

20. FILED [illegible] 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 28 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/9 1932 to 4/21 1932

I last saw her alive on 4/21 1932 Death is said to have occurred on the date stated above, at 12:05 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiovascular renal disease	2 yrs.
Uremia	4/12/32
Arteriosclerosis	10 years
Secondary anemia	12 yrs.
Other contributory causes of importance: Pyelonephritis	1926

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) M. B. Kirsh M. D.

(Address) Sinai Hospital

M. D. B. 1265-9

E 79227

79227 HEALTH DEPARTMENT—CITY OF BALTIMORE

46

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 316 S Madeira St., 9-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret K Lingler

(a) Residence: No. 316 S Madeira St., 1st Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If ~~married~~ widowed, or ~~divorced~~ HUSBAND (or) WIFE of John Klingler

6. DATE OF BIRTH (month, day, year) Feb 23-1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Balto

13. NAME Aloysius Regnat.

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Walberga Thomas

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mary Regnat.
(Address) 316 S Madeira st

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cemetery Date April 30 1932

19. UNDERTAKER Leo E Zeiler
(Address) 423 W Lee St.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 27 1932 to April 28 1932

I last saw h alive on April 27 1932 Death is said to have occurred on the date stated above, at 6:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	1 yr
Carcinoma of Stomach	1 yr
Other contributory causes of importance:	
Gastric Hemorrhage	1 Day

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Edward J Wood M. D.

4/28/32 (Address) 413 N Washington

Spec—9-30—A. & Co.—250 Blks.

79228 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79228

CERTIFICATE OF DEATH

23 V

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 3749 Hickory Ave. ST 13-5 WARD

2 FULL NAME Ovington C. Wilhelm.

(a) RESIDENCE No 3749 Hickory Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs mos ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Pearl M. Wilhelm

6 DATE OF BIRTH (month, day, and year) Feb 20, 1889.

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter. 015

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md.

10 NAME OF FATHER John W. Wilhelm

11 BIRTHPLACE OF FATHER (city or town) (State or country) md.

12 MAIDEN NAME OF MOTHER Alice Armacost.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md.

14 Informant Pearl M. Wilhelm.

(Address) 3749 Hickory Ave.

Huntington Williams, M.D. Registrar

Director

APR 29 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 26, 1932

17

I HEREBY CERTIFY, That I attended deceased from Mar 10, 1932, to Apr 26, 1932

that I last saw h[illegible] alive on Apr 26, 1932

and that death occurred, on the date stated above, at 10.05 P. m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(Don't know the duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) — (duration) yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Do not know

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Portius

(Signed) [illegible] M. D.

19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Carroll's Chapel, Balto Co.

UNDERTAKER [illegible] Thurnwald Son

DATE OF BURIAL April 29 1932

ADDRESS 3615 Chestnut Ave

AACo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

79229 79229

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No.) Wilkens & Caton Ave St., 16 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

Registered No. 131
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mrs Edward L Sanders

(a) Residence: No. 22 S. Payson St St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Sanders

6. DATE OF BIRTH (month, day, year) Jan 21. 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	3	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Upholsterer

9. Industry or business in which work was done, as silk mill, saw mill, bank Wood furniture

10. Date deceased last worked at this occupation (month and year) 4/32

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Edith L. Sanders

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME Margaret Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Emma Sanders
(Address) 22 S. Payson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date May 2 1932

19. UNDERTAKER J. D. Woodward
(Address) 1102 W. Belle St.

Huntington Williams, N.D.
Registrar

APR 29 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/28/32

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1932 to April 28 1932

I last saw him alive on April 28 1932 death is said to have occurred on the date stated above, at 4 20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	?
Hypertension	?

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify. Hy Elmer S. Anderson

(Signed) H. E. Thompson M. D.

(Address) St Agnes Hospital

M. D. B. 1265-9

79230

HEALTH DEPARTMENT—CITY OF BALTIMORE

79230 E

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp. St., 18 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Wm Bellamy

(a) Residence: No. 1002 W. Lexington St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Bellamy

6. DATE OF BIRTH (month, day, year) Sept 15-1904

7. AGE: Years 27 | Months 7 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Hattie Banks

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Louis Eastman

(Address) 1002 W. Lexington

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date April 9, 1932

19. UNDERTAKER Mrs. Esther R. Williams

(Address) 222 E. Lanvale St.

20. FILED Oct 9 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 24 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 19 to Apr 24 1932

I last saw h alive on Apr 24 1932 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia 6 Days — Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Funk Coroner M. D.

(Address)

AdCo. 5-31 2500

79231 HEALTH DEPARTMENT—CITY OF BALTIMORE F 79231

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH Balto. City Hospitals Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stella Dungan

(a) Residence: No. 113 N. Mount St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Negro | 5. Single, Married, Widowed, or Divorced (write the word): Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown?

7. AGE: Years 50(?) | Months ? | Days ? | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ann Arundel Co Md.

13. NAME of father William Queen

14. BIRTHPLACE (city or town) (State or country) Not known

15. MAIDEN NAME of mother Case ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Cemetery Date May 2, 1932

19. UNDERTAKER Mrs. Kate R. Williams

(Address) 322 E. Lanvale St.

20. FILED APR 29 1932 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-26, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-28, 1932 to 4-26, 1932

I last saw her alive on 4-26, 1932 death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Carcinoma head of Pancreas	1-5-32
2. Cholecystitis with Cholelithiasis	

Other contributory causes of importance: Acute Heart failure (Surgical) 4-26-32

Operation: Name of operation Cholecysto Gastrotomy Date of 4-20-32

What test confirmed diagnosis C.F. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Luther E. Leyde, M. D.

(Address) Balto. City Hospitals

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE E 79232

E 79232

CERTIFICATE OF DEATH.

95-002

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 931 Poplar Grove St ST. 16-6 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Madison

(Residence in Baltimore: No. 931 Poplar Grove St. — St.: 50 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX [redacted]

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, March 25, 1848 (Month) (Day) (Year)

7-AGE, 84 yrs. 1 mos. 2 da. If LESS than 1 day, ...hrs. or.....mts.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work None (b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Halifax Nova Scotia

10-NAME OF FATHER, John

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Eliza Rene

13-BIRTHPLACE OF MOTHER (State or Country), Halifax Nova Scotia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Mary Madison daughter

(Address) 931 Poplar Grove St

Filed April 29 1932 Huntington Williams M.D. Registrar, Director

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April - 27 - (Month) (Day), 1932 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 3 1932 to April 27 1932, that I saw her alive on April 27 1932, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows: Senile Cystitis - Uraemia

(Duration) 2 yrs. — mos. da.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(Duration) yrs. 4 mos. da.

(Signed) Frank A Bruner M. D.

April 29, 1932 (Address) 125 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park

DATE OF BURIAL, April 30, 1932

20-UNDERTAKER H. C. Branning Son

ADDRESS 1136 Poplar Grove St

79233

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79233

53V

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3039 McEldery St. 7-11 Ward)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Minna Liebmann

(a) Residence: No. 3039 McEldery St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bruno Liebmann

6. DATE OF BIRTH (month, day, year) May 8 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	11	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME not known

14. BIRTHPLACE (city or town) (State or country) not known

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Bruno Liebmann
(Address) 3039 McEldery St

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date April 30 1932

19. UNDERTAKER George W. Zirkle
(Address) 1737 E. Eager St.
Huntingtown Williams, H...

20. FILED ... 1932 ... 10 ... Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 27, 1932, to ... 19...

I last saw h... alive on Apr 28 1932 death is said to have occurred on the date stated above, at 1.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Secondary Anemia resulting from Hemorrhage	

Other contributory causes of importance:

Malig. Sarcoma of neck (R. side)	2 yrs.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.

(Address) ...

79234 E 79234

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Edgewood Sanitarium — 5th Ward

CITY OF BALTIMORE: (No. 6000 Bellona Ave) Registered No. 502

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fanny Joffe

(a) Residence: No. 1117 E. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME William Joffe

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rachel Kaplan

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hyman Joffe
(Address) 1117 E Balto St.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem Date April 29, 1932

19. UNDERTAKER J. Finnerman & Co
(Address) 1127 E Baltimore St.

20. FILED April 29 1932 Huntington Tolliver, M.D. Registrar. Director.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 19th, 1932, to April 28th, 1932

I last saw him alive on April 28th, 1932 Death is said to have occurred on the date stated above, at 6:00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast and metastasis	7

Other contributory causes of importance:

Name of operation Radical amputation of breast Date of Tumor

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. A. Fine, M. D.

(Address) 120 Aisquith St.

M. D. B. 1269-9

E 79235

E 79235 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1943 W Baltimore St. 12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella L Fanatas

(a) Residence: No. 1943 W Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed or divorced WIFE of (or) HUSBAND of Nicholas C Fanatas

6. DATE OF BIRTH (month, day, year) Dec 8 1858

7. AGE: Years 73 74 | Months 4 | Days 18 | If LESS than 1 day, hrs. or mln.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME George L Clarkson

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Ann Curran

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Miss May T Fanatas
(Address) 1943 W Balto St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cem 4/30/32

19. UNDERTAKER George A Farley
(Address) Fulton Ave & Fayette

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26. 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 30 1932 to April 26 1932

I last saw h alive on April 23 1932 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset 2-6 yrs.
Mitral Insufficiency

Other contributory causes of importance:

Acquired Manifestations

Name of operation Date of

What test confirmed diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) W H Murray M. D.

(Address) 140 S Park Ave

M. D. B. 1268-9

E 79236

E 79236 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 2423 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clarence Buker

(a) Residence: No. 1222 William St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) Richmond (State or country) Maine

FATHER

13. NAME Charles

14. BIRTHPLACE (city or town) ? (State or country) Maine

MOTHER

15. MAIDEN NAME Elizabeth Buker

16. BIRTHPLACE (city or town) ? (State or country) Maine

17. INFORMANT Records of Balto. City Hosp. (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date 4/30/32, 19

19. UNDERTAKER [illegible] (Address) [illegible]

20. FILED APR 29 1932, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1932 to April 28, 1932

I last saw him alive on April 28, 1932. Death is said to have occurred on the date stated above, at 9:35 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic	Jan 1932
Other contributory causes of importance:	
Arteriosclerosis	
Hypertension	Unk

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas. Glendy Jr. M. D.

(Address) Balto. City Hosp.

M. D. H. 1268-9

E 79237

E 79237 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1341 N. Gilmor St., 15-32 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eunice Comegys

(a) Residence: No. 1341 N. Gilmor St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 9-1932

7. AGE — Years | Months 2 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME Leo Comegys

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Elizabeth Jones

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Elizabeth Comegys

(Address) 1341 N. Gilmor St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date April 23. 1932

19. UNDERTAKER Frank P. Fisher & Son

(Address) 638 W. Lanvale St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 1 day

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Luth M. D.

Coroner

(Address) Eastern

Spec.—9-30—A. & Co.—250 Bks.

E 79238

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79238

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 925 Druid Hill Ave St. 11-24 WARD

2. FULL NAME Mrs. Henry Boston

(a) RESIDENCE NO. 925 Druid Hill Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline Boston

6 DATE OF BIRTH (month, day, and year) July 31 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	8	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md. Baltimore

PARENTS

10 NAME OF FATHER Robt Boston

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Pauline Boston 925 Druid Hill Ave

15 Filed Apr 30 1932 Huntington Hillman Registrar

Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 28, 1932

17 I HEREBY CERTIFY, That I attended deceased from April 21, 1932, to April 28, 1932

that I last saw him alive on April 28, 1932

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Paralysis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) John A. Tolppins M. D.

4/29/32 (Address) 1012 W. Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL Apr 30 1932

ADDRESS 736 N Bridle St

20 UNDERTAKER Jesse M. Redden

AaCo. 5-31 250B

79239 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 79239

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 So Fulton Ave 4-28 Ward) 8

Length of residence in city or town where death occurred 58 yrs. 8 mos. 29 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John A Fitchett

(a) Residence: No. 616 So Fulton Ave Ward. .....

(Usual place of abodes) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Fitchett

6. DATE OF BIRTH (month, day, year) July 29 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	58	8	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R R Co

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Andrew Fitchett

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

15. MAIDEN NAME Unidentified Connelly

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Mrs Mary Fitchett # 616 So Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL. Place New Cathedral Date 4/30/ 1932

19. UNDERTAKER (Address) John F Cooke & Son 40 W Saratoga St

20. FILED APR 29 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/27th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1931 to April 27 1932

I last saw him alive on April 7 1932 death is said to have occurred on the date stated above, at 5:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Myocarditis Arteriosclerosis	
Chronic Nephritis	
Uremia	

Other contributory causes of importance: Pulmonary Edema

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Norbert A Nash, M. D.

(Address) 2157 Wilkens Ave

AACo. 5-31 250B

E 79240

79240 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1105 Forrest St St., 10-24 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME MARY C. WESS

(a) Residence: No. 1105 Forrest St. St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of William A. Wess

6. DATE OF BIRTH (month, day, year) July 25, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	9	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME John King

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine Toner

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John Wess
(Address) 1105 Forrest St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date April 30 1932

19. UNDERTAKER E. J. Kraus & Son
(Address) 118 N. Bond Street

20. FILED 1922 ... Registrar
... Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/19, 1932, to 4/27, 1932

I last saw her alive on 4/27 1932 death is said to have occurred on the date stated above, at 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	4/19/32
Lobar Pneumonia	4/23/32

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Dr Bernard Lowe M. D.

(Address) 1216 E Calvert St

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

79241 79241

CERTIFICATE OF DEATH

Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2136 Hollins St. 27-43 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Elizabeth K. Jorgensen

(a) Residence: No. 3008 E. Eldmore Ave. Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced WIFE (or) HUSBAND of George Jorgensen

6. DATE OF BIRTH (month, day, year) Nov 21 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	5	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John C Uhl

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Neidlen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Geo Jorgensen

(Address) 3008 E Eldmore Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Park Date 4-30 1932

19. UNDERTAKER Leonard J. Ruth

(Address) 2305 Harford Rd.

Burial Permit No. 291332 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-27, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 18 1926, to Apr. 12 1932

I last saw h... alive on Apr 12 1932, death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1926
Other contributory causes of importance: Coronary Thrombosis	4-27-32

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Herman J. Grems M. D.

(Address) 1900 Eastern Ave

AACo. 5-11 2508

79242

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79242

CERTIFICATE OF DEATH

172-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 6-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. James E. Smith

(a) Residence: No. 14 N. Ellwood Avenue Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edna E. Smith

6. DATE OF BIRTH (month, day, year) 12-7-1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	4	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dispatcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Taxi Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Lynch Smith

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Phebe Bayne

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Edna E. Smith

(Address) 14 N. Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 5/2, 1932

19. UNDERTAKER Leonard J. Rusch

(Address) 5305 Harford Rd

Filed 5/2, 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-28-, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1932 to April 28, 1932

I last saw him alive on April 27, 1932 death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	
Toxemia	
Other contributory causes of importance:	

Name of operation Exploratory Date of 4-25-32.

What test confirmed diagnosis? / Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. E. Neale M.D.

(Address) St. Jos. Hospital

A&Co. 5-31 250B

79243

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79243

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave.) (Ward) 20-70

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. George J. Smith

(a) Residence: No. 504 Parksley Ave. St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Maud V. Smith

6. DATE OF BIRTH (month, day, year) February 5, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	2	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) April 1932

11. Total time (years) spent in this occupation 45 years

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME John Smith

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Theodora Rose

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Maud V. Smith
(Address) 504 Parksley Ave.

18. BURIAL, CREMATION OR REMOVAL
Place Mt. Olivet Cem. Date May 2 1932

19. UNDERTAKER Parks P. Cook
(Address) 1002 E. Baltimore St.

20. FILED 1932 Huntington Williams, M.D. Registrar, Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28 1932

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1932 to April 28, 1932

I last saw him alive on April 26, 1932 death is said to have occurred on the date stated above, at 6 13 p.m.

The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia 6 days
Acute nephritis
myocardial degeneration
Benign Hypertrophy prostate

Date of onset

Other contributory causes of importance:
Hypostatic Pneumonia 4 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Hyalmar S. Anderson, M. D.

(Address) St Agnes Hospital

AaCo 5-31 250B

79244 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79244

CERTIFICATE OF DEATH

46 v

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2501 Harlem Avenue St., 16-69 Ward)

Length of residence in city or town where death occurred Almost Life mos ds How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME John P. Whalen

(a) Residence: No. 2501 Harlem Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isadore V. Whalen

6. DATE OF BIRTH (month, day, year) September 10, 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R.
10. Date deceased last worked at this occupation (month and year) April 1932
11. Total time (years) spent in this occupation 35 years

12. BIRTHPLACE (city or town) (State or country) Ellicott City, Md.

MOTHER FATHER

13. NAME Stephen Whalen
14. BIRTHPLACE (city or town) (State or country) Ellicott City Maryland
15. MAIDEN NAME Mary Ambrose
16. BIRTHPLACE (city or town) (State or country) Ellicott City Maryland

17. INFORMANT Mr. R. Fuller Wright
(Address) 2501 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date April 30 1932

19. UNDERTAKER (Est.) H. Cook
(Address) 1003 W. Baltimore St.

20. FILED 2/1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1931, to April 28, 1932
I last saw him alive on April 28, 1932 death is said to have occurred on the date stated above, at 1 P. m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cachexia Dyspepsia	7/27/32

Other contributory causes of importance:

Carcinoma of Bladder & Colon

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. Bovard Keech, M. D.

(Address) 2502 Calverton Heights Ave.

M. D. B. 126R-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

79245

CERTIFICATE OF DEATH

E 79245

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (Ward) Irvin Memorial Hospital St., 12 Ward)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John T. Jenkins

(a) Residence, No. 318 N. Lochraine St., Ward. New Port, Tennessee

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Ella Jenkins

6b. DATE OF BIRTH (month, day, year) 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cement worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 083

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tennessee

FATHER

13. NAME Sanders Jenkins

14. BIRTHPLACE (city or town) (State or country) Tenn

MOTHER

15. MAIDEN NAME Nora Parton

16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMANT Mrs. N. W. Turpin

(Address) 3629 Beech Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place New Port, Tenn Date Nov 29 1932

19. UNDERTAKER E. Leroy Stoffler, Inc.

(Address) 525 E. North Ave.

29 1932 Huntington Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/28, 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Pulmonal Tuberculosis
Fracture of left
Cause fall on staff
3 yrs Summerville

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Specify

4/29/32 (Signed) John T. Mooney Coroner, M. D.

(Address) 9632 Roland Ave

Spec.—1-10-21—MAT—1500 Blks.

9246

HEALTH DEPARTMENT—CITY OF BALTIMORE E 79246

CERTIFICATE OF DEATH.

93-003

REGISTERED NO. 27-53

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 St. Johns Road ST.) (WARD)

2-FULL NAME Mrs Louisa A. Louse

(a) RESIDENCE NO. 6 St. Johns Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Gustavus J. Louse Sr.

DATE OF BIRTH (month, day, and year): July 15, 1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	9	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto. Md.

10 NAME OF FATHER: John Ebert

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town)? (State or country)

14 Informant (Address): Mrs Lydia [illegible] Louse (Daughter)

15 Filed . 19 Huntington Williams M.D. Registrar

4-1032

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 27 1932

17 I HEREBY CERTIFY, That I attended deceased from Dec 24, 1926, to April 29, 1932, that I last saw her alive on April 29, 1932, and that death occurred, on the date stated above, at 9:30 A.M.

The CAUSE OF DEATH* was as follows:

Ovarian Tumor

(duration) 0 yrs. mos. ds.

CONTRIBUTORY (Secondary): Senile Dilatation Heart Hypertrophy

(duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Karl H. Pleuss M. D.

. 19 (Address) 5111 York Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery

DATE OF BURIAL: May 2nd 1932

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

A&Co. 5-31 250B

9247 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 79247

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. 7 Fayette & Calhoun St. 16-66 Ward)

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Buckley

(a) Residence: No. 2510 W. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~the wife of~~ Margaret W. Buckley

6. DATE OF BIRTH (month, day, year) Mar 26th 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	1	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Advertising

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. G. G. Francis

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Daniel Buckley

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Dora E.

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Margaret Buckley 2212 Penrose Ave

18. BURIAL, CREMATION, OR REMOVAL (Place) Gaithersville Md Date May 1st 1932

19. UNDERTAKER (Address) Wm Cook 1417 E Baul St Huntington Williams, W. Va.

29 1932 (Date filed) 19 B.O.H. Registrar or Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-28, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-27, 1932 to 4-28, 1932

I last saw him alive on 4-28, 1932 death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Right Lower.

Date of onset ?

Other contributory causes of importance:

None

Name of operation Date of

What test confirmed diagnosis Clinical Was an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ~~~ Date of injury , 19

Where did injury occur? ~~~
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ~~~

Nature of injury ~~~

24. Was disease or injury in any way related to occupation of deceased? Not so, specify

(Signed) E. W. Peake M. D.

(Address) Franklin Square Hosp.

AaCo. 5-31 250B

79248 . **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓

51 E 79248

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Balto. Gen. Hosp. (No. 27-56 St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 73 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Lang

(a) Residence: No. 4952 Edgemere Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Magdalena Lang

6. DATE OF BIRTH (month, day, year) July 27th 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	9	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Austria-Hungary

13. NAME John Lang

14. BIRTHPLACE (city or town) (State or country) Austria-Hungary

15. MAIDEN NAME Katarina Ortmann

16. BIRTHPLACE (city or town) (State or country) Austria-Hungary

17. INFORMANT Anna Hylla

(Address) 4954 Edgemere Ave

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cemetery Date May 2nd 1932

19. UNDERTAKER Wm Cook

(Address) 217 St Paul St Huntington Telegram, W. Va.

29 1932 ..... 19 ..... C.R.P. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1932, to April 29, 1932

I last saw him alive on 4/29/32 19 ..... death is said to have occurred on the date stated above, at 12 55 pm.

The principal cause of death and related causes of importance were as follows: Malignant Lymphosarcoma prostate. Postoperative shock.

Other contributory causes of importance:	Date of onset

Name of operation Prostatectomy. Date of 4-29-32

What test confirmed diagnosis? Surgical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) John E. Rozum M. D.

(Address) West Baltimore General Hospital

A&Co. 5-H 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79249

79249

CERTIFICATE OF DEATH

127-002

Registered No.

1. PLACE OF DEATH (If death occurred in hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: No. South Baltimore Gen Hospital St., Ward.

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Stankiwicz

(a) Residence: No. 209 So Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, ~~Divorced~~ Widowed or ~~Divorced~~ (or) WIFE of: Walter Stankiwicz

7. DATE OF BIRTH (month, day, year): About 1887

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	45	2	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Slovania

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Anna Stankiwicz
(Address) 209 S. Eden St.

18. BURIAL, CREMATION, OR REMOVAL
Holy Redeemer Cem Date 5/2/1932

19. UNDERTAKER: Wm Cook
(Address) 1217 St Paul St

20. FILED 1932 Huntington Williams Registrar.
B.H.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 29 1932

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1932, to April 29, 1932

I last saw her alive on April 29 1932 death is said to have occurred on the date stated above, at 4:25 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Perforated Peritonitis	18 days
Acute Peritonitis	
Other contributory causes of importance: Intestinal obstruction	5 days
DRAINAGE-OF-ABDOMEN	4-25-32

Name of operation ENTEROSTOMY Date 4-27-32

What test confirmed diagnosis? PHYSICAL SIGNS Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. J. Sullivan, M. D.

(Address) So Balt Gen Hosp

M. D. B. 1268-9

79250

HEALTH DEPARTMENT—CITY OF BALTIMORE

79250

CERTIFICATE OF DEATH

Registered No. 27-57 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3001 Wyli ave St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Coslune Messerschmidt.

(a) Residence: No. 3001 Wylie ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Ludwig Messerschmidt

6. DATE OF BIRTH (month, day, year): Jan 16. 1855

7. AGE: Years 77 | Months 3 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

MOTHER FATHER

13. NAME: Geo. Plitt

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Charles Messerschmidt

(Address) 2303 Brehaven Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Western Date: Apr 30. 1932

19. UNDERTAKER: Mr. & Mrs. John W. Teufel & Son

(Address) 801 W. Lafayette St

20. Filed 1932 Registrar. N. B. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4-28 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Diabetes

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed dingnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Dnte of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Mnnner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify)

(Signed) John H. Thomas M. D.

Coroner

(Address) 2652 Roland Ave

M. D. B. 1268-9

79251

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79251

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5202 Liberty Heights Ave - 4 ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ...ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Helen L. Kirk

(a) Residence: No. 5202 Liberty Heights Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Norman S. Kirk

6. DATE OF BIRTH (month, day, year): July 16, 1895

7. AGE: Years 36 | Months 9 | Days 13/12 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Charles W. Schaun

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Lottie Deitz

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Norman S. Kirk 5202 Liberty Heights Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Woodlawn Date: May 2 1932

19. UNDERTAKER (Address): Mr + Mrs. John W. Gedfel + Son 804 W. Fayette St Huntingdon Pittsburgh, Pa.

FILED 5-2-1932 R. P. L. Registrar. By .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1929, to April 29, 1932

I last saw her alive on April 29, 1932. Death is said to have occurred on the date stated above, at 11:12 A m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency — Date of onset .....

Other contributory causes of importance:

Pulmonary tuberculosis
Lobar Pneumonia complicated by Lung abscess

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) M. L. Ingram M. D.

(Address) 2439 N Charles St

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

93 - E 79252

E 79252

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 639 Lombard St. (Ward) 48

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lorena B. Perkins

(a) Residence: No. 639 Lombard St., Rear Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Jno. B. Perkins

6. DATE OF BIRTH (month, day, year): Do Not Know

7. AGE: Years: About 65 | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

13. NAME of father: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME of mother: Mary Taylor

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mr. Perkins 639 Lombard St.

18. BURIAL, CREMATION, OR REMOVAL. Place Loudon Park Date 4-30-1932

19. UNDERTAKER (Address): J. Pickett Taylor 1301 Pennsylvania Ave.

20. Filed 4-30-1932 Huntington Williams M.D. Registrar
B.O.H. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/27—, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/26/32, 19... to 4/27—, 1932

I last saw h— alive on 4/27—, 1932 death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

Obesity & Heart

acute dilatation of Heart

Date of onset

Other contributory causes of importance:

Name of operation No Date of ...

What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? X Date of injury X, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Nelson Smith M. D.

(Address) 1300 Cloverdale.

AACo. 5-31 250B

79253

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79253

CERTIFICATE OF DEATH

Registered No. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No.) Wilkens & Caton Aves St. (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Fay Stines

(a) Residence: No. 412 W. 22nd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 28, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1 day		1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Baby Fay Stines

14. BIRTHPLACE (city or town) (State or country) Balt. Md

15. MAIDEN NAME Eddie Foy Jones

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mr Albert Stines

(Address) 412 W. 22nd St

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Hampden Apl 29 1932

19. UNDERTAKER Ehrenfeld Son

(Address) Huntington Williams Ave

20. FILED 4-30-1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/29/1932

22. I HEREBY CERTIFY, That I attended deceased from April 28 1932 to April 29 1932

I last saw him alive on April 29 1932 death is said to have occurred on the date stated above, at 1.05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity birth (6 days)	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. J. Thompson M. D.

(Address) St Agnes Hospital

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

65E 79254

79254

CERTIFICATE OF DEATH

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4905 Harford Ave St., 27-44 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edmund R. Soter

(a) Residence: No. 4905 Harford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 5/1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Edmund G. Soter

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Cecelia Mohr

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Cecelia Soter
(Address) 4905 Harford Ave

18. BURIAL, CREMATION, OR REMOVAL Joseph Belair Road Date April 30 1932

19. UNDERTAKER Frank A. Fenton
(Address) [illegible]

Huntington Williams M.D.
Registrar

May 1 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 29/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 to . 19 Death is said to have occurred on the date stated above, at m.

I last saw h alive on . 19

The principal cause of death and related causes of importance were as follows:

Infantalism.

Data of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) John H Waters Coroner . M. D.

(Address) 508 E Fort Ave

AaCo. 5-31 250M

79255 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

E 79255

CERTIFICATE OF DEATH

92-001

Registered No. 20-27

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 mos. da. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Virginia Cole

(a) Residence: No. 1813 W. Lexington St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of -------

6. DATE OF BIRTH (month, day, year) May ? 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	About 67	11		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Jarrett Cole

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Elizabeth A. Cole

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr. Nicolas Cole
(Address) Reisterstown, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Balto. Co. Md. Date May 2, 1932

19. UNDERTAKER Wm. J. Tyson & Son
(Address) Funeral Parlors

20. FILED ---, 19 Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1932

22. I HEREBY CERTIFY, That I attended, deceased from March 16, 1932 to April 29, 1932

I last saw her alive on April 28 1932 death is said to have occurred on the date stated above, at 5.30 a.m.

The principal cause of death and related causes of importance were as follows:

a. Acute Nephritis — Date of onset 4/22/32

Other contributory causes of importance:

Mitral Heart Disease Auricular

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ---, 19--

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. O'Neill, M. D.

(Address) 108 N. Eutaw Ave.

AdCo. 5-H 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

79256 E 79256

CERTIFICATE OF DEATH

Registered No. 187-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3102 Liberty Heights Ave. Ward) 15-12

Length of residence in city or town where death occurred 62 yrs. 3 mos. 18 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie M. Dilroy

(a) Residence: No. 3102 Liberty Hts Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Dr. Wm. S. Dilroy

6. DATE OF BIRTH (month, day, year): Jan. 9 1870

7. AGE: Years 62 | Months 3 | Days 18 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

13. NAME: Fred Everett

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

15. MAIDEN NAME: Hannah Kalb

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Dr. Wm. S. Dilroy

(Address): 3102 Liberty Hts Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Lorraine Date: April 30 1932

19. UNDERTAKER: Wm. Wickwire Sons

(Address): Royal & Pennsylvania Aves

20. FILED: [illegible] 1932 Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 27. 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/1, 1932, to 4/27, 1932

I last saw h[illegible] alive on 4/27, 1932 death is said to have occurred on the date stated above, at 9:25 P m.

The principal cause of death and related causes of importance were as follows:

- Bronchopneumonia

Influenza.

Other contributory causes of importance: Myocardial Disease

Date of onset
-

Name of operation: ✓ Date of

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Henry J. Exnicios M. D.

(Address) 1 Upland Rd. City

AACo. 5-31 290B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79257

79257

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2403 Allsa Ave. St. ..... Ward 27-44)

Length of residence in city or town where death occurred 75 yrs. 3 mos. 24 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Charles Robert Watson

(a) Residence: No. 2403 Allsa Ave. St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Kathryn W. Watson

6. DATE OF BIRTH (month, day, year) January 4, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	75	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auditor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Charles Robert Watson

14. BIRTHPLACE (city or town) (State or country) Balto.

15. MAIDEN NAME Henrietta ?

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mr. Roland Watson

(Address) 2403 Allsa Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date May 2 1932

19. UNDERTAKER Wm. J. Tichnor & Son

(Address) Walbrook & Payne

20. FILED ... 19... Registrar

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1932 to April 28, 1932

I last saw h[illegible] alive on April 28, 1932 death is said to have occurred on the date stated above, at 11:05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Renal disease	?
	over
Other contributory causes of importance Acute Cardiac Failure	3 ds.

Name of operation Puntatefomy Date of April 26

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, how?

(Signed) [illegible] M.D.

(Address) St. Joseph's Hosp

AdCo. 5-31 2508

79258

HEALTH DEPARTMENT—CITY OF BALTIMORE 79258

CERTIFICATE OF DEATH

131

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1824 Harlem Ave. St., 16-22 Ward)

Length of residence in city or town where death occurred 83 yrs. 4 mos. 24 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Ann Baker

(a) Residence: No. 1824 Harlem Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William J. Baker

6. DATE OF BIRTH (month, day, year) Dec. 4, 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	83	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Wm. T. Norville

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Mr. William Baker
(Address) 1824 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date Apl 30 1932

19. UNDERTAKER Wm. Pickerell Sons
(Address) North & Fairview

APR 30 1932

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28 1932

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1932, to April 28, 1932
I last saw her alive on April 27 1932 death is said to have occurred on the date stated above, at 1245 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Date of onset

Other contributory causes of importance:

Uraemia

Name of operation No Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19...
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) George C Shannon, M. D.
(Address) 700 Fulton Ave

Spec.—9-30—A. & Co.—250 Blks.

79259 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 79259

93-003

CERTIFICATE OF DEATH

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No 40th 3rd & Keswick Rd. St 13-52 WARD)

2. FULL NAME Mrs Sarah Jebb Martin

(a) RESIDENCE NO Home for Incurables. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6a If married, widowed, or divorced
(or) WIFE of Charles Martin

6 DATE OF BIRTH (month, day, and year) Sept 11-1850

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81 yrs	7 mo	18 days	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

PARENTS

10 NAME OF FATHER Robert Jebb Short

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Anna Jebb

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Hospital Records. (Address)

15 APR 30 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 29. 1932

17 I HEREBY CERTIFY, That I attended deceased from April 17, 1921 to April 28, 1932

that I last saw her alive on April 28, 1932

and that death occurred, on the date stated above, at 4 20 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
Acute Cardiac dilatation (2 days)
(duration) 4 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Acute respiratory infection
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam —

(Signed) W W Mayo M. D.

4/29 1932 (Address) Balto. Res Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Druid Ridge Cem.

DATE OF BURIAL May 2 1932

20 UNDERTAKER Wm. J. Tickner & Sons

ADDRESS No. Pa Ave.

1-30—M. & T.—100 B—50L

E 79260

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79260

CERTIFICATE OF DEATH

93-003

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) the front 3304 W. North Ave ST., 15 WARD

2-FULL NAME Laura Virginia Shutt

(a) RESIDENCE NO. 3304 W. North Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 2 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Shutt

6 DATE OF BIRTH (month, day, and year) Jan. 30, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
✓	67	2	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Daniel Schaeffer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Virginia ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mr. Robert N. Shutt

(Address) 3304 W. North Ave.

15 Filed APR 30 1932 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 28th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Negative

(Signed) [illegible] Coroner, M. D.

, 19 (Address) Govans

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cem.	Apl. 30 1932
20 UNDERTAKER W. M. Fickus Sons	ADDRESS North Ave

1-30—M & T—100 B—50L

Laurence Pulley

79261

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

174E 79261

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST. 22-30 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laurence Pulley

(a) RESIDENCE NO. 379 S. Grove ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 1-1909

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	3	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Laurence Pulley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ruth Clay

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Ruth Pulley

(Address) 379 S. Grove St

15 Filed APR 30 1932 Huntington Williams, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 26 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage due to stab wound of chest involving left lung. Homicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Druid & Warwick Ave

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Eugene Zeller, M. D. Coroner

4/27 1932 (Address) 709 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Jewish Cemetery

DATE OF BURIAL 4/30 1932

ADDRESS 139 W. Hamburg St.

20 UNDERTAKER Walter B. Spriggs

Director

Spec.—1-30—M. & T.—250 Bks.

Henson ✓

79262

HEALTH DEPARTMENT—CITY OF BALTIMORE E 79262

CERTIFICATE OF DEATH.

107-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2116 E. Lacey ST., 14-26 (Ward)

2-FULL NAME Summerfield Henson

(a) RESIDENCE NO. 2116 E. Lacey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
M.	Col.	M.

5a If married, widowed, or divorced (HUSBAND of or) WIFE of Ella E. Henson

6 DATE OF BIRTH (month, day, and year) 8/21/1877

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
✓	54	8	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

PARENTS

10 NAME OF FATHER Wesley Henson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Priscilla Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Ella E. Henson (Address) 2116 E. Lacey

15 Filed ....., 19..... Registrar Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/28/32

17 I HEREBY CERTIFY, That I attended deceased from April 25, 1932 to April 28, 1932.

that I last saw h~~e~~alive on April 28, 1932,

and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? ~~Clinically~~ Lungs.

(Signed) [illegible], M. D.

April 29 1932 (Address) 1253 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary

DATE OF BURIAL May 1 1932

20 UNDERTAKER Chas. H. Glass & Son

ADDRESS 638 N. Gilmor

Huntington Williams, M.D.

5 01932

Spec.—1-30—M. & T.—250 Bks

E 79263 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79263

CERTIFICATE OF DEATH.

95-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2107 Cliftwood Ave ST., 8-16 WARD)

2-FULL NAME Statie Frank

(a) RESIDENCE NO. 2107 Cliftwood Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (HUSBAND of or) WIFE of: George W Frank

6 DATE OF BIRTH (month, day, and year): Dec 10th 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	4	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: John Stnauer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Annie Stengel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Catherine Brown

(Address) 2107 Cliftwood Ave

15 8 01 1932 Huntington Williams, N.P. Registrar Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 27th 1932

17 I HEREBY CERTIFY, That I attended deceased from April 26th, 1932, to April 27th, 1932,

that I last saw her alive on April 27th, 1932,

and that death occurred, on the date stated above, at 7.55 P. m.

The CAUSE OF DEATH* was as follows:

Cardio Vascular Disease with Hypertension.

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Cerebral Apoplexy. Intra-Ventricular Hemorrhage.

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Louis Strauer, M. D.

, 19 (Address) 1161 Arto Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cem

DATE OF BURIAL: April 30, 32

20 UNDERTAKER: Leo G. Leock

ADDRESS: 1723 N. Patterson Pk Ave

Spec—9 30—A & Co.—250 Bks

79264

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79264

CERTIFICATE OF DEATH.

REGISTERED NO. 25-329 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1315 Cadeley St. 25 WARD)

2. FULL NAME Marie L Lehnert

(a) RESIDENCE NO. 2315 Cadeley ST.. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clement Lehnert

6 DATE OF BIRTH (month, day, and year) Sept 22 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	7	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home duties

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Frank Lindeman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Emma [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Clement Lehnert

(Address) 2315 Cadeley St

Filed APR 30 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 28 1932

17

I HEREBY CERTIFY, That I attended deceased from April 11, 1932, to April 28, 1932

that I last saw her alive on April 28, 1932

and that death occurred, on the date stated above, at 12-10 P M

The CAUSE OF DEATH* was as follows:

Diabetes

(duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Geo. W. Kiefer M. D.

(Address) 2270 Wash Blvd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: 5/2 1932

20 UNDERTAKER: Geo. H Lembach — ADDRESS: 525 N. Lyndhurst St

A&Co. 5-31 250B

79265

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79265

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 165 N Wolfe St. 8-17 Ward)

Length of residence in city or town where death occurred 72 yrs. 5 mos. 28 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Schmidt

(a) Residence: No. 165 N Wolfe St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): widowed

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: the late Minnie Schmidt

6. DATE OF BIRTH (month, day, year): Oct 30th 1859

7. AGE — Years: 72 | Months: 5 | Days: 28 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired 0/3

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Western Md Railway Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Michael Schmidt

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs Mary Lutz

(Address): 165 N Wolfe St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Carmel Date: 5/2/ 1932

19. UNDERTAKER: John T Cowan & Son

(Address): 901 Baltimore St

20. FILED: MAY 2 1932 Hamilton Willis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4/28/ 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-10-32 to 4-28-32

I last saw him alive on 4-27-32

Death is said to have occurred on the date stated above, at 8 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Cerebral Hemorrhage	18 day
Hemiplegia	
Other contributory causes of importance:	
acute Pul Edema	1 day

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J Wesley Bready M. D.

(Address) 500 N Broadway

M. D. R. 1265-9

E 79266 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓

258930

CERTIFICATE OF DEATH

45 E 79266

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 19-27 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... dys. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dys.

2. FULL NAME Ferdinand Jones

(a) Residence: No. 512 N. Mount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 10-1925

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Benjamin Jones

14. BIRTHPLACE (city or town) (State or country) S. Car.

MOTHER

15. MAIDEN NAME Agnes Palmer

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cemetery Date May 2, 1932

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 E Lanvale St

1932 19 MCH Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1932 to Apr 29, 1932
I last saw him alive on Apr 29, 1932. Death is said to have occurred on the date stated above, at 4:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of Soft Palate	July 1930
Infections not Known yet	

Other contributory causes of importance:

Name of operation Evaluation Date of 3-1-32

What test confirmed diagnosis? ✓ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Padget M. D.

(Address) 16 Johns Hopkins Hospital

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

79267

CERTIFICATE OF DEATH

93-004

E 79267

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Pronounced Dead John Hopkins Hospital St. 2 — Ward)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adaline M. McNally

(a) Residence: No. 1802 Fleet street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White	married

5a. If married, widowed, or divorced ~~HUSBAND of~~ WIFE of Francis P. McNally

6. DATE OF BIRTH (month, day, year) April 28-1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Office Cleaning.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fidelity Building Association

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Wittbecker

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Elizabeth Patten

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Francis P. McNally

(Address) 1802 Fleet street

18. BURIAL, CREMATION, OR REMOVAL.

Place Cathedral Cemetery Date May 2nd 1932

19. UNDERTAKER George A. Kieber

(Address) 705 E. Lexington Street

Huntington Station, N.Y.

Filed 1932 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28th. 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. W. Cain M. D.
Coroner

(Address) 508 E. Fayette

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

79268 E 79268

CERTIFICATE OF DEATH

Registered No. 56

1. PLACE OF DEATH Baltimore City Hospitals St. 76-37 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marie Novak

(a) Residence: No. 6610½ Graceland Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Sept. 4, 1911

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
20	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Camp Hollabird

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Casimir J.

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Anna Casper

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Records of

(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart of Mary Date May 3rd 1932

19. UNDERTAKER George A. Weber.

(Address) 701 S. Gays Street

[illegible] 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1932 to April 28, 1932

I last saw her alive on April 28, 1932 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, rheumatic Endocarditis, acute bronchitis & Dermatitis	abt March 13 1932

Other contributory causes of importance:

none

Name of operation none Date of

What test confirmed diagnosis Clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas. J. Shanahan Jr. M. D.

(Address) Balto. City Hosp.

M. D. R. 1268-9

79269

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79269

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3418 Glenmore Ave. St. 27-43 Ward) 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Toboll

(a) Residence: No. 3418 Glenmore Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie Toboll

6. DATE OF BIRTH (month, day, year) July 29,

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	9	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Anna M. Freeman
(Address) 22 Madeline Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Zion Luth. Cem. Date May 1, 32

19. UNDERTAKER Frederick Lauenstein
(Address) 7401 Belair Road

Filed 01932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1931, to Apr 28, 1932

I last saw h[illegible] alive on Apr 28, 1932 Death is said to have occurred on the date stated above, at 3P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart disease	2 yrs
Arteriosclerosis	

Other contributory causes of importance:

Acute pulmonary oedema	2 days

Name of operation None Date of

What test confirmed diagnosis? Signs & symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) [signature] M. D.

(Address) Maple Ave & Belair Rd

M. D. H. 1268-9

E 79270 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 79270

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2007 Ethel St (Ward) 10

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sydney Grimes

(a) Residence: No. 2007 Ethel St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Nov 5-1882

7. AGE: Years 49; Months 5; Days 22; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Calvert Co Md.

MOTHER FATHER

13. NAME: Richard Grimes

14. BIRTHPLACE (city or town) (State or country): Calvert Co Md

15. MAIDEN NAME: Grace Thomas

16. BIRTHPLACE (city or town) (State or country): Calvert Co Md

17. INFORMANT: Arthur Grimes

(Address) 2007 Ethel St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date 4-30-1932

19. UNDERTAKER: Thomas E. Kelly

(Address) 1303 Presstman St.

Huntington Williams, M.D.

APR 30 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr 27th 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 27th 1932 to Apr 29 1932

I last saw h alive on Apr 27 1932 Death is said to have occurred on the date stated above, at 9 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 Day

Other contributory causes of importance:

Name of operation: Regular Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? Baltimore Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F C Link, Coroner, M. D.

(Address) Attending Physician

M. D. B. 1208-9

E 79271 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 79271

CERTIFICATE OF DEATH

Registered No. 22

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 712 Waseche St. (Ward) 15-26

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George F. Wilson

(a) Residence: No. 712 Waseche St., Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 3 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm H. Wilson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary A. Warren

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Cynthia A. Thomas

(Address) 712 Waseche St

18. BURIAL, CREMATION, OR REMOVAL Mt. Auburn Cem Date 4/30, 1932

19. UNDERTAKER Samuel F. Hensley

(Address) 518 Mosher St.

20. FILED APR 30 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1932

I HEREBY CERTIFY, That I attended deceased from March 1, 1932, to April 27, 1932

I last saw h[illegible] alive on April 23, 1932. Death is said to have occurred on the date stated above, at 9:35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fibroid Phthisis	
Oral Sepsis	

Other contributory causes of importance:

Acute Myocarditis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) W. J. Howell M. D.

(Address) 901 Marriottsville Ave

M. D. H. 1268-9

79272

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 79272

Registered No. 1084

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 403 E. 23rd St. (Ward) 12-50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose Christian

(a) Residence: No. 403 E. 23rd St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Unknown 1883

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Servant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER FATHER

13. NAME Henry Christian

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Polly Hughes

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Isabella Christian
(Address) 403 E. 23rd St.

18. BURIAL, CREMATION, OR REMOVAL
Place Richmond Va Date May 1 1932

19. UNDERTAKER Mrs. R. G. Elliott
(Address) 122 E. Eutaw Ave.

20. FILED 30 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 29 1932

22. I HEREBY CERTIFY, That I attended deceased from April 18 1932 to April 29 1932

I last saw her alive on April 29 1932 Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset April 18, 1932

Other contributory causes of importance:

Lobar Pneumonia

Name of operation none Date of not

What test confirmed diagnosis? Blood Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. E. Hall M. D.

(Address) 926 N. Carey St

M. D. H. 1268-9

79273

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 79273

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 908 Harlem ave St. 16-23 Ward 108)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lorine Redmond

(a) Residence: No. 908 Harlem Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Single.

6. DATE OF BIRTH (month, day, year) Aug 26 1931

7. AGE — Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER FATHER

13. NAME: Columbus Redmond

14. BIRTHPLACE (city or town) (State or country): Balto.

15. MAIDEN NAME: Bessie Cockrell

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Columbus Redmond
(Address): 908 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Calvary Date: Apr. 30, 1932

19. UNDERTAKER: Mrs. R. A. Elgin
(Address): 712 E. Gold Baltimore
Huntington Williams, N.D.

APR 30 1932

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1932 to April 27, 1932

I last saw her alive on April 27, 1932. Death is said to have occurred on the date stated above, at 10A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	April 25

Other contributory causes of importance:

Anasarca	April 23

Name of operation: None Date of: —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles H. Thomas, M. D.

(Address) 712 E. Broadway

M. D. B. 1268-9

79274

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79274

CERTIFICATE OF DEATH

97-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1237 N. Caroline St., 13 Ward)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Col. Ellis Hamilton Jones.

(a) Residence: No. 1237 N. Caroline St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Jones.

6. DATE OF BIRTH (month, day, year) 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 618

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Roanoke Va

FATHER

13. NAME Ellis Hamilton Jones

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Elizabeth.

16. BIRTHPLACE (city or town) (State or country) Harrisonburg Va

17. INFORMANT Mrs. Anna Jones.
(Address) 1237 N. Caroline St

18. BURIAL, CREMATION, OR REMOVAL Springvale Del
Int. Odd Fellows Cem May 2 1932

19. UNDERTAKER Chas. E. Mitchell & Sons.
(Address) 1900 Eutaw Place

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 29 - 1932

22. I HEREBY CERTIFY, That I attended deceased from May ... 1931 to Apr. 29 - 1932

I last saw him alive on Apr. 29 - 1932 Death is said to have occurred on the date stated above, at 6:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	May 1931

Other contributory causes of importance: None

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Edwin B. Fawley M. D.

(Address) 1223 N. Caroline St.

M. D. B. 1268-9

9883 79275

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 79275

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward) 2-4

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carl Hansen

(a) Residence: No. 105 S. Broadway St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 5 1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER FATHER

13. NAME Hans Hansen

14. BIRTHPLACE (city or town) (State or country) Sweden

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records—
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Date ..... 19.
Place .....

19. UNDERTAKER .....
(Address) Huntington, W. Va.

..... 19. .....
Registrar

APR 30 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 14 1932 to Apr. 25 1932

I last saw him alive on Apr. 25 1932 Death is said to have occurred on the date stated above, at 7 15a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis	unknown
Tabes dorsalis	1931
Malaria inoculata	April 1932
Ruptured spleen	April 05 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury .....

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) ..... M. D.

(Address) The Hopkins Hospital

M. D. B. 1268-9

79276

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79276

93-003

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., 10-14 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Percy Harver

(a) Residence: No. 891 Greenmount Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced BUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Jan. 22, ?

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50 ?	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Storekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ? Md.

FATHER

13. NAME Frederick

14. BIRTHPLACE (city or town) (State or country) ? Germany

MOTHER

15. MAIDEN NAME Fannie Deal

16. BIRTHPLACE (city or town) (State or country) ? Md.

17. INFORMANT Records of

(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Md. Date 5/3 1932

19. UNDERTAKER F H Bankard & Son

(Address) Westminster Md

20. FILED 0 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1932 to April 30, 1932

I last saw h... alive on April 30, 1932. Death is said to have occurred on the date stated above, at 12:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chr. & Hypertension	2 weeks

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jas. G. Linwood M. D.

(Address) Balto. City Hosp.

Spec.—1-10-21—M&T—1500 Blks.

79277

HEALTH DEPARTMENT—CITY OF BALTIMORE

93 E 79277

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3007 Garrison ave St. 10 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Belle Kraus

(a) RESIDENCE NO. 3007 Garrison ave ST., 10 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. 7 mos. 21 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Kraus

6 DATE OF BIRTH (month, day, and year) April 8, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	74		21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER John Walters

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Henrietta Metz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Daughter Mrs Nunne (Address) 3007 Garrison ave

15 Filed May 2 1932 Huntington Williams Registrar

01932 Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/29 1932

17 I HEREBY CERTIFY, That I attended deceased from May 19, 1932, to April 29, 1932, that I last saw her alive on April 29, 1932, and that death occurred, on the date stated above, at 4.05 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis.
Chronic Mitral Heart Disease

over (duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) General Cerebral Arteriosclerosis

(duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Sanguel Exam.

(Signed) Millard Berry, M. D.

4/29, 1932 (Address) 187-W Read St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Heb Shalom Cem

DATE OF BURIAL May 1 1932

20 UNDERTAKER Jahrens & Co

ADDRESS 1932 Reisterstown Rd

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

79278

CERTIFICATE OF DEATH

160-001 E 79278

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General St. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Willard Wardwell

(a) Residence: No. 2418 N. Charles St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 27-32

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			2 3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... 00
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

MOTHER FATHER

13. NAME Willard Wardwell
14. BIRTHPLACE (city or town) Oakland Md
(State or country)
15. MAIDEN NAME Mary Ellen Kerns
16. BIRTHPLACE (city or town) Hancock Md
(State or country)

17. INFORMANT Hospital Records
(Address) ...

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date 4/30 1932

19. UNDERTAKER Wm Gorman
(Address) 12 W. Saratoga St

20. FILED 5-1-1932 Huntington Williams, M.D. Registrar. Director.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1932 to April 30, 1932
I last saw him alive on April 30 1932 death is said to have occurred on the date stated above, at 8 20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	4-28-32
Other contributory causes of importance: Cerebral Edema	
Cesarean Section	

Name of operation None Date of ...
What test confirmed diagnosis Clinical & Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Robert F. Chamberlain M. D.
(Address) Md. General Hospital

AaCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

79279

E 79279

CERTIFICATE OF DEATH

160-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 320 E 26th St. 12-50 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Betty Rafferty

(a) Residence: No. 320 E 26th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 4/30/32

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or 5 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Butler.

MOTHER FATHER

13. NAME Clarence E Rafferty

14. BIRTHPLACE (city or town) (State or country) Butler Md

15. MAIDEN NAME Sarah Hoffman

16. BIRTHPLACE (city or town) (State or country) Butler Md.

17. INFORMANT Clarence E Rafferty
(Address) 320 E 26th St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date April 3 1932

19. UNDERTAKER Isaac Wadefield
(Address) 1 E Preston St

20. FILED 18 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/30/1932

22. I HEREBY CERTIFY, That I attended deceased from 4/30/1932 to 4/30/1932

I last saw her alive on 4/30/1932 death is said to have occurred on the date stated above, at 8:40 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Pneumonia Bronchial	Apr
Other contributory causes of importance: Bronchial Consolation Toxemia	8

Name of operation Delivery Date of 4/30

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No if so, specify

(Signed) Thomas White, M. D.

(Address) 532 E 22

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

79280 E 79280

CERTIFICATE OF DEATH.

93-003
REGISTERED NO.

1 PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Church Home Infirmary ST. 28-43 WARD

2 FULL NAME Mrs. Adelaide S. Henry

(a) RESIDENCE NO. 4400 Belvieu Avenue ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alexis P. Henry

6 DATE OF BIRTH (month, day, and year) May 16th 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	11	13	

8 OCCUPATION OF DECEASED.
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS
10 NAME OF FATHER Josiah C. Stevens
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.
12 MAIDEN NAME OF MOTHER Mullikin
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Mrs Neva Gray 4400 Belvieu Ave

15 01932 Huntington Williams, N.J. 11. 5. 14.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-29-32

17 I HEREBY CERTIFY, That I attended deceased from 4/28, 1932, to 4/29, 1932

That I last saw her alive on 4/29, 1932

and that death occurred, on the date stated above, at 11:25 A.m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac failure -

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic myocarditis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? History, physical findings

(Signed) Allyn B Choate M. D.

, 19 (Address) Church Home & Infmy.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Easton Md

DATE OF BURIAL 5/2/32

20 UNDERTAKER Jno. Walsh & Son

ADDRESS 2503 Edmondson Ave

pec.—1-30—M. & T.—250 Bks

E 79281

E 79281

HEALTH DEPARTMENT—CITY OF BALTIMORE

154

CERTIFICATE OF DEATH.

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5405 Walther Ave ST. 27-43 WARD

2-FULL NAME Phyllis Ernestine Sheridan

(a) RESIDENCE NO. 5405 Walther Ave ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
or) WIFE of —

DATE OF BIRTH (month, day, and year) April 25, 1932.

AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
		5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

10 NAME OF FATHER Phillip J Sheridan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Easton, Md.

12 MAIDEN NAME OF MOTHER Hilda Pitts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maytinsburg W. Va.

Informant Mrs Emma Pitts
(Address) 5405 Walther Ave

Filed 1932 Huntington Williams M.D. Registrar Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 30, 1932.

17 I HEREBY CERTIFY, That I attended deceased from April 25, 1932. to April 30, 1932.

that I last saw h[illegible] alive on April 30, 1932;

and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth 7 months

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of —

Was there an autopsy? No Physical Examination

What test confirmed diagnosis? _____

(Signed) Allen A Lambrecht M. D.

4-30, 1932 (Address) 2755 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Taylorsville County — DATE OF BURIAL 5-1-1932

20 UNDERTAKER C. M. Watz Pikesville Md. — ADDRESS

AaCo. 4-31-2508

Fennie Birnstock

E 79282

E 79282 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 50 V

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. 12-49 (Ward)

Length of residence in city or town where death occurred yrs 1 mos ds How long in U. S. If of foreign birth? yrs mos ds

2. FULL NAME Mrs William H. Birnstock (Fennie)

(a) Residence: No. 225 E. Market St., York, Penna.
(Usual place of abode) (If not resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm H Birnstock

6. DATE OF BIRTH (month, day, year) Mar 13, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	1	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York County Penna

13. NAME OF FATHER Emanuel Wenker

14. BIRTHPLACE (city or town) (State or country) York, Pa

15. MAIDEN NAME OF MOTHER Mary Miller

16. BIRTHPLACE (city or town) (State or country) York County Pa

17. INFORMANT Harry Gealy Brother
(Address) York Pa

18. BURIAL, CREMATION, OR REMOVAL Prospect Hill, York Pa May 1 1932

19. UNDERTAKER 116 E. York St
(Address)

FILED MAY 1 1932 19 Evelyn Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-29-32 19

22. I HEREBY CERTIFY, That I attended deceased from 3-31-32 19 to 4-29-32 19

I last saw h.e alive on 4-29-32 19 death is said to have occurred on the date stated above, at 3:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma (metastatic)	a few days

Other contributory causes of importance:

Name of operation Operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M Shackelford M. D.

(Address) Union Memorial Hospital

E 79283

A&Co. 5-31 2501

79283 HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 1004 N Charles St. Baltimore Md.

CITY OF BALTIMORE: (No. 1004 N Charles St. St., 11 Ward.)

Length of residence in city or town where death occurred 82 yrs. 7 mos. — ds. How long in U.S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Louise Elizabeth Wallis Giffen

(a) Residence: No. 1004 N. Charles St., 11 Ward. Baltimore, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James Fortescue Giffen

6. DATE OF BIRTH (month, day, year) April 16, 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	—	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

MOTHER FATHER

12. BIRTHPLACE (city or town) New Orleans (State or country) Louisiana
13. NAME John S. Wallis
14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland
15. MAIDEN NAME Louisa Mather
16. BIRTHPLACE (city or town) New Orleans (State or country) Louisiana

17. INFORMANT Wallis Giffen (Address) 1004 N Charles St. Balto.

18. BURIAL, CREMATION, OR REMOVAL Place New Orleans La. Date May 3, 1932

19. UNDERTAKER Henry W. Jenkins & Sons (Address) McCulloh & Orchard Sts.

20. FILED MAY 1 1932 [illegible] Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1928 to about 30, 1932

I last saw h— alive on April 30, 1932 death is said to have occurred on the date stated above, at 11:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/28-32
Other contributory causes of importance: Arteriosclerosis	?

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Simon McAleer, M. D.
(Address) 160 [illegible]

M. D. B. 1268-9

E 79284

E 79284 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1315

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 311 Mt Vernon Place St., (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. 3 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Patrick Joseph McEvoy

(a) Residence: No. 3 West Mt Vernon Place St., 11 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed or divorced HUSBAND of ~~late~~ Anne Rosalie McEvoy
~~WIFE of~~

6. DATE OF BIRTH (month, day, year) Jan 25 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Importer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry Goods

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 0 5

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Dennis J. McEvoy

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mr. M. J. Cromwell

(Address) 311 Mt Vernon Pl.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date May 2 1932

19. UNDERTAKER Leary & Perkins Co.

(Address) McCulloh & Eutaw Sts

20. FILED MAY 1 1932 Hunting for Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/30/32

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15 1930 to 4/30 1932

I last saw him alive on 4/26 1932 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis with hypertrophy & Chronic nephritis. & arteriosclerosis — Date of onset Years

Other contributory causes of importance: Acute Coronary Thrombosis with Pulmonary oedema — 3 hrs.

Name of operation none Date of no

What test confirmed diagnosis? Phys. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury no 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. F. Shea M. D.

(Address) 804 Cathedral St

1-30—M. & T.—100 B—501.

79285

E 79285

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1317 E. Pratt ST. 3-5 WARD)

2-FULL NAME Aaron Earl Sugar

(a) RESIDENCE NO 1317 E Pratt ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Sugar

6 DATE OF BIRTH (month, day, and year) 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) Grocer
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mrs S. Sugar

(Address) 1326 E Balto st

15 Filed 1932 Huntington Williams, M.D. Registrar Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 29 19 32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) ... yrs. ... mos ... ds

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? History

(Signed) H. J. Herzog M.D., M. D. Coroner

4/30, 1932 (Address) 1305 N Patterson Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fairview Memorial Spm

DATE OF BURIAL 5/1 1932

20 UNDERTAKER H. J. Herzog M.D.

ADDRESS 1127 E Balto st

M. D. B. 1268-D

E 79286

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4208 Belmar Ave St. 26-42 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dorothy E. Mueller

(a) Residence: No. 4205 Belmar Ave St., 27 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb. 17 1916

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
16	2	17/0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Attendant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Leo. Mueller

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Bertha Prosl

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT John Leo. Mueller
(Address) 4208 Belmar Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date May 2nd, 1932

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 203 S. Wolfe St.

20. FILED 1932 Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1931 to April 29, 1932

I last saw her alive on April 29, 1932 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	April 29
Other contributory causes of importance: Chronic Endocarditis	1917
Myocarditis —	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alvin L. Turner M. D.

(Address) 716 N. Patterson Park Ave

Cor.—10-10-29 Co.—100 Blks.

79287

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79287

131

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) Baltimore City Hospitals St. 13-52 (Ward)

2-FULL NAME John C. Kirby

(a) RESIDENCE NO. 3026 Keswick Road St., I3 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary B. Kirby

6 DATE OF BIRTH (month, day, and year) October I6, I884

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	47	6	I3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Machinist 031
(b) General nature of industry, business, or establishment in which employed (or employer) Mt. Vernon-Woodberry Mills
(c) Name of employer

9 BIRTHPLACE (city or town) _____
(State or country) St. Mary's Co. Md.

PARENTS

10 NAME OF FATHER John Kirby

11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Mullendore

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) Maryland

14 Informant Mrs. Mary B. Kirby
(Address) 3026 Keswick Road

15 Filed May 1 1932 19 Huntington Williams, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 29, I932. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY _____
(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? City Hosp

Did an operation precede death? No Date of _____

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) B W Herzog M.D. M. D.

4/30, 1932 (Address) 1305 Patterson Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary' (Hampden)

DATE OF BURIAL May 2, I932.

20 UNDERTAKER Horace A. Burgee

ADDRESS 363I Falls Rd.

Important. See instructions on back of certificate.

ADCO. 5-11 2508

Beatrice A. Schleunes

E 79288 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 79288

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St., 15-61 Ward)

Length of residence in city or town where death occurred 61 yrs. 5 mos. 23 ds. How long in U.S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Beatrice A Schleunes.

(a) Residence: No. 2213 Ellamont St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George Schleunes

6. DATE OF BIRTH (month, day, year) Nov. 17, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Michael Albert

14. BIRTHPLACE (city or town) ------
(State or country) Germany

MOTHER

15. MAIDEN NAME Mary Hartmaier

16. BIRTHPLACE (city or town) --------
(State or country) Maryland

17. INFORMANT George Schleunes
(Address) 2213 Ellamont Street

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date 5/3 19 32

19. UNDERTAKER Kenny & Mears & Son
(Address) 805 N. Eutaw St.

20. Filed 1932 Huntington Williams, Registrar

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-13, 1932, to 4-30, 1932

I last saw her alive on 4-30, 1932 death is said to have occurred on the date stated above, at 4:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilatation	3 hrs.
Other contributory causes of importance:	
Chronic myocarditis	7 yrs
Arterio-sclerosis & renal changes.	4 "
Bendo Angina Pectoris	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Andres E. Calas M. D.

(Address) Bon Secours Hospital

79289

HEALTH DEPARTMENT---CITY OF BALTIMORE

E 79289

93-003

CERTIFICATE OF DEATH

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1446 Forge Ave. ST. 27-57 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Alverta Myerly

(Residence in Baltimore: No. 1446 Forge Ave. St.; 14 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH: May (Month) 11th, (Day) 1874 (Year)

7-AGE: 57 yrs. 11 mos. 19 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION (a) Trade, profession or particular kind of work: Housewife 037
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Arthur Finnegan

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Hannah Triplett

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Co. Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George Howard Myerly

(Address) 1446 Forge Ave.

15- Huntington Williams, M.D.

Filed 1932 191 Director & REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 30, (Day) 1932 (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 26, 1931 to, April 30 1932, that I saw h.. ar.. alive on April 29, 1932, and that death occurred, on the date stated above, at 3:50 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) yrs mos ds.

Contributory (SECONDARY) (Duration) yrs mos ds.

(Signed) E. E. Nichols M. D.

Apr 30 1932 [Address] Pikesville Md

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Druid Ridge

DATE OF BURIAL: May 3, 1932

20-UNDERTAKER: Tohenouse & Son

ADDRESS: 2400 Eutaw

M. D. B. 1268-9

79290 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 79290

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) 27-55

CITY OF BALTIMORE: (No. ..... St., ... Ward.)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5/ (yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Ridgely Peeples.

(a) Residence: No. 5712 Bland ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 24, 1914

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	18	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Paul F. Peeples

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Elizabeth Ridgley

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Date May 3, 1932

19. UNDERTAKER Sherwood & Son
(Address) 2615 Eastern Ave

20. FILED 1932 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1932, to April 30, 1932

I last saw him alive on April 30, 1932 Death is said to have occurred on the date stated above, at 10.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	2 mos.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Lawrence [illegible] M. D.

(Address) Baltimore City Hospitals

AaCo. 5-31 250B

E 79291 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79291

CERTIFICATE OF DEATH

X 131

1. PLACE OF DEATH Maryland Gen. Hospital — St., 11-34 — Ward — Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St., ____ Ward)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 3 ds. How long in U.S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Lewis Richard Lague

(a) Residence: No. 34 Liberty St. - St., Westminster, Md Ward. (If non resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 9 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. do
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md

MOTHER FATHER

13. NAME C. George Lague
14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.
15. MAIDEN NAME Lizzie Freeman
16. BIRTHPLACE (city or town) (State or country) Carroll Co Md

17. INFORMANT Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Deer Park Cemetery Date 5/4 1932

19. UNDERTAKER H Barnhard & Son
(Address) Westminster Md

20. FILED 1-1932 Hunting [illegible] Registrar
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-29 1932 to 5-1 1932

I last saw him alive on 4-30 1932, death is said to have occurred on the date stated above, at 12 15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	5
Chr. myocarditis	1 yr.
Chr. Nephritis	

Other contributory causes of importance:

(Chr. Pulmonary Congestion)	
(Chr. Nephritis)	
Acute cardiac failure	4 hrs.

Name of operation ____ Date of ____

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert F. Chew M. D.

(Address) Md. General Hospital

79292

E 79292

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-007

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1660 Gorsuch ave St., 9-th Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John N. Elmer

(a) Residence: No. 1660 Gorsuch ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Elmer

6. DATE OF BIRTH (month, day, year) Oct 18th 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired, Oil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Wool Finishing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lyons

FATHER

13. NAME Matthias Elmer

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Jacob F. Elmer (Address) 1660 Gorsuch Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place York Pa. Date May 1 32

19. UNDERTAKER Frederick Funeral Home (Address) 7401 Belair Road

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 15th, 1932 to April 30th, 1932

I last saw him alive on April 29th, 1932 Death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency following Influenza.

Date of onset 4-15-32

Other contributory causes of importance:

Influenza April 15th to April 30th 1932

Name of operation — Date of —

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. L. Gordy, M. D.

(Address) Harford & Aberdeen Aves

79293

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79293

CERTIFICATE OF DEATH

Registered No. 107-001

1. PLACE OF DEATH Franklin Square Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 17-25 St. Ward)

Length of residence in city or town where death occurred yrs mos 2 ds. How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Isaac D. Lintz

(a) Residence: No. Cockeysville Md Ward. Cockeysville Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary M. Lintz

6. DATE OF BIRTH (month, day, year) Nov 23, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	55	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER FATHER

13. NAME George Lintz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Waltz

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mr. Roland Lintz

(Address) Cockeysville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Jacksonville Reformed Cem. Date May 3 1932

19. UNDERTAKER Frederick Lassahn

(Address) 7401 Belair Road Huntington Williams, N.P.

20. FILED MAY 1 1932 Registrar Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-30-1932

22. I HEREBY CERTIFY, That I attended deceased from 4-28 1932 to 4-30 1932

I last saw him alive on 4-30 1932 death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	4-21-32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Were there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. W. Peake M. D.

(Address) Franklin Square Hosp.

M. D. B. 1268-9

Minnie L Painter

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79294

79294

CERTIFICATE OF DEATH

Registered No. 181

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 N. Central Ave St. 10-14 (Ward)

Length of residence in city or town where death occurred ~~yrs.~~ mos. ~~da.~~ How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Minnie L ~~Pauline~~ Painter

(a) Residence: No. 915 N. Central Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Norman Painter

6. DATE OF BIRTH (month, day, year) Feb 7 1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	2	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nimrod, Va.

FATHER

13. NAME John Shifett

14. BIRTHPLACE (city or town) (State or country) Nimrod, Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Nimrod, Va.

17. INFORMANT Norman Painter
(Address) 915 N. Central Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cold Spring Va Date 5 [illegible] 32 19

19. UNDERTAKER [illegible]
(Address) [illegible] Huntington Williams, N.Y.

20. FILED [illegible] 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30/32 19

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19 to [illegible] 19

I last saw h alive on [illegible] 19 Death is said to have occurred on the date stated above, at 4.15 P.M. 2 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sepsis (Absorption-suppurative)	
Other contributory causes of importance: Clothes caught fire from kitchen range on Feb 13/32	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Feb 13/32 19

Where did injury occur? 915 N. Central Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury

Nature of injury Burns over trunk & arm

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible] Coroner

M. D. B. 1268-9

79295 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79295

CERTIFICATE OF DEATH

Registered No. 82-001

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore St. 8-17 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Harper

(a) Residence: No. 1510 N. Ethan St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Separated

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena (Unknown)

7. DATE OF BIRTH (month, day, year) 1877

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer 063

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Samuel Harper

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Catherine Runkart

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records Balto City Hosp

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cem Date 5/2/32, 19

19. UNDERTAKER Geo. J. Roth Inc

(Address) 1321 Eastern Ave

20. FILED 5-1-1932 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/29, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-7-, 1930 to 4/29, 1932

I last saw him alive on 4/29, 1932. Death is said to have occurred on the date stated above, at 8.30 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset 4/29

Other contributory causes of importance:

Psychosis Cerebral Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Wm. H. Goldsmith M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

79296 E 79296

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH (Mullady)

Registered No. 92-00

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1220 E. Eager St. 10-14 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred W yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Wm. L. Mullady

(a) Residence: No. 1220 E. Eager St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Alice Cole (Dodge)

6. DATE OF BIRTH (month, day, year) 11-1-1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ames Sayour Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Arizona

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Elmer L. Cole

(Address) 1221 E. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date April 30 1932

19. UNDERTAKER Geo. D. Roth Sons

(Address) 1235 Baltimore St

28. FILED Registrar.

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 1931 to April 30 1932

I last saw him alive on April 27 1932 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	Nov 10 1931
Other contributory causes of importance: Endocarditis	Nov 10 1931

Name of operation None Date of

What test confirmed diagnosis? Physical Examination Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo Billups M. D.

(Address) 2227 W. North Ave

A&Co. 5-31 2508

79297 HEALTH DEPARTMENT—CITY OF BALTIMORE B 79297

CERTIFICATE OF DEATH

93-003

Registered No. 28-63

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat St., 28-63 Ward.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sister M. de Chantal Purcell

(a) Residence: No. Mt Hope Retreat St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day... hrs. or ... min.
60 Yrs About			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Centralia, Penna.

FATHER

13. NAME Martin Purcell

14. BIRTHPLACE (city or town) (State or country) Centralia Penna

MOTHER

15. MAIDEN NAME Anna Curran

16. BIRTHPLACE (city or town) (State or country) Centralia, Penna

17. INFORMANT Mt Hope Retreat
(Address) Baltimore Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Harrisburg Pa Date May 1. 1932

19. UNDERTAKER Edward Manning
(Address) Baltimore Md.

20. FILED MAY 1 1932 Registrar.
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1. 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1927, to May 1, 1932

I last saw her alive on April 30 1932 death is said to have occurred on the date stated above, at 4:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Arteriosclerosis	
Senescia Praecox	5 Yr

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Phy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton J. Hill M. D.

(Address) Mt Hope Retreat

AaCo. 5-31 250B

E 79298 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79298

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5300 Rayne Ave. St., 9-46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amy Elizabeth Hall

(a) Residence: No. 635 Gorsuch Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of R. E. Lee Hall

6. DATE OF BIRTH (month, day, year) October 29, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	6	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME James Shortt

14. BIRTHPLACE (city or town) (State or country) Exeter England

MOTHER

15. MAIDEN NAME Mary Jane Engelfield

16. BIRTHPLACE (city or town) (State or country) Exeter England

17. INFORMANT Mr. R. Irvin Hall
(Address) 635 Gorsuch Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date May 2 1932

19. UNDERTAKER Geo. H. Cook
(Address) 1005 W. Baltimore St.

20. FILED MAY 1 1932 Huntington Williams, M.D. Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1931, to April 29, 1932

I last saw her alive on April 28, 1932 death is said to have occurred on the date stated above, at 1.35 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Contributory Arteriosclerosis
Chronic Nephritis.

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Hyde, M. D.

(Address) 1100 E. North Ave.

M. D. B. 1268-8

160232 E 79299

HEALTH DEPARTMENT—CITY OF BALTIMORE E 79299

CERTIFICATE OF DEATH

56

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 15-23 Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Paul Williams

(a) Residence: No. 1302 Woodyear St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/10/26

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
5	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James Williams

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mildred Reed

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 5/2 1932

19. UNDERTAKER Thomas E. Helm

(Address) 1303 Greenmount Ave

20. FILED May 2 1932 H. Williams Registrar.

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1932

22. I HEREBY CERTIFY, That I attended deceased (from April 27, 1932 to April 29, 1932

I last saw h— alive on April 29, 1932 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Pneumonia, Lobar	Mar 1932
b. Scarlet Fever	
c. Convulsions	
Meningitis	
Epilepsy	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) J. Bickford M. D.

(Address) Johns Hopkins Hosp

Director

M. D. B. 1268-9

79300 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 79300

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1403 W. Lafayette Ave Ward) 22

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Davis

(a) Residence: No. 1403 Lafayette Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced (or) WIFE of Edward Davis

6. DATE OF BIRTH (month, day, year) Dec. 5, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dec.

FATHER

13. NAME James Herbert

14. BIRTHPLACE (city or town) (State or country) Dec.

MOTHER

15. MAIDEN NAME Mary Brown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Maggie Scott
(Address) 1403 Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Washington St. Date 5-1- 1932

19. UNDERTAKER Thomas E. Kelly
(Address) 1305 Pennsylvania Ave

20. FILED MAY 1 1932 Harry [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/30/32

22. I HEREBY CERTIFY, That I attended deceased from 4/28/32 to 4/30/32

I last saw her alive on 4/29/32 Death is said to have occurred on the date stated above, at 12:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	4/27/32

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. J. Stuart Chew M. D.

(Address) 912 Eutaw St

M. D. H. 1268-B

E 79301

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79301

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3160 Rovensmd Ave St., 8th Ward)
Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George C. H. Mebus
(a) Residence: No. 3160 Rovensmd Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widower
6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Sophia Mebus
6. DATE OF BIRTH (month, day, year): Jan 24 1858
7. AGE: Years 74 | Months 3 | Days 6 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER
13. NAME: George Mebus
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Charles M Mebus
(Address): 3160 Rovensmd Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Carmel Date: May 2 1932

19. UNDERTAKER: Jno Cox & Son
(Address): 1212 E Lanvale St

M. FILED: MAY 2 1932 Huntington Williams M.D. Registrar

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 30 1932

22. I HEREBY CERTIFY, That I attended deceased from March 1 1932 to April 30 1932
I last saw him alive on April 29 1932 Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	March 1/32
Other contributory causes of importance: Exhaustion	1

Name of operation: None Date of: ...
What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) R. H. Campbell M. D.
(Address) 1644 Hanover St

B 79302

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79302

CERTIFICATE OF DEATH

Registered No. 1082

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3314 Carlisle Ave 5-61 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lily Stevens Lundorf

(a) Residence: No. 3314 Carlisle Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. (Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Maxwell Lundorf

6. DATE OF BIRTH (month, day, year): July 6 1876

7. AGE — Years: 55 | Months: 9 | Days: 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Frederick Stevens

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Lee Klasel

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Maxwell Lundorf (Address) 3314 Carlisle Ave

18. BURIAL, CREMATION, OR REMOVAL — Place: London Park Date: 5/2/32

19. UNDERTAKER: Wm Cook (Address) 1219 E Fort Ave

20. FILED ... 19... Registrar.

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 30 1932

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1932 to April 29, 1932

I last saw her alive on April 29, 1932 Death is said to have occurred on the date stated above, at 11:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4/26/32
Other contributory causes of importance:	
Chronic endocarditis	?
Cerebral embolism	3/7/32

Name of operation: none Date of

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Maurice E. Shamer, M. D.

(Address) 3200 W. North Ave.

M. D. B. 1268-9

E 79303

C 79303

HEALTH DEPARTMENT—CITY OF BALTIMORE

2 5 7 6 3 1

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 29-55 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Milton Edwards

(a) Residence: No. 3426 Belvedere ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma

6. DATE OF BIRTH (month, day, year) July 28th 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. mlk Business

9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc. Riverland Dairy Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Harry Edwards

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ida Caurry

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Ridge Date 5/3/ 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED MAY 2 - 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 9 1932 to Apr 30 1932

I last saw h[illegible] alive on Apr 30 1932 Death is said to have occurred on the date stated above, at 5 40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis.	
Arteriolar sclerosis	
Arterio Hypertensive Heart disease	
Hypertensive renal disease	
? Subacute bacterial endocarditis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ND Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ... M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-6

E 79304

79304 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

X √131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2101 Presbury St., 15-67 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary L Calvert

(a) Residence: No. Kingsville Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Joseph L Calvert

6. DATE OF BIRTH (month, day, year): May 17, 1853

7. AGE: Years 79 | Months 11 | Days 12 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): St Mary Co Md

FATHER

13. NAME: Thomas Leard

14. BIRTHPLACE (city or town) (State or country): St Marys Co Md

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Patrick J Calvert

(Address) Kingsville Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Calvary Cem Date: 5-2-1932

19. UNDERTAKER: J M Cook

(Address) 1212 E Fayette St

20. FILED 5-2-1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1932 to April 29, 1932

I last saw h alive on April 29, 1932 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	10 yrs
Hypocarditis	1 day
Bronchio-pneumonia	10 days

Other contributory causes of importance:

Bronchio pneumonia

Name of operation: none Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. H. Bondeli M. D.

(Address) 33 N Frederick Ave.

Registrar

Director

1-30—M. & T. Co. B—50L

E 79305

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79305

CERTIFICATE OF DEATH

164-001

REGISTERED NO. 20-69

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 221 Furrow ST., WARD)

2-FULL NAME Louis H. Breitenother

(a) RESIDENCE NO. 221 Furrow ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Lena

6 DATE OF BIRTH (month, day, and year): Aug. 28th 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	8	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Captain in
(b) General nature of industry, business, or establishment in which employed (or employer): Fire Department
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Louis Breitenother

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Lena Breitenother

(Address): 221 Furrow St.

15 Filed 2 1932 Huntington Williams N.P. Registrar Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 30th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Suicide by Illuminating Gas

immediate (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Cornwell M. D. Coroner

4/30 1932 (Address) 123 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem

DATE OF BURIAL: May 2 1932

20 UNDERTAKER: Mrs. Mrs John W. Tendel & Son

ADDRESS: 601 W Fayette St

M. D. B. 1268-0

E 79306

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79306

CERTIFICATE OF DEATH

56

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 6-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ruth Linke

(a) Residence: No. 411 Chapel St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word):

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 2-1926

7. AGE: Years 5 | Months 10 | Days 26 28 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Martin Linke

14. BIRTHPLACE (city or town) (State or country) Md —

MOTHER

15. MAIDEN NAME Margaret Rush

16. BIRTHPLACE (city or town) (State or country) Md —

17. INFORMANT Records —

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Cem. Date May 1 1932

19. UNDERTAKER Wm. E. Mahon & Son

(Address) 2554 Jefferson St

20. FILED 2 MAY 1932 Huntington Williams Registrar

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4 1932 to April 30 1932

I last saw her alive on April 30 1932 Death is said to have occurred on the date stated above, at 3:15 P.M.

The principal cause of death and related causes of importance were as follows:

Disseminated tbl disease with Laryngo-Endo- and Pericarditis — Date of onset Feb. 1932

Other contributory causes of importance:

Contributory Factors

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. Canby Robinson, M. D.

(Address) Johns Hopkins Hosp

M. D. B. 1263-9

79307 HEALTH DEPARTMENT—CITY OF BALTIMORE 79307

CERTIFICATE OF DEATH

93003

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 21-19 St. or Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles C. Winchester

(a) Residence: No. 1547 Burgundy St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, year) Aug. 27, 1860

7. AGE — Years	Months	Days	If LESS than 1 day, hrs. or min.
71	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Engineer 20

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Warren Pa.

FATHER

13. NAME: Eliza

14. BIRTHPLACE (city or town) (State or country): ? N.Y.

MOTHER

15. MAIDEN NAME: Jane Braisington

16. BIRTHPLACE (city or town) (State or country): Warren Pa.

17. INFORMANT (Address): Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL: Comm. Place Morgan Chapel Date April 29, 1932

19. UNDERTAKER (Address): John A. Myers 3000 E. Baltimore St.

20. DATE RECEIVED: 2 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1932 to April 29, 1932

I last saw him alive on April 29, 1932 Death is said to have occurred on the date stated above, at 12:05 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	Oct 1931
Cerebral Hemorrhage	unknown
Myocarditis, chr	Oct 1931

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. Shmoker Jr. M. D.

(Address) Balto. City Hosp.

AdCo. 5-31 250B

9308

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79308

CERTIFICATE OF DEATH

139-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Caton & Edmondson Aves St. 71 Ward)

Length of residence in city or town where death occurred 5 yrs. mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Mrs. Elizabeth Remeke

(a) Residence: No. 12 S. Culver St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Paul Remeke

6. DATE OF BIRTH (month, day, year) March 5th 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Two Hungary

FATHER

13. NAME John Gaskell

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Margaret Glasser

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Mrs. Paul Remeke

(Address) 12 S. Culver St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 2 1932

19. UNDERTAKER George L. Schnaut

(Address) 2461 Pennsylvania Ave.

20. FILED MAY 2 1932 Harding Van Horn Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1932 to April 30 1932

I last saw her alive on April 30, 1932 death is said to have occurred on the date stated above, at 10:15 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia, lobular

Terminal Hemorrhage

Date of onset 4/28

Other contributory causes of importance:

Name of operation Lobar drainage Date of 4/30/32

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following.
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Hyalmar S. Anderson M. D.

(Address) St Agnes Hospital

9309 & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79309

131

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Volunteers Hospital ST. 2-4 (WARD)

2. FULL NAME Kate Sommers

(a) RESIDENCE NO. 719 S. Bond ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Sommers

6 DATE OF BIRTH (month, day, and year) Feb 10 - 76

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	2	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer): 037
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Geo. Hardy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Peter Sommers

(Address) 719 S. Bond St

15 Filed May 2 1932 192 Huntington Williams Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1 - 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Zillet, M. D. Coroner

May 2, 1932 (Address) 2739 Easterwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Paul's Cem

DATE OF BURIAL May 3 1932

20 UNDERTAKER M. W. E. Dippel Inc

ADDRESS 31 Lan

M. D. B. 1268-9

E 79310 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79310

CERTIFICATE OF DEATH

Registered No. 1317

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Belvedere & Greenspring St. (Ward) 27-54
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 24 mos. ds. How long in U. S. If of foreign birth? 21 yrs. mos. ds.

2. FULL NAME Jacob Levine
(a) Residence: No. Belvedere & Greenspring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 5-2, 1932

19. UNDERTAKER Jacob Levine Sons
(Address) 1432 E. Baltimore St.

20. FILED 2 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1932 to May 1, 1932
I last saw h[illegible] alive on May 1, 1932 Death is said to have occurred on the date stated above, at 3.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	4-27-32
Hypertension.	
Chr. Nephritis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If [illegible]

(Signed) W Edmund Levin, M. D.
(Address) Levindale

M. D. R. 1268-9

E 79311

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79311

CERTIFICATE OF DEATH

114-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St., 15-18 Ward.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Philip Boschee

(a) Residence: No. 1716 Kenton St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

3a. If married, widowed, or divorced BUSBAND of (or) WIFE of Rose

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor 080

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Isaac

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Rachael Bernstein

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Leonard Laschner

(Address) 1716 Kenton ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Rd Cemetery 5-2-32, 19

19. UNDERTAKER Jack Levin Inc

(Address) 1439 E. Baltimore St.

MAY 2 - 1932

Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1st, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1932, to May 1st, 1932

I last saw him alive on May 1st, 1932 Death is said to have occurred on the date stated above, at 8:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage Cerebral	
Other contributory causes of importance:	
Emphysema	

Name of operation ... Date of ...

What test confirmed diagnosis? Thrombosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) M B Kush, M. D.

(Address) Sinai Hospital

Co. 5-11 250B

B 79312

79312 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. 70-64

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2213 E Madison St., 70 Ward)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry H. Boos

(a) Residence: No. 2213 E Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martina Boos

6. DATE OF BIRTH (month, day, year) Oct 6 - 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bell Foundry

10. Date deceased last worked at this occupation (month and year) 6 yr. 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Burkhardt Boos

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Richter

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Martina Boos

(Address) 2403 E Madison St

18. BURIAL, CREMATION, OR REMOVAL.

Place Mem Cathedral Date May 3, 1932

19. UNDERTAKER John Leech

(Address) 2005 Eutaw St

20. FILED MAY 3 1932 Huntington Williams M.D. Registrar.

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1st, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1932 to May 1, 1932

I last saw h alive on April 30 1932 death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4/28/32

Other contributory causes of importance:

Myocardial degeneration

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny M. D.

(Address) 200 E Madison St

AdCo. 5-31 250B

79313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 79313

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 Newington Ave. St. ..... Ward)

Registered No. 13-59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Levi Adler

(a) Residence: No. 809 Newington Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 27, 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe Merchant

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Sussman Adler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sarah Rosenmeyer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Herman S. Adler
(Address) 809 Newington Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oheb Shalom Date May 3, 1932

19. UNDERTAKER Hazel Goodman & Son
(Address) 1902 Eutaw Place

20. FILED ..... 19..... Huntington Williams, M.D.

AV2 - 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1932, to April 18, 1932

I last saw h[illegible] alive on April 18, 1932 death is said to have occurred on the date stated above, at A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation none Date of .....

What test confirmed diagnosis? Purpura Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Harry Adler, M. D.

(Address) 1718 Eutaw Place

M. D. B. 1268-9

E 79314

79314

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X-210-002

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Isaac S. Lee Jr.

(a) Residence: No. Perryman, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sarah C. Lee

6. DATE OF BIRTH (month, day, year) Feb. 18, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co., Md.

FATHER

13. NAME Isaac S. Lee Sr.

14. BIRTHPLACE (city or town) (State or country) Harford Co., Md

MOTHER

15. MAIDEN NAME Sarah C. Wilson

16. BIRTHPLACE (city or town) (State or country) Harford Co., Md

17. INFORMANT Dr. H.F. Lee
(Address) Perryman, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Steeutia Cem. Harford. Co. Md. Date May 4 1932

19. UNDERTAKER Harry W. Mansfield
(Address) 605 N. Gilmor St. Huntingtn Williams, Inc.

20. FILED MAY 5 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1 1932

22. I HEREBY CERTIFY, That I attended deceased from inquiry, 19... to ..., 19...
I last saw h... alive on inquiry, 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
External Pachymengitis Hemorrhagica.	
Other contributory causes of importance: Automobile accident	4/20/32

Name of operation Subtemp. Decompression Date of 4/27

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide accident Date of injury 4/20, 1932
Where did Injury occur? Harford, Co., Md (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street accident
Manner of injury Struck head while riding
Nature of injury in son's machine

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify ....

(Signed) Joseph Sakonny Coroner M. D.
(Address) 2200 E Madison St

E 79315

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79315

51

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 96-37 Ward)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Philip King

(a) Residence: No. no home St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie

6. DATE OF BIRTH (month, day, year) 1881?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer ? 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (City or town) (State or country) Ky.

FATHER

13. NAME Green King ?

14. BIRTHPLACE (city or town) (State or country) Ky.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem. Date 5-2 1932

19. UNDERTAKER Mt Auburn Cem
(Address) David Garber 710 Pine

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH (month, day, year) April 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1925 to April 28, 1932

I last saw him alive on April 28, 1932 Death is said to have occurred on the date stated above, at 1:40 A. M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Penis
Myocarditis, chr.

Date of onset
1928
1 Month

Other contributory causes of importance:

Name of operation none Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..... 19.....

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jno. Howard Jr. M. D.

(Address) Balto. City Hosp.

E 79316

E 79316 30 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

REGISTERED NO. 77-26

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 640 W Mulberry St (WARD) 77-26

2-FULL NAME Bethel Walker

(a) RESIDENCE NO. 640 W Mulberry St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F Male	Col.	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
48	38	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife 037
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Bennett Reynolds

11 BIRTHPLACE OF FATHER (city or town) (State or country) N C

12 MAIDEN NAME OF MOTHER Mary Melvin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N C

14 Informant Mrs Ray Weeks

(Address) 640 W Mulberry St

15 Filed 5-2 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/28 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon, and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Zeller M. D.
Coroner

4/30 1932 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem'y

DATE OF BURIAL 5-2 1932

20 UNDERTAKER Daniel Easton

ADDRESS 916 Gay St

M. D. B. 1268-9

E 79317 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79317

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 S Rose St. 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eleonora J. Kotowski

(a) Residence: No. 721 S. Rose St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 28. 31

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Anton Kotowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Anna Sarnecki

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Anna Kotowski

(Address) 721 S Rose St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cemetery Date May 2nd 1932

19. UNDERTAKER Edgar A. Weber

(Address) 700 Patterson Park Ave

FILED MAY 2 - 1932 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30 1932

22. I HEREBY CERTIFY, That I attended deceased from April 29 1932 to April 30 1932

I last saw h[illegible] alive on April 30 1932 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	April 27th

Other contributory causes of importance:

acute Cardiac Dilatation

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William E. Brown M. D.

(Address) 801 Kenwood Ave

M. D. R. 1208-9

E 79318

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79318

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3602 Calloway Ave St. 15-62 Ward) 108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 2 mos. 1 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Gilbert Skillman

(a) Residence: No. 3602 Calloway Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Florence T. Skillman

6. DATE OF BIRTH (month, day, year) Feb. 28, 1865.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George R. Skillman

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Pierce

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Ella S. Pfeiffer

(Address) 3602 Calloway Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date May 2, 1932

19. UNDERTAKER George Smith

(Address) 512 Holland

20. Filed 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29 1932

22. I HEREBY CERTIFY, That I attended deceased (from April 27, 1932 to April 29, 1932. I last saw him alive on April 29, 1932. Death is said to have occurred on the date stated above, at 12.40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4/27/32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis J. Levy M. D.

(Address) 1844 W. Lafayette Ave

M. D. B. 1268-9

79319 George Krapf E 79319

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X-93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hosp — St., 7 Ward) Registered No. 637

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME George Krapf (Krapf)

(a) Residence: No. Hall Thorpe Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) May 22 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) 4

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hall Thorpe Md.

FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date May 4 32

19. UNDERTAKER George J. Smith

(Address) 1522 Druid ... Hill ... Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-1-32, 19

22. I HEREBY CERTIFY, That I attended deceased from 4-9-32, 19 ... to 5-1-32, 19

I last saw him alive on 5-1-32 Death is said to have occurred on the date stated above, at 4:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	more than 1 month
Arteriosclerosis	
Myocarditis, chr.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hal Glenn M.D. M. D.

(Address) City Hosp

1-30—M. & T.—100 B—50L

E 79320

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79320

CERTIFICATE OF DEATH

+ 93003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (NO. Mercy Hospital 4-7 ST. WARD)

2-FULL NAME George A. Campbell

(a) RESIDENCE NO. Springfield, Mass ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Oct 1 - 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	68	7	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) 066
(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Springfield Mass

PARENTS

10 NAME OF FATHER John Campbell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Jane ? 5/2

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant Dickinson Theater Co

(Address) Springfield Mass

15 Filed May 2 1933 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) [illegible] yrs. [illegible] mos. [illegible] ds.

CONTRIBUTORY (Secondary) Acute Dilation

(duration) [illegible] yrs. [illegible] mos. [illegible] ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Fenton, M. D. Coroner

(Address) 701 E Chase 5/2, 1933

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Springfield Mass

DATE OF BURIAL May 4 1933

UNDERTAKER H. J. Dickinson & Sons

ADDRESS [illegible]

M. D. R. 1955-9

E 79321

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79321

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St., 6-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie McLain

(a) Residence: No. 1312 Hilary St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 6. 1865

7. AGE: Years 66 | Months 6 | Days 25 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Geo. Isenbach

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catts - Schultz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cemetery Date May 4 19 32

19. UNDERTAKER Harry Abed (Abed, Inc.) (Address) 1501 E Eager St Baltimore, Md.

20. FILED (Registrar) (Date) 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1 , 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar - 5 , 1932 to May 1 , 1932

I last saw her alive on May 1 , 1932 Death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	Apr-12-32
Hypertension	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) Johns Hopkins

M. D. B. 1268-9

E 79322

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79322

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. Ward) 27-54

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ellen Scully

(8) Residence: No. 5618 Maitfeldt Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — John Scully

6. DATE OF BIRTH (month, day, year) Nov 5-1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Patterson, New Jersey

FATHER

13. NAME Thomas Mathews

14. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER

15. MAIDEN NAME Catherine Keenan

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT Mrs Hamilton McDonald

(Address) 5618 Maitfeldt Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Patterson, N J Date May 3 . 1932

19. UNDERTAKER J. H. Lederer, Inc

(Address) Fort & Lafayette Sts Baltimore, Md.

20. FILED MAY 2 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 25 1929 to May 1 . 1932

I last saw her alive on May 1 . 1932 Death is said to have occurred on the date stated above, at 3:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (terminal)	4/14/32
Other contributory causes of importance: Manic depressive psychosis Cerebral arteriosclerosis	1928

Name of operation — Date of

What test confirmed diagnosis — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wm. Tillmanth M. D.

(Address) Patterson St. Hosp.

Spec—9 30—A & Co.—250 Bks

79323

HEALTH DEPARTMENT—CITY OF BALTIMORE 79323

CERTIFICATE OF DEATH.

71-001

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No 517 N. Vincient St 14-27 WARD)

2 FULL NAME Mary Blanche Tongue (Tungue)

(a) RESIDENCE NO 517 N. Vincient st ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred 13 yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Walter Tounge

6 DATE OF BIRTH (month, day, and year) Jan. 12, 1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	3	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unemployed 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Essex Co., Va.

PARENTS

10 NAME OF FATHER Jake Moody

11 BIRTHPLACE OF FATHER (City or town) (State or country) Essex Co. Va.

12 MAIDEN NAME OF MOTHER Mary Liza Holmes

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Essex Co. Va.

14 Informant (Address) Bosey Moody (Boo) 414 N. Bruce st

15 Filed , 19 Registrar

MAY 2 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-28-'32

17 I HEREBY CERTIFY, That I attended deceased from April 27th 32 to April 29 32

That I last saw her alive on April 28th 1932

and that death occurred, on the date stated above, at 1.a. m.

The CAUSE OF DEATH* was as follows:

Anemia (Prob . Pernicious)

From history (duration) yrs. mos. 30 ds.

CONTRIBUTORY (Secondary) Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam.

(Signed) Walter J. Jackson M. D.

, 19 (Address) 1631 W. Franklin st

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Zion Cemetery

DATE OF BURIAL May 4 1932

20 UNDERTAKER Mrs Katie R. Williams

ADDRESS 327 N. Schroeder St.

AaCo. 5-31 250B

HEALTH DEPARTMENT CITY OF BALTIMORE

79324 E 79324

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals St. 18-26 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ... yrs. ... mos 3 ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Royal Pollock Collard

(a) Residence: No. 1001 Bennett Place St., ... Ward. 11 L
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb. 9, 1915

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
17	17	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) James City N. C.

FATHER

13. NAME William Pollock
14. BIRTHPLACE (city or town) (State or country) N. C

MOTHER

15. MAIDEN NAME Sarah Sprvly
16. BIRTHPLACE (city or town) (State or country) N. C

17. INFORMANT Records of Balto City Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Newbern, N. C. Date May 3 1932

19. UNDERTAKER Mrs Katie R. [redacted]
(Address) 322 N Schroeder St. Washington, North Carolina

19 ... Registrar
Filed

Y2-1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-30, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-7, 1931 to 4-30, 1932

I last saw h[redacted] alive on 4-30 1932 death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis Lumbar vertebrae - Caseous Pulmonary

Date of onset 3 yrs

Other contributory causes of importance: Tuberculosis Pneumonia 17 da

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Eustus E. Cuthrell M. D.
(Address) Balto City Hospitals

Spec.—9 30—A. & Co.—250 Blks

79325 E 79325

79325 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-004

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 302 W 29th St. S 12-51 WARD)

2 FULL NAME Charles M. Goodwin.

(a) RESIDENCE NO. 302 W 29th St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary I. Goodwin.

6 DATE OF BIRTH (month, day, and year) Nov 4, 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	5	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. York.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Clarence Sharp. 26 S Calvert

15 Filed 1932 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1, 1932

17 I HEREBY CERTIFY, That I attended deceased from Mar. 10th, 1932, to May 1st, 1932

that I last saw him alive on May 1st, 1932

and that death occurred, on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) George E. Cross M. D.

19 (Address) 1928 W 25th St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — DATE OF BURIAL May 3, 1932

20 UNDERTAKER Thanowetz & Son — ADDRESS 3615 Gwynn Ave

Spec.—9-30—A. & Co.—250 Bks.

E 79326 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 79326

CERTIFICATE OF DEATH

52

REGISTERED No. 5-58

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 3830 Park Heights Ave. | 5-58 WARD)

2 FULL NAME Richard A. ~~Barry~~ Barry.

(a) RESIDENCE No. 3830 Park Heights Ave. St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca J. Barry

6 DATE OF BIRTH (month, day, and year) Nov 7 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86.	5	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (City or town) (State or country) Unknown.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Unknown.

14 Informant (Address) George E. Block 3830 Park Heights Ave

15 Filed 5-2 1932 16 Huntington Woods, Md. Ty. Register

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1, 1932

17 I HEREBY CERTIFY, That I attended deceased from June 3, 1931 to May 1 1932

that I last saw him alive on May 1 1932

and that death occurred, on the date stated above, at 5.50 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma nasal. (facial)

(Duration) yrs. 11 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? X-Ray Smile

(Signed) 1117 St Paul M. D.

5-2 1932 (Address) City.

*State the Disease Causing Death, or If deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's, Hampden

DATE OF BURIAL: May 3 1932

20 UNDERTAKER: Chenworth & Son

ADDRESS: 3610 Chestnut Ave

Director

M. D. B. 1268-9

Fanny Amato

HEALTH DEPARTMENT—CITY OF BALTIMORE

79327 ~~79327~~

CERTIFICATE OF DEATH

49

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7a-37 Ward)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Filomena Amato

(a) Residence: No. 3914 E. Pratt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Amato

6. DATE OF BIRTH (month, day, year) Dec 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus cemetery Date 5/4 1932

19. UNDERTAKER Chas B. Kushauskas

(Address) 634 S Paca St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1 1932

22. I HEREBY CERTIFY, That I attended deceased from April 18 1932 to May 1 1932

I last saw her alive on May 1 1932 Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma ovary	

Other contributory causes of importance:

Peritoneal metastases with intestinal obstruction

Name of operation Exploratory laparotomy Date of 3/4/32

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?

NO If so, specify .....

(Signed) J. M. Alds M. D.

M. D. (Address) Johns Hopkins Hospital

Spec—9-30—A. & Co.—250 Blks

79328 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79328

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 233 S. Calhoun St. St. 19-29 (Ward)

2 FULL NAME Catherine Mix

(a) RESIDENCE NO. 233 S. Calhoun St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Late John C. Mix

6 DATE OF BIRTH (month, day, and year) April 6, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84		24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Henry Deigert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Miss Clara M. Mix (Address) 233 S. Calhoun St.

15 Filed 5/2, 19 32 Registrar Huntington Williams, M.D. Katie O. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/30/32

17 I HEREBY CERTIFY, That I attended deceased from 12/15, 1930, to 4/30, 1932

that I last saw h sr alive on 4/23, 1932

and that death occurred, on the date stated above, at 5-30 Am

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic, c myocardial failure

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Senility.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Thos. E. Stayton M. D.

, 19 (Address) 4012 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 5/2/32

UNDERTAKER 4101 Edmondson Ave.

ADDRESS

79329

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79329

114-002

CERTIFICATE OF DEATH

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St., 2 ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? 12 yrs. ..... mos. ..... ds.

2. FULL NAME Kristinn Laur

(a) Residence: No. 1639 Thames St., Baltimore, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 14, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min
	47	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 12-1(-31

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Estonia (Russia)

FATHER

13. NAME Johan Laur

14. BIRTHPLACE (city or town) ..... (State or country) Russia

MOTHER

15. MAIDEN NAME Anna Jarub

16. BIRTHPLACE (city or town) ..... (State or country) Russia

17. INFORMANT Records, U.S. Marine Hospital, Baltimore, Md.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's H. Date May 2, 1932

19. UNDERTAKER E. LeRoy Stiffler, Inc.
(Address) 124 E. North Avenue, Hagerstown, Md.

20. FILED 1932 ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from December 10, 1931, 19 ..... to April 29 ..... 19 32

I last saw him alive on April 29 19 32 death is said to have occurred on the date stated above, at 9:10 m. PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess, right lung	12-1-31
Other contributory causes of importance:	
Hemorrhage, pulmonary	4-29-32

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. [illegible] M. D.

(Address) U.S. Marine Hospital, Balto.

Director

M. D. B. 1268-8

79330 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79330

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 907 Penna Ave (St.) 17-24 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Horace Shepherson

(a) Residence: No. 907 Penna Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1901

7. AGE Years 30 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lynchburg Va

MOTHER / FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT N. W. Police Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Date , 19

19. UNDERTAKER

(Address)

20. FILED Huntington Williams, M.D. Registrar.

1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29 , 19 32

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated, above, at

The principal cause of death and related causes of importance were as follows:

Pulmonary Phthisis

Duration

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Leak, M. D.

Coroner

(Address)

M. D. B. 1268-9

E 79331

E 79331

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 57

1. PLACE OF DEATH Pronounced dead at

CITY OF BALTIMORE: (No. Hopkins Hospital St. 3-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Karl Detler or Olesenski

(a) Residence: No. 1123 E. Lombard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	unknown

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME "

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Eastern Police Dept

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Date 19

19. UNDERTAKER

(Address)

20. FILED 2 1932 Huntington Williams M.D.

(Signature)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 31st, 19~~32~~33

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Probably Cardiac Failure — Date of onset

Other contributory causes of importance:

"Information-Hiatory Inflamatory Rheumatism"

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jos. H. Carr M. D. Coroner

(Address) 508 E Lombard

M. D. H. 1268-0

E 79332 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79332

92-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St. 15-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Howard

(a) Residence: No. 1705 N. Fremont St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 45 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Provident Hosp. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

UNIVERSITY OF MARYLAND

Date . 19

19. UNDERTAKER

(Address) Huntingtown, Md.

20. FILED . 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22 1932

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on Jan 22 1932 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	
Sudden	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Falk M. D.

Coroner

(Address)

M. D. B. 1268-9

E 79333

E 79333 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. B & O Bridge Phila Road St., [illegible] (Ward)

Registered No. 186-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? [illegible] yrs. [illegible] mos. [illegible] ds.

2. FULL NAME Unknown (James Taylor)

(a) Residence: No. Unknown St., Broome St. nr Hoffman Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date [illegible] 19

19. UNDERTAKER

(Address)

[illegible] Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19 [illegible] to [illegible] 19

I last saw h[illegible] alive on [illegible] 19 [illegible] Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull

accidental, Cause Unknown

Other contributory causes of importance:

Date of onset

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide~~, or ~~homicide~~? Yes Date of injury April 25 1932

Where did injury occur? Apr 25 1932 City (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Road

Manner of injury Fract Skull

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify

(Signed) C. O. Heggemeyer Coroner M. D.

(Address) 305 Patterson Park

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79334 — **CERTIFICATE OF DEATH** — **34 E 79334**

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hosp — St. 11-24 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hattie Budd

(a) Residence: No. 337 Camel St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Col	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. min.
apparent age	52?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

10a. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montgomery Co, Md

FATHER

13. NAME ~~[illegible]~~ David

14. BIRTHPLACE (city or town) (State or country) Mont. Co. Md.

MOTHER

15. MAIDEN NAME Elizabeth Cook

16. BIRTHPLACE (city or town) (State or country) Montgomery Co. Md.

17. INFORMANT (Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL. Place Mays A. Montgomery Co. Date May 4 1932

19. UNDERTAKER (Address) Thomas H. Edgar & Son, H. Vaughan Williams

20. FILED AUG 2 1932, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-30-32

22. I HEREBY CERTIFY, That I attended deceased from 4/26/32 19 to 4/30/32 19 I last saw h[illegible] alive on 4/30/32 Death is said to have occurred on the date stated above at 7:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chr	More than 1 year
Thrombosis Cerebral	6 Days
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No (If so, specify)

(Signed) Jas Thurwood M. D.

Director (Address) City Hosp

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

79335

CERTIFICATE OF DEATH

52E 79335

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 S. Bouldin St, St. 76-2 Ward)

Length of residence in city or town where death occurred 4yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME BARbara Horst

(a) Residence: No. 514 S. Bouldin St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Horst

6. DATE OF BIRTH (month, day, year) Jan. 22, 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Valentine Brehm

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT John Horst

(Address) 514 S. Bouldin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date May 4 . 1932

19. UNDERTAKER George W Zirkler

(Address) 1737 E. Eager St

2 MAY 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from April . 1930. to Apr. 30 . 1932

I last saw her alive on Apr. 30 . 1932 Death is said to have occurred on the date stated above, at 8.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Interstitial Nephritis	1928
Other contributory causes of importance: Nasal Carcinoma.	1908

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank A. Glantz, M. D.

(Address) 3244 Eastern Ave.

Spec.—1-30—M. & T.—250 Bks.

E 79336

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79336

131

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Elizabeths Home 9-46 ST., ... WARD)

2-FULL NAME Sister Mary Angela Hoggart

(a) RESIDENCE No. Ellerslie Ave & 39th St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3-27-1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	1	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England (London)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) London England

14 Informant Sister Mother Mary Provincial
(Address) Huntington Williams, N.Y.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2nd 1932

17 I HEREBY CERTIFY, That I attended deceased from May 1st, 1932, to May 2nd, 1932, that I last saw her alive on May 2nd, 1932, and that death occurred, on the date stated above, at 12 Noon m.

The CAUSE OF DEATH* was as follows:

Hypostatic Cardiac-Insufficiency
Senile Atrophy

Duration ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage with left Hemiplegia (duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Examination + history

(Signed) Francis A. Faulkner, M. D.

5-2, 1932 (Address) 300 N. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Elizabeth Convent Grounds

DATE OF BURIAL May 4 1932

20 UNDERTAKER Henry McJenkin & Son Co.

ADDRESS Frederick Md. Catholic

M. D. R. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

79337

CERTIFICATE OF DEATH

131

E 79337

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3330 Strickland St. 20-10 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wilhelmina D Collins

(a) Residence: No. 3330 Strickland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James L Collins

6. DATE OF BIRTH (month, day, year) Nov. 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. md.

FATHER

13. NAME Edward Pfieffer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Kesting

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT James L Collins

(Address) 3330 Strickland

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date 5/3 1932

19. UNDERTAKER George A Tawley

(Address) Fulton Ave & Fayette

20. FILED 5-3-32 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-30 1932

22. I HEREBY CERTIFY, That I attended deceased from March 1 1932 to April 30 1932

I last saw h[illegible] alive on April 30 1932 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Unknown
Chron. Interstitial Nephritis	"
Cerebral Hemorrhage	4-6-32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. C. Conser, M. D.

(Address) 1101 N. Fulton Ave.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

79338

CERTIFICATE OF DEATH

34E 79338

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) St. 18-26 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ernest Thomas

(a) Residence: No. 821 Sarahann St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Sulla

6. DATE OF BIRTH (month, day, year): Feb. 29, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Howard ?

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Esther Green ?

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL: Place Druid Heart Date 6/7 1932

19. UNDERTAKER (Address): Lake Lafayette Funeral Home Huntington Indiana, Ind.

20. FILED 6-7-1932 19 T. C. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1932 to April 28, 1932

I last saw him alive on April 28, 1932. Death is said to have occurred on the date stated above, at 7:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis, late Cardio Vascular	Sp 1930
Other contributory causes of importance:	
Hypertension	unk

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. G. Ennis Jr. M. D.

(Address) Balto. City Hosp.

1-30—M. & T.—100 B—50L

E 79339

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 79339

93-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1811 Aliceanna ST. 2-4 WARD)

2-FULL NAME Thomas F. O'Dea

(a) RESIDENCE NO 1811 Aliceanna ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
~~(or)~~ WIFE of Nellie O'Dea

6 DATE OF BIRTH (month, day, and year) Dec 19 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	4	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer) Self 0 23
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Thos F O'Dea

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Catherine Rayney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Catherine Terie

(Address) 737 S Broadway

15 Filed 2-1932 Huntington Williams Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 30 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Alcoholism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? History

(Signed) D O'Herron M.D. M. D.
Coroner

19 (Address) 1357 Patterson Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Penn Cathedral

DATE OF BURIAL 5/4 1932

20 UNDERTAKER J M Cook

ADDRESS 1217 Edmondson

TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

79340

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 79340

143

Registered No. 24-35

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1425 Riverside ave. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Ellen Teresa Scally.

(a) Residence: No. 1425 Riverside ave. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Francis J. Scally

6. DATE OF BIRTH (month, day, year): Oct. 10-1892

7. AGE: Years: 39 | Months: 6 | Days: 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 037

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: Martin Flynn

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Julia Clark

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Francis J. Scally 1425 Riverside Ave

18. BURIAL, CREMATION, OR REMOVAL: Place: Cathedral Date: May 3. 1932

19. UNDERTAKER (Address): Margaret G. Flynn 1422 Light St

20. FILED: 2-1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4.30 .1932

22. I HEREBY CERTIFY, That I attended deceased from 9.8.31. .19.. to 4.30.32. .19..

last saw her alive on 4.29.32. Death is said to have occurred on the date stated above, at 1A m.

The principal cause of death and related causes of importance were as follows:

Cardiac Dilatation myocarditis, Cardiac Hypertrophy, Cardiac Hypertension Genital anasarca. Nephritis.

Date of onset: Not known

Other contributory causes of importance:

Pregnancy and Puerperium.

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury .19..

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Edward Norris M. D.

(Address) 107 East West street.

M. D. B. 1268-9

E 79341 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79341

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) St. 4-6 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Ward

(a) Residence: No. 112 Market Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 3, ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34?	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Crisfield Md.

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Crisfield Md.

MOTHER

15. MAIDEN NAME Fannie Johnson

16. BIRTHPLACE (city or town) (State or country) Crisfield Md.

17. INFORMANT Records of

(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Date , 19

19. UNDERTAKER

(Address)

20. FILED 2-1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1932 to April 30, 1932

I last saw h in live on April 30, 1932 Death is said to have occurred on the date stated above, at 4:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar	8 days

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas. E. Crawford Jr. M. D.

(Address) City Hosp.

M. D. B. 1268-9

79342

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 79342

Registered No. 4-25-15

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 4-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Emory

(a) Residence: No. 115 N. Pace St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Widowed

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Nellie Emory

6. DATE OF BIRTH (month, day, year) 3/14/1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New Albany (State or country) Ind.

FATHER

13. NAME Robert Emory

14. BIRTHPLACE (city or town) Unknown (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah McCollough

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Records of (Address) Baltimore City Hospitals

18. BURIAL, CREMATION, OR REMOVAL

Place Date . 19

19. UNDERTAKER

(Address)

20. Filed MAY 2 1932 Hamilton Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1932, 19

22. I HEREBY CERTIFY, That I attended deceased from 11/17/31, 19 to 5/1/32, 19

I last saw him alive on 5/1/32, 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Erysipelas facie — Date of onset 4-23-32

Other contributory causes of importance:

None

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? None

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

5-2-32 (Signed) Elmer Hochberger, M. D.

(Address) Balto. City Hospitals

M. D. B. 1268-9

E 79343

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79343

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Strohmayer

(a) Residence: No. 1240 Morse St. N.E., Wash., D.C. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) June 20, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Annapolis
(State or country) Md.

FATHER

13. NAME Andrew Chaney

14. BIRTHPLACE (city or town) Balto.
(State or country) Md.

MOTHER

15. MAIDEN NAME Catherine Lindenberg

16. BIRTHPLACE (city or town) Annapolis
(State or country) Md.

17. INFORMANT Records of Baltimore City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date 19

19. UNDERTAKER
(Address)

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/1/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from 4/26/32 . 19 . to 5/1/32 . 19

I last saw her alive on 5/1/32 . 19 Death is said to have occurred on the date stated above, at 4:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	unknown
Myocardial insuffic. congestive	4-30-32

Other contributory causes of importance:

None

Name of operation None Date of —

What test confirmed diagnosis? Gen. Cal Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury — . 19 —

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —

(Signed) Emery Lightburger Jr. M. D.

(Address) Balto City Hospitals

A&Co. 5-31 250B

79344 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 79344

CERTIFICATE OF DEATH

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1122 Scott St. 21-24 Ward)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U.S. If of foreign birth 59 yrs. mos. ds.

2. FULL NAME Louisa D. Davidson

(a) Residence: No. 1122 Scott St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Samuel Davidson

6. DATE OF BIRTH (month, day, year) Feb-14-1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Madgeburg Germany

FATHER

13. NAME William Meddagg

14. BIRTHPLACE (city or town) (State or country) Madgeburg Germany

MOTHER

15. MAIDEN NAME Lenkmann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Roy J. Mullen

(Address) 1122 Scott St

18. BURIAL, CREMATION, OR REMOVAL

Place U.S. National Cem. Date 5-4-1932

19. UNDERTAKER Robert Burns & Son

(Address) Calhoun & Wolfe Sts

20. FILED 2-1932 Huntington Williams M.D. Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-1-1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 11, 1932, to May 1st, 1932

I last saw her alive on Apr 28th, 1932 death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis — Date of onset 7

Other contributory causes of importance: Arteriosclerosis — May 1st 1932

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical & Laboratory Data Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wade H. Thompson, M. D.

(Address) 1013 Poplar Grove St

AaCo. 5-31 250B

E 79345 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 79345

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH St. Agnes Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Mulberry & Caton Aves St. 28-63 Ward)

Length of residence in city or town where death occurred 46 yrs. 11 mos. 8 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. J. Nattie Norris

(a) Residence: No. 4214 Groveland Ave St., Ward.
(If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Carne Norris

6. DATE OF BIRTH (month, day, year): May 24 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	48	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Delicatessen Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Grocery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Geo H Norris

14. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER

15. MAIDEN NAME: Jemisha Creamer

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT: Mrs Carne Norris
(Address) 4214 Groveland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Druid Ridge Cem. Date: May 4 1932

19. UNDERTAKER: Harry J Mundorff & Son
(Address) 4201 Ridgewood Ave

Baltimore, Md.

20. FILED May 2 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5-2 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-28 1932, to 5- 1932

I last saw her alive on 5- 1932 death is said to have occurred on the date stated above, at 7.35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration & dilation Mitral Insufficiency	1-1932
Other contributory causes of importance: Chronic Glomerular Nephritis	Aug. 1931

Name of operation: Date of
What test confirmed diagnosis? Myocardial Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. Morris, M. D.
(Address) St Agnes Hospital

Spec—9 30—A. & Co.—250 Bks

E 79346 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79346

CERTIFICATE OF DEATH

131

REGISTERED No.

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 1723 W Lafayette Ave St. 16-22 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Ann Maria Louise Miller

(a) RESIDENCE No. 1723 W Lafayette Ave St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or Town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, ~~Married, Widowed, or Divorced~~ (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 28-1857

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
74	4	3	

8 OCCUPATION OF DECEASED Retired Housekeeper

(a) Trade, profession or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Kent Island Md

PARENTS

10 NAME OF FATHER Wm Henry Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kent Island Md

12 MAIDEN NAME OF MOTHER Caroline Kinchelty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Kent Island Md

14 Informant Geo B Todd

(Address) 1247 Fulton Ave

15 Filed 1 Jun 1932 . 19 C. P. H. Registrar

No. 22252

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1st 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb. 15 . 1932 . to May 1 . 1932

that I last saw h(er) alive on May 1 . 1932

and that death occurred, on the date stated above, at 6-30 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Hypertension

Myocardial Insuff

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Homer C Todd M. D.

(Address) 735 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park DATE OF BURIAL May 3rd 1932

20 UNDERTAKER Richard E Lee ADDRESS 1220 N Carey

A&Co. 5-31 250B

E 79347 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 79347

CERTIFICATE OF DEATH

1. PLACE OF DEATH Md General Hospital Registered No. 108
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 12 E. Ward)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Celine Berger

(a) Residence: No. 2720 N. Calvert Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: W. E. L. Berger Sr

6. DATE OF BIRTH (month, day, year) Oct 30 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent at this occupation:

12. BIRTHPLACE (city or town) (State or country): Elston Md

FATHER

13. NAME: John Bond
14. BIRTHPLACE (city or town) (State or country): Howard Co

MOTHER

15. MAIDEN NAME: Rachael Hall
16. BIRTHPLACE (city or town) (State or country): Howard Co Md

17. INFORMANT (Address): Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Date: May 5th 1932

19. UNDERTAKER: Waterworth Bros
(Address): 2247 Pulaski

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5 / 5 / 32, 19

22. I HEREBY CERTIFY, That I attended deceased from 4-26-32, to 5/3/32
I last saw her alive on 5/3/32 death is said to have occurred on the date stated above, at 3:10 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Right side)	11 days
Other contributory causes of importance: Cardiac Dilatation	5 minutes

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert V. Cheverus M.D.
(Address) Md. General Hospital

AaCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79348

CERTIFICATE OF DEATH

128 E 79348

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. [illegible] Ward)

Length of residence in city or town where death occurred 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Newton Hite

(a) Residence: No. 909 Kingston Rd. St., Ward. Stoneleigh, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 23, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dairy Manager & Sec

9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc. Dairy Sweet Cream Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) La.

MOTHER FATHER

13. NAME Claiborne Hite (d.) La.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Mary Edmonds (d) La.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Evelyn Smith Hite (Address) Poland Park Apt

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cemetery Date May 3rd 1932

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED 2-1932 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/1/32 19

22. I HEREBY CERTIFY, That I attended deceased from 3/4/32 19 to 5/1/32 19

I last saw h— alive on 5/1/32 19 death is said to have occurred on the date stated above, at 7:50 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute pancreatitis	3/4/32
Intestinal Obstruction	4/28/32
Other contributory causes of importance: Secondary hemorrhage	5/1/32

Name of operation draining of pancreas Date of 3/4/32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following. Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel McLanahan M. D.

(Address) Union Mem. Hosp.

1-30—M & T —100 B—50L

E 79349

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79349

CERTIFICATE OF DEATH

163

REGISTERED NO. 64-28

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital WARD

2-FULL NAME Anaiah Martha Maddox

(a) RESIDENCE NO 229 S. Fulton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs mos ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Feb. 29, 1916

7 AGE: Years 16 | Months 2 | Days 0 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Packer of Brushes
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Paul Zweiner

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Albert C. Maddox

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Maryland

12 MAIDEN NAME OF MOTHER Ellen Heckrotter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Maryland

14 Informant Mrs. Helen R. Smith

(Address) 2531 Ashton St.

15 Filed 1932 Huntington Williams M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 30th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry), thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Poisoned by Bichloride of Mercury Tablets - Probably Suicidal.

(duration) yrs mos 6 ds

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Physical Signs

(Signed) Guy N. Bromwell M. D. Coroner

May 1, 1932 (Address) 1243 Patapsco Ave, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: May 4th 1932

20 UNDERTAKER Wm Cook — ADDRESS 1217 E Paul St

THION is very important See instructions on back of certificate.

AaCo. 5-31 2500

E 79350 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 79350

CERTIFICATE OF DEATH

X 66-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital St.) Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos 4 ds. How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Nannie C Fontaine

(a) Residence: No. 1001 Prince Nelson St. Princess Anne Md
(Usual place of abode) Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	S

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 23, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
59	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Somerset Co School board 36 yrs
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Princess Anne Md

MOTHER FATHER

13. NAME William Charles Fontaine
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Eugene Polk
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Raymond Myers Jr
(Address) Princess Anne Md.

18. BURIAL, CREMATION, OR REMOVAL
Princess Anne Md Date May 3rd 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

2-1932 19 Aug 8 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/2 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/28 1932 to 5/2 1932

I last saw h[illegible] alive on 5/2 1932 death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post-operative Shock	5/2/32

Other contributory causes of importance:
Acetonemia of Pregnancy
Influenza, acute
Thyroidectomy (Partial)
T & A.

Name of operation Date of 5/2/32

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased No If so, specify.

(Signed) Robert W Jarvis M. D.
(Address) Union Memorial Hosp.

M. D. B. 1268-9

79351 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E79351

CERTIFICATE OF DEATH

Registered No. V118

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3604 Oakmont Ave Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna L Holbrook

(a) Residence: No. 3604 Oakmont Ave Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, or ~~divorced~~ (or) WIFE of Edward B Holbrook

6. DATE OF BIRTH (month, day, year) Aug 1st 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	9	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westport N. H.

FATHER

13. NAME Allen Read

14. BIRTHPLACE (city or town) (State or country) N. H.

MOTHER

15. MAIDEN NAME Isaiah Stebbins

16. BIRTHPLACE (city or town) (State or country) N. H.

17. INFORMANT Edith M. Siegel

(Address) 3604 Oakmont Ave

18. BURIAL, CREMATION, OR REMOVAL

West Swanzey N. H. Date 5/31, 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

19. FILED VI-1932 Hospital, N. H.

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1st, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Arteriosclerosis

Date of onset

Other contributory causes of importance:

Chronic Interstitial Nephritis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry Cunniffe, M. D.

(Address) 3402 Greenmount Ave

E 79352

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79352

CERTIFICATE OF DEATH

E 79352

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3817 Valleyamples Ave St., 15-65 Ward)

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rebecca Ellis

(a) Residence: No. 3817 Valleyamples Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Michael Ellis

6. DATE OF BIRTH (month, day, year)

7. AGE 50 Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Mordecai Silverstein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Katz

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Morris Ellis (Husband)

(Address) 3817 Valleyamples Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Wm. Mem. Park Date 5-3- 1932

19. UNDERTAKER Dan Lange, Inc

(Address) 1429 E. Baltimore St.

20. FILED MAY 3 - 1932 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-2-32 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 6th 1922 to May 1st 1932

I last saw her alive on May 1st 1932 Death is said to have occurred on the date stated above, at 5:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Systemic myotaganous	1930
Leucemia.	
Bronchial	1931
asthma	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Lab. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. A. Michelson, M. D.

(Address) 2230 Eutaw Pl.

M. D. B. 1268-9

79353 E 79353

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2917 N. Wath ave St.) 15-67 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 40 mos. ds. How long in U. S. if of foreign birth? 40 yrs. mos. ds.

2. FULL NAME Ella Rosenfeld

(a) Residence: No. 2917 N. Wath ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Aaron

6. DATE OF BIRTH (month, day, year) Dec 25-1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Vilna Russia

FATHER

13. NAME Tuyer

14. BIRTHPLACE (city or town) (State or country) Vilna Russia

MOTHER

15. MAIDEN NAME Sena

16. BIRTHPLACE (city or town) (State or country) Vilna

17. INFORMANT Alla Rosenfeld

(Address) 2917 N Wath ave

18. BURIAL, CREMATION, OR REMOVAL.

Place Hebrew Friendship Date 5-4-32 19

19. UNDERTAKER Jack Lewis Inc

(Address) 1439 E Baltimore St

20. FILED 5-3-1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1 19 32

22. I HEREBY CERTIFY, That I attended deceased from Dec 24 19 31 to May 1st 19 32

I last saw he alive on May 1st 19 32 Death is said to have occurred on the date stated above, at 7 A m

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1931
Arterio Sclerosis	1931
Chronic myocarditis	1931

Other **contributory causes** of importance:

Coronary Thrombosis	1931

Name of operation None Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) D A Nicholson M. D.

(Address) 2230 Eutaw Pl

E 79354

M. D. B. 1268-2

E 79354

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2 E. Preston St. 11-19 (Ward)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas J. Goodwin

(a) Residence: No. 2 E Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Blanche E. Goodwin

6. DATE OF BIRTH (month, day, year) July 8, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto. Sales

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westminster Md

FATHER

13. NAME Thomas J. Goodwin

14. BIRTHPLACE (city or town) (State or country) Westminster Md

MOTHER

15. MAIDEN NAME Frances M. Horner

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

17. INFORMANT Mrs. Blanche E. Goodwin (Address) 2 E Preston Ave.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Cem. Date May 4. 1932

19. UNDERTAKER Wm. J. Ecker & Sons (Address) North Penna Ave.

20. FILED 1932 Hunting to Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1. 1932

22. I HEREBY CERTIFY, That I attended deceased from April 28. 1932 to May 1. 1932

I last saw him alive on May 1. 1932 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Uremia	
Chronic Nephritis	Jan 1931
Other contributory causes of importance: Acute Dilatation of Heart	4/28/32

Name of operation Date of

What test confirmed diagnosis? Autopsy? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Friedlander M. D.

(Address) 2348 Eutaw Pl.

Physician

Spec.—2-29-28—L. F. S.—500 Bks.

E 79355

E 79355

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-001

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1633½ N. Gilmore ST. 15-21 WARD)

2—FULL NAME Archie Giles

(a) RESIDENCE NO. 1633½ N. Gilmore ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

a If married, widowed, or divorced RUSBAND of (or) WIFE of: Sarah Giles

6 DATE OF BIRTH (month, day, and year): 1-17-1877

7 AGE: Years 55 | Months 3 | Days 14 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Newton Virginia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Robert H. Giles

(Address): 1633 Gilmore

15 Filed: MAY 3 1932 Huntington Williams, M.D. Registrar Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5-1-32

17

I HEREBY CERTIFY, That I attended deceased from 4-16-1932, to 5-1-1932, that I last saw him alive on 4-29-1932, and that death occurred, on the date stated above, at 9.30 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary): Cirrhosis of Liver

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Symptoms

(Signed) John E. S. Compton, M. D.

, 19 (Address) 1924 N. Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary

DATE OF BURIAL: May 3, 1932

20 UNDERTAKER: Mrs. R. G. Elliott

ADDRESS: 1725 Arlington Ave.

M. D. B. 1265-9

79356 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E79356

CERTIFICATE OF DEATH

171V

Registered No.

(If death occurred in a hospital or institution give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 5-8 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Ayers

(a) Residence: No. 1240 Edythe St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Kate Ayers

6. DATE OF BIRTH (month, day, year) 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Amelia Mayers

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Florence Serrett

(Address) Riderwood Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Cemet Date 5 — 3 1932

19. UNDERTAKER E. Bryan 1631 Ward St

(Address) Hunting Ridge Baltimore, Md.

20. FILED 1932 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 26/32 19

22. I HEREBY CERTIFY, That I attended deceased from 19 , to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

Burns of body and limbs.

Built fire on dump in 3500 block E. Biddle st and then plunged into it.

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Apr 25/32

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased

If so, specify

(Signed) John Owen M. D. Coroner

(Address) 508 E Hoff St

79357

E 79357

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) 830 Fessier St. 17-24 Ward

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Geo. Young

(a) Residence: No. 830 Fessier St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (Write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mary Young

6. DATE OF BIRTH (month, day, year): July 4 1867

7. AGE: Years 64 | Months 9 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Steward

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 15 Jan 07

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Westley Young

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Christina Cole

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mary Young
(Address) 830 Fessier

18. BURIAL, CREMATION, OR REMOVAL: All Saints Date 5/3 19 32

19. UNDERTAKER: Eugene O'Malley
(Address) 578 McCulloh St.

20. FILED: 5 1932 Huntington Station, N.Y. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 30 - 32

22. I HEREBY CERTIFY, That I attended deceased from April 19 32 to April 19 32

I last saw h alive on April 19 32 Death is said to have occurred on the date stated above at 6 m

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Hemorrhage

Sudden

Other contributory causes of importance:

Name of operation: Regular Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. E. Kurtz Coroner, M. D.

(Address)

Spec.—9-30—A & Co.—250 Blks

E 79358 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79358

CERTIFICATE OF DEATH 131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1519 N. Carey St. 15-21 WARD)

2. FULL NAME Elezabeth Harris

(a) RESIDENCE NO. 1519 N. Carey St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colored

5. Single, Married, Widowed, or Divorced. (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Oct 7th 1851

7. AGE: Years 80; Months 6; Days 23; If LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10. NAME OF FATHER: Simon Colbert

11. BIRTHPLACE OF FATHER (city or town) (State or country): France

12. MAIDEN NAME OF MOTHER: Elyzabeth Meads

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14. Informant (Address): Paul Harris 1512 N. Carey St.

Filed MAY 3 - 1932 19 Huntington Williams, M.D. Registrar Director

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): 4-30-32

17. I HEREBY CERTIFY, That I attended deceased from 4-1- 1932, to 4-30- 1932

that I last saw h- alive on 4-29- 1932

and that death occurred, on the date stated above, at 3,35 P M.

The CAUSE OF DEATH* was as follows:

Valvulates

(duration) unknown.

CONTRIBUTORY (Secondary) Interstitial Nephritis

(duration) unknown.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Chas H Casey M. D.

5-2-1932 (Address) 611 N. Carolina

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: National Cemetery

DATE OF BURIAL: May 2 1932

20. UNDERTAKER: Archibald A. Gaddis 1840 W. Baltimore St.

ADDRESS

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

79359

CERTIFICATE OF DEATH

23 E 79359

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1127 Sharp ST., 23-31 WARD

2—FULL NAME Lizzie Jamison

(a) RESIDENCE NO. (Usual place of abode) 1127 Sharp ST., 23 WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Collins Jamison

6 DATE OF BIRTH (month, day, and year) 10/15/1901

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	6	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N C

PARENTS

10 NAME OF FATHER John Jordin

11 BIRTHPLACE OF FATHER (city or town) (State or country) N C

12 MAIDEN NAME OF MOTHER Maggie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N C

14 Informant Collins Jamison

(Address) 1127 S Sharp St

15 Filed MAY 3 - 1932, 19 Hunter for Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1932, to May 2, 1932, that I last saw her alive on May 1, 1932 and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Arthritis

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & Symptoms

(Signed) C. H. Hunter M. D.

May 2 1932 (Address) 712 S. Mary Ann's

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Ct

DATE OF BURIAL 5/4/1932

20 UNDERTAKER Isaiah L Brown & Son

ADDRESS 10 Brooklyn Ave

AACo. S-H 250R

E 79360

E 79360 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 14-28 St. Ward)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Howard T. Norwood

(a) Residence: No. 229 S Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Addie E Norwood

6. DATE OF BIRTH (month, day, year) Nov 6-1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pipefitter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad
10. Date deceased last worked at this occupation (month and year) Retired
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Co. Md

MOTHER FATHER

13. NAME Josiah Norwood
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Annie Hartz
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Addie Norwood
(Address) 229 S Gilmor St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date 5/5/32

19. UNDERTAKER Geo. L. Beyer Jr
(Address) 1512 Wellington St
Huntington, W. Va.

20. FILED 5/5/32 [illegible] Registrar / Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7 1932

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19[illegible], to [illegible], 19[illegible]
I last saw [illegible] alive on [illegible], 19[illegible] death is said to have occurred on the date stated above, at [illegible] m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. D.
(Address)

AaCo. 5-11 250R

E 79361 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79361

CERTIFICATE OF DEATH

107-001

Registered No.
(If death occurred in a hospital or institution give its NAME instead of street and number.)

1. PLACE OF DEATH Union Memorial Hosp.

CITY OF BALTIMORE: (No. 33rd & Calvert St. 15-21 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Kaufman

(a) Residence: No. 1928 Ridgehill St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 2, 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0d

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME John Kaufman

14. BIRTHPLACE (city or town) (State or country) Balt. Md.

15. MAIDEN NAME Katherine Schonbach.

16. BIRTHPLACE (city or town) (State or country) Balt. Md.

17. INFORMANT John Kaufman
(Address) 1928 Ridgehill ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk. Date Nov. 4 1932

19. UNDERTAKER Martin Fabe Sons
(Address) 1127 N. North ave

20. FILED Nov 7 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 25, 1932 to May 2, 1932

I last saw h[illegible] alive on May 1, 1932 death is said to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	4/30/32

Other contributory causes of importance:

Prematurity & Malnutrition

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Jean D. Cravens M.D.
(Address) Union Memorial Hosp.

E 79362

79362

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1914 Payson St. St. 15-21 Ward)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Wally
(a) Residence: No. 1914 Payson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
female	white	Widowed

5a. If married, widowed, or divorced
~~HUSBAND~~ (or) WIFE of George H. Wally

6. DATE OF BIRTH (month, day, year) May 4, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	11	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER
13. NAME Solomon McGreevy
14. BIRTHPLACE (city or town) (State or country) Balto. Md.
15. MAIDEN NAME Susan Lidsbury
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. H. Brown
(Address) 1914 Payson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date May 4 1932

19. UNDERTAKER Martin Bates & Sons
(Address) 1827 N. North Ave.

20. FILED ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/1/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from 4/27/32 to 5/1/32 . 19
last saw ... alive on 5/1/32 6.45 P.M. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1930
Cerebral Hemorrhage (Hemiplegia)	4/27/32
Cardiac Dilatation	Sudden

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
Where (Specify) ... M. D.
(Signed) H. C. Hourt M.D.
(Address) 1924 W. North Ave.

E 79363

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 E 79363

E 79363

REGISTERED NO. 20-69

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Volunteer Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Stodhart = Stoddart

(a) RESIDENCE NO. 2623 Dulaney ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of James Stoddart

6 DATE OF BIRTH (month, day, and year): [illegible] 1875

7 AGE: Years 57 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED: (a) Trade, profession or particular kind of work: Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer =

9 BIRTHPLACE (City or town) (State or country): Lexington, S. C.

PARENTS

10 NAME OF FATHER: John Stoddart

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Jenkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Catherine Morgan (Address) 224 Fulton Ave

Filed 3-3-1932, 19 Huntington Village, N.Y. Registrar P. I. C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-2 1932

17 I HEREBY CERTIFY, That I attended deceased from 4-20, 1932, to 3-2, 1932, that I last saw her alive on 3-2, 1932, and that death occurred, on the date stated above, at 11.30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis (Interstitial)

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical laboratory

(Signed) A. F. Coney, M. D.

19 (Address) Vol. Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Evergreen DATE OF BURIAL 19

UNDERTAKER: F. S. Wehrheit ADDRESS 500 Eutaw Place

THION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 79364 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79364

CERTIFICATE OF DEATH

108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Agnes Hospital St. 70-70 Ward)
Length of residence in city or town where death occurred 38 yrs. 11 mos. 10 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John P. Cook
(a) Residence: No. 3024 Strickland St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret

6. DATE OF BIRTH (month, day, year): May 22 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	(38)	11	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER
13. NAME: Frank Cook
14. BIRTHPLACE (city or town) (State or country): Va

MOTHER
15. MAIDEN NAME: Mary Russell
16. BIRTHPLACE (city or town) (State or country): Balt Md

17. INFORMANT (Address): Teresa Cook 3024 Strickland St

18. BURIAL, CREMATION, OR REMOVAL. Place: Woodlawn Date: May 6 1932

19. UNDERTAKER (Address): J. B. Hartman 1515 W. Baltimore St. Huntington Millwood, Md.

20. FILED 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5-2 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-30 1932 to 5-2 1932
I last saw him alive on 5-2 1932 death is said to have occurred on the date stated above, at 3.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Arteriosclerosis	
Chronic interstitial nephritis	5-1

Other contributory causes of importance:

Name of operation: Autopsy Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Edward J. Anderson M. D.
(Address) St Agnes Hospital

AACo. 5-31 2508

79365

HEALTH DEPARTMENT CITY OF BALTIMORE

53 E 79365

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Woman's Hospital St. 12-19 Ward)

Length of residence in city or town where death occurred 5 yrs 5 mos ds. How long in U.S. if of foreign birth? 7 yrs mos ds.

2. FULL NAME Matilda Ehrman

(a) Residence: No. 404 E. North ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Dec 14 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. private home

10. Date deceased last worked at this occupation (month and year) 1929.

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

MOTHER

13. NAME Fredrick Ehrman.

14. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

15. MAIDEN NAME Louisa Ehrmann

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Henry Ehrman. (Address) 446 E. 20th St.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cemetery Date May 4 1932

19. UNDERTAKER John F. Gordon (Address) 3300 E. Baltimore St.

20. FILED MAY 4 1932 . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 19 1932 to May 1 1932

I last saw he alive on May 1 1932 death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Urinary Bladder.	4 mo. ago.
Other contributory causes of importance:	
Secondary anemia	4 mo. ago.

Name of operation Suprapubic plotomy Date of Apl 19, 32

What test confirmed diagnosis? Surgery. Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ✓ Date of injury ✓ 19 ✓

Where did injury occur? (Specify city or town, county, and State) ✓

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of Injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓

(Signed) Rudolph Schorb M. D.

(Address) Woman's Hospital.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE 79366

79366

CERTIFICATE OF DEATH

117-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hosp St., 76-42 (Ward)

Length of residence in city or town where death occurred yrs. mos ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lorraine Serio

(a) Residence: No. 5927 Belair Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race..	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rose Serio

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
62				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Italy

MOTHER FATHER

13. NAME Rosario Serio

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Josephine Serio

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs Rose Serio

(Address) 5927 Belair Rd

18. BURIAL, CREMATION, OR REMOVAL

(Place) Kew Cemetery Date May 4, 1932

19. UNDERTAKER John J. Mergen

(Address) 3000 E. Balto St

20. Filed MAY 16 1932 H. Livingston Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1932 to May 1, 1932

I last saw h alive on May 1 death is said to have occurred on the date stated above, at 7:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric ulcer with hemorrhage	1 Month from Ext.
Other contributory causes of importance	
Toxemia	1 wk.

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Not so specify.

(Signed) L. Lawrence Gardner M. D.

(Address) St Joseph's Hosp.

1932

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79367 — 93-02 — E 79367

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 S. Ouley St. 1-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas. Graham

(a) Residence: No. 609 S. Ouley St. St., ... Ward.
(Usual place of abode) 206 yrs
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Catherine Graham

6. DATE OF BIRTH (month, day, year) November 1, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 062

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Hugh Graham

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ann Mogan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Annie Graham
(Address) 609 S. Ouley St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date May 4, 1932

19. UNDERTAKER John J. McCann
(Address) 3060 E. Belto St.

20. FILED 3-1932 Huntington Ave. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1931, to April 30, 1932

I last saw h/m alive on April 19, 1932 Death is said to have occurred on the date stated above, at 1 10 am

The **principal cause of death** and related causes of importance were as follows:

Chronic Myocarditis — Date of onset .....

Other **contributory causes** of importance: .....

Name of operation — Date of —

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —
No If so, specify .....

(Signed) J. Joseph Tousley M. D.

(Address) 600 S. Ellwood Ave.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79368

79368

CERTIFICATE OF DEATH

93-063

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 16-22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isaac Perry

(a) Residence: No. 712 Vincent St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of Priscilla Perry
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 8, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Prince Georges Co. (State or country) Md.

FATHER

13. NAME Tom Perry

14. BIRTHPLACE (city or town) Prince Georges Co. (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Williams

16. BIRTHPLACE (city or town) Prince Georges Co. (State or country) Md.

17. INFORMANT Records of Baltimore City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Rocked Hall Cem. 5/4 1932

19. UNDERTAKER John L. Raby & Son
(Address) 1218 Light St.

20. FILED 5/4 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/10/32, 19.. to 5/1/32, 19..

I last saw h.. alive on 5/1/32, 19.. Death is said to have occurred on the date stated above, at 2:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chr.	Feb 1 1932
Hypertension	Unk

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Jas. Heywood Jr. M. D.

(Address) 9 W. Fayette

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

79369

E 79369

CERTIFICATE OF DEATH

108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hosp. St. 4-25 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William M. Corcoran

(a) Residence: No. 119 W Saratoga St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk 007

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto City

FATHER

13. NAME Michael Corcoran

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Winifred Spellman

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary A. Corcoran
(Address) 1425 - 2nd Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. 5-1-32

19. UNDERTAKER Mary A. Dawthorn
(Address) 2839 Raynor Ave

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5 - 1 , 1932

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1932 to May 1, 1932

I last saw him alive on 5-1, 1932 death is said to have occurred on the date stated above, at 7:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4/27/32

Other contributory causes of importance:

Chr. Nephritis	1931

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Chas F Claudius M. D.
(Address) 3013 St Paul St

Statistical Office
5/1/32
P.O.H.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

79370

94 E 79370

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Marlborough Apts. 7D. St. 14-28 Ward)

Length of residence in city or town where death occurred Lifetime ds How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Jay Samuel Strouse

(a) Residence: No. Marlborough Apts. 7 D. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah Strouse

6. DATE OF BIRTH (month, day, year) July 5, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 66

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Trucks

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Samuel Strouse

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Bertha Samstag

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. S. Strouse
(Address) Marlborough Aprts.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto.Heb. Date May 4, 1932

19. UNDERTAKER Sharid Sonneborn & Son
(Address) 1902 Eutaw Place

20. FILED ..... 1932 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/3 19 31 to 5/2 9a.m. 1932

I last saw him alive on 5/2/32, 19 ..... death is said to have occurred on the date stated above, at 9:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel Morrison, M. D.

(Address) 1013 N. Charles St.

AACo. 5-31 2508

79371

(Hamburger)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 79371

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2816 W. North Av St., 15-60 Ward)

Length of residence in city or town where death occurred ~~yrs.~~ ~~mos.~~ ~~ds.~~ How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Solomon Hamburger

(a) Residence: No. 2816 W. North Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Hannah Hamburger

6. DATE OF BIRTH (month, day, year) June 25, 1865 ~~May 31~~

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk Bkd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R. Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Moses Hamburger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Bartheimer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. S. Hamburger (Address) 2816 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL Bet. Friendship Date May 5 1932

19. UNDERTAKER David Sondheim & Son (Address) 1902 Eutaw Place

20. FILED May 5 1932 Harry Williams, Registrar

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1928 to May 3, 1932

I last saw h alive on May 3, 1932 death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronic Dilatation Pneumony Oedema	

Other contributory causes of importance:

Obstruction of Pyloric Dyr
& Carcinoma of Oesophagus

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Kahn, M.D.

(Address) 7022 W. Read St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

79372 E 79372

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) St., 1-3 Ward) 15

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth 40 yrs. mos. ds.

2. FULL NAME Michael Huszka (Hudziak)

(a) Residence: No. 2400 Fleet St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ? Poland

FATHER

13. NAME Henry

14. BIRTHPLACE (city or town) (State or country) ? Poland

MOTHER

15. MAIDEN NAME Mary Dumbroski

16. BIRTHPLACE (city or town) (State or country) ? Poland

17. INFORMANT Records of

(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Mary Rosary Date May 4 . 1932

19. UNDERTAKER John M. Weber

(Address) 401-403 Darlington Ave

20. FILED MAY 3 1932 Huntington Titusville, N.Y.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, . 1932

22. I HEREBY CERTIFY, That I attended deceased from June 9, . 1931 to May 2, . 1932

I last saw him alive on May 2, . 1932 Death is said to have occurred on the date stated above, at 6:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas of face	4/30/32
Arthritis chronic	chronic

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Jas E Thomas Jr M. D.

(Address) Balto. City Hosp.

79373

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79373

V 11-002

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Union Memorial Hosp

CITY OF BALTIMORE: (No. ..... St., 27-48 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs C mos 11 ds. How long in U.S. If of foreign birth? — yrs — mos — ds.

2. FULL NAME Mr Walter A Lackey

(a) Residence: No. 4910 Lawrence Ave St., Govans Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Walter A Lackey

6. DATE OF BIRTH (month, day, year) Sept 27 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	0	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Walter Lackey
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Emma Dellner
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Walter A Lackey
(Address) 4910 Lawrence Govans Md

18. BURIAL, CREMATION, OR REMOVAL. Place London Park Date 5/5 1932

19. UNDERTAKER Henry H Mears & Son
(Address) 802 W Baltimore St.

Huntingtn Williams, Jr
Registrar

MAY 5 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-28-32 1932 to 5-3 1932

I last saw h[illegible] alive on 5/3 1932 death is said to have occurred on the date stated above, at 9:3[illegible] m

The principal cause of death and related causes of importance were as follows:

Nephritis - acute — Date of onset 4-20-32

Other contributory causes of importance:

Influenza 1 week — 1 day

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) Richard Francis — M. D.

(Address) Union Memorial Hosp.

AACo. 5-11 2501

79374 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79374

CERTIFICATE OF DEATH

94-001

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3711 Barrington Rd 5-12 St.) (Ward)

Length of residence in city or town where death occurred 84 yrs. 6 mos. 1 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Green Clarkson

(a) Residence: No. 3711 Barrington Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank S. Clarkson

6. DATE OF BIRTH (month, day, year) Oct 31-1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Wm Hussey

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Susannah Green

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Eleanor Bowers
(Address) 3711 Barrington Rd

18. BURIAL, CREMATION, OR REMOVAL Interred
Place St John's Date May 4 1932

19. UNDERTAKER Wm J Tickner & Sons
(Address) Hamilton & Lafayette Aves

20. FILED 19 Huntington Pollicove Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1st 1932 to May 2nd 1932

I last saw her alive on May 2nd 1932 death is said to have occurred on the date stated above, at 9a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Senility	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Jno P Byerly M. D.

(Address) 3048 Wilmot Ave

Director

M. D. B. 1268-9

E 79375 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79375

CERTIFICATE OF DEATH

94-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 15-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Grace A. Marshall

(a) Residence: No. 1553 Mount St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thos. Marshall

6. DATE OF BIRTH (month, day, year) Oct. 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59 58		6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ? Maryland

FATHER

13. NAME Samuel Parker

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Gertrude Grace

16. BIRTHPLACE (city or town) (State or country) ? Maryland

17. INFORMANT Records of Balto City Hosp

(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Mt. Auburn Date May 4 1932

19. UNDERTAKER James A. Stuart

(Address) 1142 Hastings St, Baltimore, Md.

FILED MAY 4 1932 Huntington Mahaffie, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1932, to April 30, 1932

I last saw h Cr alive on April 30, 1932 Death is said to have occurred on the date stated above, at 7.25 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(Primary) acute cardiac failure	
(Secondary) apnea	
Other contributory causes of importance: manic depressive insanity, agitated depression	Feb 1932

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Goldsmith M. D.

(Address) Balto City Hosp

Spec.—1-12-32—V&T—500 Blks.

E 79376

E 79376

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-002

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2025 Wilkens Ave ST. 10-28 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Max Minner

(a) RESIDENCE NO. 2025 Wilkens Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Annie

6 DATE OF BIRTH (month, day, and year) Sept 9 1866.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	66.	—	23.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clothing Cutter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Jacob David Minner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Elyvia —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant (Address) Jennie Minner 2025 Wilkens ave

15 Filed 1932 Huntington Hill Registrar

V & — 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2 1932

17

I HEREBY CERTIFY, That I attended deceased from Jan. 3. 1929. to May 2 .1932.

that I last saw h alive on May 2, 1932

and that death occurred, on the date stated above, at 9:40 P m.

The CAUSE OF DEATH* was as follows:

Cardiac insufficiency

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. / ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Miller, M. D.

5/3 1932 (Address) 2030 Wilkens Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Leher Herring Run — DATE OF BURIAL May 4 1932

20 UNDERTAKER S Lennon Bro — ADDRESS 1172 Balto St

IONS is very important See instructions on back of certificates.

M. D. R. 1268-9

E 79377.

79377

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3803 Sequoia ave St. 15-63 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hester Blum

(a) Residence: No. 3803 Sequoia ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Jacob Blum

6. DATE OF BIRTH (month, day, year) 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs Sol Shainsky

(Address) 3803 Sequoia ave

18. BURIAL, CREMATION, OR REMOVAL

Place Pikesville Washington Rd Date 5/4 1932

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Baltimore st

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3 1932

22. I HEREBY CERTIFY, That I attended deceased from 1/10 1930 to May 3 1932

I last saw her alive on 5/3 1932. Death is said to have occurred on the date stated above, at 1405 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	Chronic

Other contributory causes of importance: none

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Strauchen M. D.

(Address) 122 N Gay

M. D. B. 1268-9

E 79378

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79378

CERTIFICATE OF DEATH

Surg. + 34

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-9 Ward)

Length of residence in city or town where death occurred yrs. 03 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harrison Collins

(a) Residence: No. Elkridge Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 23 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John H Collins

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Henrietta Turner

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Ricards.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Howard Co Date 5-6 1932

19. UNDERTAKER R Dig undertaking Co
(Address) Elkridge City Md

20. FILED Huntington Witt Registrar

MAY 6 - 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 1932 to May 3 1932

I last saw h[illegible]live on May 3, 1932 Death is said to have occurred on the date stated above, at 2 10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Lumbar Spine	
Tuberculous psoas abscess, rt.	

Other contributory causes of importance:

Syphilis
Syphilitic meningitis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. Howard Green M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 79379

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117 - E 79379

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital St., 26 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Saunders

(a) Residence: No. 729 S. Conkling St St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of Ada Saunders
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 2nd 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Molderman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. R. W. 078

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia ?

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Virginia ?

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Ada Saunders, Wife
(Address) 729 S. Conkling St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date May 4 1932

19. UNDERTAKER Tilley, Zeiler & Co.
(Address) Cor. Mt. Holly & Edgewood Sts. Elizabeth, N.J.

20. FILED April 30 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1932, to April 30, 1932

I last saw h alive on April 30, 1932 Death is said to have occurred on the date stated above, at 7:15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	48 hours
	4-29-32

Other contributory causes of importance:

Ruptured duodenal ulcer

Name of operation Repair of duodenal ulcer Date of 4/27/32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) J. E. Goodman M. D.
(Address) Sinai Hospital.

OCCUPATION is very important. See instructions on back of certificate.

79380

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79380

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4501 La Salle Ave St., 36-42 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Matthias T. Zeiler.

(a) Residence: No. 4501 La Salle Ave, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of the late Francis C. Zeiler

6. DATE OF BIRTH (month, day, year) April 24th 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Solicitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Phillips Bolling & Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John C. Zeiler

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Katherine Deitzel

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT John Chas Zeiler.
(Address) 4501 La Salle

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date May 6th, 1932

19. UNDERTAKER Lilly + Zeiler Inc.
(Address) 4103 S. Wolfe St.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2nd, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1931 to May 1, 1932.
I last saw h[e] alive on May 1, 1932. Death is said to have occurred on the date stated above, at 1 a m.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset abt (1/31)

Other contributory causes of importance:

Name of operation none Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) J. S. Harding, M. D.
(Address) 4810 Belair Rd

M. D. B. 1268-9

E 79381

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79381

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie Elizabeth Hershey

(a) Residence: No. none St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
Aged 70?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) ?
(State or country) Md.

FATHER

13. NAME Martin Kolle

14. BIRTHPLACE (city or town) ?
(State or country) Md.

MOTHER

15. MAIDEN NAME Mary Jane ?

16. BIRTHPLACE (city or town) ?
(State or country) Md.

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem. Date May 5, 1932

19. UNDERTAKER Edward Bryan
(Address) 1631 Pleasant Ave

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-2-32, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1925, to May 2, 1932

I last saw her alive on May 2, 1932. Death is said to have occurred on the date stated above, at 6:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Cerebral sclerosis Myocarditis, chr	More than 2 years
Other contributory causes of importance: Hemiplegia Hemorrhage into cerebrum	1925

Name of operation ? Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. Blundell, M. D.

(Address) Balto. City Hosp.

OCCUPATION IS VERY important. See instructions on back of certificate.

M. D. H. 1268-9

79382 E 79382

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2311 Arlington Ave. 27-44 (Ward))

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 10 mos. ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. ds.

2. FULL NAME "Baby" Miller

(a) Residence: No. 2311 Arlington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) May 3 32.

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or 10 min.
	0	0		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Warren Miller

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Evelyn Denton

16. BIRTHPLACE (city or town) (State or country) Solomons Maryland

17. INFORMANT Mrs E. M. Talbott (Aunt)

(Address) 2311 Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date May 4 1932

19. UNDERTAKER Herbert Evans Co

(Address) Baltimore Md

20. FILED May 4 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1932

22. I HEREBY CERTIFY, That I attended deceased (from May 3, 1932 to May 3, 1932

I last saw h alive on May 3, 1932 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

Premature Birth.

Date of onset

Other contributory causes of importance:

Prematurity

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. E. R. Campbell M. D.

(Address) 1644 Hanover St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1269-0

E 79383 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79383

E 79383 + 53

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-9 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town, where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Oliver Townsend

(a) Residence: No. 4411 Greeley St. St., ... Ward. Houston - Texas
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/18/20

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	11	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ala

FATHER

13. NAME Jeff Townsend

14. BIRTHPLACE (city or town) (State or country) Ala -

MOTHER

15. MAIDEN NAME Ruth Jordan

16. BIRTHPLACE (city or town) (State or country) Ala -

17. INFORMANT Reeds -
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Houston Texas Date May 4, 1932

19. UNDERTAKER John O. Mitchell & Sons,
(Address) 1905 Texas Ave. Houston, Texas

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3 1932

22. I HEREBY CERTIFY, That I attended deceased from May 2 1932 to May 3 1932

I last saw him alive on May 3 1932 Death is said to have occurred on the date stated above, at 6 15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor Glioma malignant	April 1932

Other contributory causes of importance:

None

Name of operation Puget Cranectomy Date of 5 3 32

What test confirmed diagnosis? Operation Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Ingrid O'Leigh M. D.
(Address) Johns Hopkins Hospital

OCCUPATION IS VERY important. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. 126840

E 79384

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79384

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 522 Brune St., 17-Ba Ward)

Registered No. 93-0

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Long.

(a) Residence: No. 522 Brune St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Sarah Long

6. DATE OF BIRTH (month, day, year): 1867

7. AGE: Years: 65 | Months: | Days: | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 060

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Friendship Md

FATHER

13. NAME: Henry Long

14. BIRTHPLACE (city or town) (State or country): Friendship Md

MOTHER

15. MAIDEN NAME: Susan Bowe

16. BIRTHPLACE (city or town) (State or country): Friendship Md

17. INFORMANT: Sarah Long

(Address): 522 Brune

18. BURIAL, CREMATION, OR REMOVAL

Place: Laurel Cem Date: 5/4 1932

19. UNDERTAKER: Samuel T. Hemsley

(Address): 578 W Biddle St

20. FILED - 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 2 1932

22. I HEREBY CERTIFY, That I attended deceased from . 19 to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	5
Pneumonia	2

Other contributory causes of importance:

Name of operation: Regular Date of

What test confirmed diagnosis: Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.
Coroner

(Address)

Director

M. D. B. 1268-9

79385 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 79385

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 13-54 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wolf Adler

(a) Residence: No. 827 Brooks Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Adler

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Dan. Adler

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Adler

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry Adler (Son)
(Address) 527 Bruce Lane

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Sinai Cemetery Date 5-4- 1932

19. UNDERTAKER
(Address)

20. EMBALMER

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-3 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-2 1932 to 5-3 1932

I last saw him alive on 5-3 1932 Death is said to have occurred on the date stated above, at 9:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. myocarditis	1 yr.
Cardiac insufficiency	1 yr.
Arteriosclerosis	?
Other contributory causes of importance:	
Chr. nephritis	1 yr
Chr. infectious arthritis	3 yr.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. B. Kirsh M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1968-9

E 79386

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79386

CERTIFICATE OF DEATH

51

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital (St.) 36-11 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Andrathy

(a) Residence: No. 3414 Esther Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Amelia Andrathy

6. DATE OF BIRTH (month, day, year): Oct 16-1884

7. AGE: Years 47 | Months 6 | Days 18 | If LESS than 1 day, hrs. or min. 17

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Horseshoer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Augustus Andrathy

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Anna Suppa

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: 5/8/32, 19

19. UNDERTAKER: Jos. F. Merk

(Address): 156 W. Lanvale St

20. FILED: MAY 9 1932 Huntington Wm. Lee Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1932 to May 3, 1932

I last saw him alive on May 3, 1932 Death is said to have occurred on the date stated above, at 6:35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Hyperephroma	?
Other contributory causes of importance: Subacute post peritoneal Hemorrhage	3 days (?)

Name of operation: Exploratory Incision Date of: May 3

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) E. J. Baumgartner M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

E 79387

E 79387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Square Hospital 107-001

Registered No. 21-21

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U. S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Lawrence Merty

(a) Residence: No. 525 W. Hamburg St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Feb 29 1873

7. AGE: Years 59 | Months 2 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto

MOTHER FATHER

13. NAME: Martin Merty

14. BIRTHPLACE (city or town) (State or country): Baltod

15. MAIDEN NAME: Anna Schmidt

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: John Merty

(Address): 525 W Hamburg

18. BURIAL, CREMATION, OR REMOVAL: Baltoc Cem May 6 '32

19. UNDERTAKER: [illegible] Hurston

(Address): 136 Fulton ave

20. FILED: [illegible] 1932

Registrar, Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5-2, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-30, 1932 to 5-2, 1932

I last saw him alive on 5-2, 1932 death is said to have occurred on the date stated above, at 4P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbuncle Neck	4-20-32
Broncho Pneumonia	5-1-32

Other contributory causes of importance:

Name of operation: Excision Carbuncle on 4-26-32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, how?

(Signed) C. W. Peake M. D.

(Address) Franklin Square Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 79388 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 79388

CERTIFICATE OF DEATH

82-001

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 Walson ST., 3-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth Davis

(a) RESIDENCE NO. 909 Walson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ ~~Husband~~ Wife of Jmes Davis

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): md

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): md

12 MAIDEN NAME OF MOTHER: Carroll

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md

14 Informant: Vasiar Ross

(Address) 909 Walson St

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 29-32

17 I HEREBY CERTIFY, That I attended deceased from Apr 20, 1932, to Apr 29, 1932, that I last saw h alive on Apr 29, 1932 and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

10 days (duration) yrs mos ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

Kidneys (duration) yrs mos ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) A. Edward Fisher, M. D.

4-30, 19 (Address) 1612 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 5/6/32

20 UNDERTAKER: Robt H Willis

ADDRESS: 1515 N Gilmor St

LVA - 1932

E 79389

E 79389

B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 5-8 WARD)

2-FULL NAME Thomas E Jones

(a) RESIDENCE NO 130 E. East ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 6 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	55	~~7~~ 6/10	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Common

9 BIRTHPLACE (city or town) (State or country) Balto City

PARENTS

10 NAME OF FATHER Thomas Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto City

12 MAIDEN NAME OF MOTHER Mary Gray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto md

14 Informant Lottie Jones

(Address) 945 Edmondson

15 Filed ..... 192 .... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Erysipelas

(duration) yrs. 4 mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M. Hanlon, M. D. Coroner

, 19 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: May 5 1932

20 UNDERTAKER: Robert F Wilkinson 1530 W Baltimore — ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79390

79390

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) 23-31 (Ward)

CITY OF BALTIMORE: (No. ..... Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mathew Williams

(a) Residence: No. 604 Creek Alley St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 26, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
54	55	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Chestertown Maryland

FATHER

13. NAME Mathew Williams

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Jane Rigby

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Date 19

Place

19. UNDERTAKER

(Address)

Filed ..... 19 ..... Registrar.

4-1932

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1932 to April 29, 1932

I last saw him alive on April 29, 1932 Death is said to have occurred on the date stated above, at 9a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unknown

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lawrence H. Sens M. D.

(Address) Baltimore City Hospitals

AaCo. 5-H 2508

79391 HEALTH DEPARTMENT CITY OF BALTIMORE 79391

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 518 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 3, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Samuel Burger

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Anna Sandler

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 19

19. UNDERTAKER
(Address)

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) , 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (2 wks)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) , M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 250M

HEALTH DEPARTMENT CITY OF BALTIMORE

E 79392

CERTIFICATE OF DEATH

34 E 79392

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bruden Hospital St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ida Schofield

(a) Residence: No. 3165 Oliver St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT ?
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date 19

19. UNDERTAKER
(Address)

20. FILED 6-1932 Huntington Williams, M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-29, 1932.

22. I HEREBY CERTIFY, That I attended deceased from 4-19, 1932, to 4-28, 1932.

I last saw her alive on 4-29, 1932 death is said to have occurred on the date stated above, at 2:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobular Pneumonia	4 days
Renal Disease	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) George W. Penniman M. D.

4-29-32 (Address) Provident Hospital

A&Co. 5-31 250B

E 79393 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79393

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Joseph Hosp. St. 4-25 (Ward)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Stetson

(a) Residence: No. 245 Lurch St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Married

5a. If married, widowed, or divorced
HUSBAND of Charles Stetson
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
about	43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 037
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Charleston
(State or country) W. Va.

FATHER

13. NAME Andrew Lewis
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown.
(State or country)

17. INFORMANT Clarence A. Johnson
(Address) 849 Pierce St.

18. BURIAL, CREMATION, OR REMOVAL
Place Date MAY 4 1932 19

19. UNDERTAKER [illegible]
(Address) Huntington, W. Va.

No. 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29. 1932

22. I HEREBY CERTIFY, That I attended deceased from April 22 1932 to April 29. 1932.
I last saw her alive on April 27. 1932 death is said to have occurred on the date stated above, at 1.25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	April 26
Other contributory causes of importance:	
Leukemia	9 ds.
Chronic Nephritis	
Hypertension	?

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Thomas Gardner M. D.
(Address) St. Joseph's Hosp.

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 79394

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 79394

164-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1831 Frederick Ave. ST. 19-28 (WARD)

2-FULL NAME John Frederick Koppe, Sr.

(a) RESIDENCE NO. 1831 Frederick Ave. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ Katherine B. Koppe

6 DATE OF BIRTH (month, day, and year) Jan. 28, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	3	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Junk Dealer
(b) General nature of industry, business, or establishment in which employed (or employer): Junk 045
(c) Name of employer: Himself

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: J. Frederick Koppe, Jr.

(Address) 3827 Echodale Ave.

15 Filed 3 4 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by Illuminating Gas

(duration) immediately yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Chas. N. Gromwell M. D.

5/4, 1932 (Address) 203 Patapsco St., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	May 7, 1932
20 UNDERTAKER	ADDRESS
J. Wm. Cutler	669 Morgan St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

E 79395

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-001 ✓ E 79395

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2364 Washington Blvd St. 25 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick W. Beckmann

(a) RESIDENCE NO. 2364 Washington Blvd St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Beckmann

6 DATE OF BIRTH (month, day, and year): 1862

7 AGE: Years 69 Months 70 Days — IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Frederick Beckmann

11 BIRTHPLACE OF FATHER (City or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Wilhelmina Evans

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant: Elizabeth Beckmann

(Address): 2364 Washington Blvd

15 Filed: Huntington Williams, M.D. Registrar

5-4-1932 H. P. H. Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: May 3. 1932

17 I HEREBY CERTIFY, That I attended deceased from Jany [illegible]. 1925 to May 3 1932.

that I last saw him alive on May 2 1932.

and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Rheumatoid Arthritis

(duration) 26 yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical Signs

(Signed) Jas L. Harrison M. D.

19 (Address) 337 E. Fourth Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cem. Date of Burial 5/6 32

20 UNDERTAKER: Edw. Davison ADDRESS Wash. Blvd

IMPORTANT: The undersigned is required by law to report to the Health Department the cause of death of every person whose death occurs in Baltimore City. Any person who refuses to furnish such information, or who knowingly furnishes false information, shall be guilty of a misdemeanor and subject to a fine of not more than $100.00. Please answer questions in ink and in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79396

CERTIFICATE OF DEATH

131 E 79396

Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 N. Broadway St. 27-55 Ward)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie L. Clarke,

(a) Residence: No. 5255 St Charles Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Clarke,

6. DATE OF BIRTH (month, day, year) May 19. 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

FATHER

13. NAME Daniel F. Bill, ever,
14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

MOTHER

15. MAIDEN NAME Emma Stocksdale,
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT D. Frank Clarke,
(Address) 5255 St Charles Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olive Date MAY 6 1932

19. UNDERTAKER Geo. R. Little
(Address) 2700 Edmondson Ave.

20. FILED MAY 7 1932 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 4 1932

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1932, to May 4, 1932
I last saw her alive on May 2, 1932 death is said to have occurred on the date stated above, at 3:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	
Other contributory causes of importance:	
Chronic Nephritis	

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No if so, specify —

(Signed) H. D. Smith, M. D.
(Address) 129 W. Lee St.

STATE CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

1-30—M & T—100 B—50L

E 79397

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79397

CERTIFICATE OF DEATH

59

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) St. Agnes Hospital ST. 15-60 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Thelma M. Young

(a) RESIDENCE NO. 2203 Windsor Ave ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. 7 mos. 3 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Cornelius J. Young

6 DATE OF BIRTH (month, day, and year) Sept. 30th 1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	25	7	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Lindsay Nicol

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mildred M. McFaul

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Lindsay Nicol
(Address) 2203 Windsor Ave.

15 Filed MAY 4 1932 Huntington Williams, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 3rd 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry), thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetes

(Duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetic coma

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Physical Signs

(Signed) Guy N. Cromwell M. D. Coroner

May 4 1932 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. DATE OF BURIAL May 7 1932

20 UNDERTAKER Geo. W. Little ADDRESS 2102 Edmondson Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-31 2508

Leonard C. Barrick

E 79398 **HEALTH DEPARTMENT CITY OF BALTIMORE** E 79398

X 121

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem. Hosp. St. ..... Ward)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Leonard C. Barrick

(a) Residence: No. Woodstown Maryland Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 22, 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53 yrs.	6	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saw Burner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Woodstown N.J.

MOTHER FATHER
13. NAME S. W. Barrick
14. BIRTHPLACE (city or town) (State or country) Woodstown N.J.
15. MAIDEN NAME Clara Stivers
16. BIRTHPLACE (city or town) (State or country) Salisbury Md.

17. INTERMENT Mt Hope Baltimore Md.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Hope Cem. Date May 7, 1932

19. UNDERTAKER Buell & Waugh
(Address) Woodstown, N.J.

FILED MAY 7 1932 Huntington Williams M.D. Registrar Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 30 32, 19 , to May 5, 1932

I last saw h. alive on May 3, 1932 death is said to have occurred on the date stated above, at 3:55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute appendicitis with partial pyloric obstruction, duodenal ulcer	

Other contributory causes of importance:

Post gastric stomach operation, appendectomy

Name of operation Date of operation May 5, 1932

What test confirmed diagnosis? Was there an autopsy? No

28. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John S. Fowler M.D.

(Address) Union Memorial Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1265-9

E 79399

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79399

CERTIFICATE OF DEATH

1085

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3213 Mc Elderry St.) (26-11 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna R. Gollar

(a) Residence: No. 3213 Mc Elderry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed or divorced (or) WIFE of Michael Gollar

6. DATE OF BIRTH (month, day, year) [illegible] 2, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria Hungary

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Austria Hungary

MOTHER

15. MAIDEN NAME Antonia Ratz

16. BIRTHPLACE (city or town) (State or country) Austria Hungary

17. INFORMANT Michael F. Gollar

(Address) 120 E. Birchhead St

18. BURIAL, CREMATION, OR REMOVAL

Holy Redeemer cemetery May 6th 1932

Place

19. UNDERTAKER Wm Cook

(Address) 1217 E Pratt St

[illegible] Williams NJ

Registrar

1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3rd 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1 1932 to May 3 1932

I last saw her alive on May 2 1932 Death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — 3 days
Mitral Regurgitation
Acute Cardiac Dilatation — 1 day

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 79400

E 79400 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 705 S. Eaton St. St. 76-37 Ward

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gustav A. J. Danneman

(a) Residence: No. 705 S. Eaton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth K. Danneman

6. DATE OF BIRTH (month, day, year) Nov. 21, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	5	17/13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist 031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

14. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Andrew N. Danneman

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Anna

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth K. Danneman

(Address) 705 S. Eaton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lutheran Cem Date May 7 1932

19. UNDERTAKER George W. Zirkler

(Address) 1737 E. Eager St

20. FILED MAY 5 - 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1932. 19

22. I HEREBY CERTIFY, That I attended deceased from March 25 1932 to May 3 1932

I last saw him alive on May 3 1932. Death is said to have occurred on the date stated above, at 11.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Rheumatic Endocarditis;	1917
Myocarditis;	1931
Sub-acute Bacterial Endocarditis;	1932
Pulmonary embolism	1932

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. J. Eichmann M. D.

(Address) 3507 Fait ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

79401

HEALTH DEPARTMENT—CITY OF BALTIMORE 79401

CERTIFICATE OF DEATH

82-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 26-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose Andrews

(a) Residence: No. 101 S. Clinton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 13 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME John T. Andrews

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Bertha Betkey

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Bertha Andrews

(Address) 101 S. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Bachmans Cem Date May 6, 1932

19. UNDERTAKER George M. Zibler

(Address) 1737 E. Eager St.

20. FILED MAY 5 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1932, to May 4, 1932

I last saw her alive on May 4, 1932 Death is said to have occurred on the date stated above, at 7:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis Thrombosis	10 days
Other contributory causes of importance:	
Acute Bronchitis	3 days

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. G. Kosh, M. D.

(Address) Sinai Hospital

STATE CAUSE OF DEATH in plain terms. Indefinite and unsatisfactory answers, such as "Heart Failure," "Kidney Trouble," "Old Age," "Senility," "Exhaustion," "Septicemia," "Pneumonia," "Tuberculosis," "Cancer," "Hemorrhage," "Accident," "Fracture," "Burns," "Drowning," "Asphyxiation," "Suicide," "Homicide," "Abortion," "Childbirth," "Convulsions," "Uremia," "Coma," "Meningitis," "Hemiplegia," "Apoplexy," "Paralysis," "Jaundice," "Dropsy," "Marasmus," "Debility," "Anemia," "Malnutrition," "Premature Birth," "Stillbirth," "Congenital Debility," "Congenital Malformation," "Congenital Hemorrhage," "Congenital Asphyxiation," "Congenital Pneumonia," "Congenital Tuberculosis," "Congenital Cancer," "Congenital Hemorrhage," "Congenital Accident," "Congenital Fracture," "Congenital Burns," "Congenital Drowning," "Congenital Asphyxiation," "Congenital Suicide," "Congenital Homicide," "Congenital Abortion," "Congenital Childbirth," "Congenital Convulsions," "Congenital Uremia," "Congenital Coma," "Congenital Meningitis," "Congenital 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M. D. H. 1268-9

79402 4 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 79402

CERTIFICATE OF DEATH

V 32-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. 26-2

CITY OF BALTIMORE: (No.) St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosa Klasa

(a) Residence: No. 518 N. Highland St., Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry

6. DATE OF BIRTH (month, day, year) June 18 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	10	17/16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Snyder

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records —
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Oakland Cem Date May 7 1932

19. UNDERTAKER George M. Zickler
(Address) 1737 E. Eager St

20. FILED MAY 7 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 4 1932 to May 4 1932

I last saw her alive on May 4 1932 Death is said to have occurred on the date stated above, at 11 15a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Lymphatic Leukemia	1931

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1368-9

79403

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79403

CERTIFICATE OF DEATH

115-001

1. PLACE OF DEATH: Sinai Hosp.

CITY OF BALTIMORE: (No.) Rutland St. 27-55 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 7 yrs. 3 mos. ds.

2. FULL NAME: Ryland Myerly

(a) Residence: No. 3900 Maynard Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): Jan 15 1918

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): None

11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Charles Myerly

14. BIRTHPLACE (city or town) (State or country): Carroll Co Md

MOTHER

15. MAIDEN NAME: Mary - ? ?

16. BIRTHPLACE (city or town) (State or country): Carroll County Md

17. INFORMANT: C C Myerly Father

(Address) 3900 Maynard Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Dulaich Cemetery Date: May 5 19 32

19. UNDERTAKER: Stewart Funeral Co.

(Address) 1201 Pennsylvania Ave.

20. FILED: May 5 1932 Huntington Williams Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1932 to May 3, 1932

I last saw him alive on May 3 1932 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Tonsillitis	1 yr
Acute Rheumatic Fever	3 mos.
Pan-Sinusitis	7 days
Acute Hem. Nephritis	2 days

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. Bokerak, M. D.

(Address) Sinai Hosp.

1-20—M & T—100 B—501.

E 79404

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-E 79404

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. 26-11 WARD)

2-FULL NAME James C Leonard

(a) RESIDENCE NO 313 Lonejo Lane ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5y yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret Leonard

6 DATE OF BIRTH (month, day, and year) Oct 8 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	73	6	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer, Gen
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Thomas Leonard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Sarah Jane ——

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Florence E Little

(Address) 2212 Mc Elderry St

15 Filed MAY 5 1937 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 3 1937

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs, mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 313 Lonejo Lane

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) D J Skerry M.D. Coroner

May 5, 1937 (Address) 805 Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem.

DATE OF BURIAL May 6 1937

20 UNDERTAKER Wm. J. Miller & Son

ADDRESS 2334 Jefferson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-31 250B

79405

HEALTH DEPARTMENT—CITY OF BALTIMORE

79405

CERTIFICATE OF DEATH

54

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1002 Poplar Hill Road St. 27-53 Ward)

Length of residence in city or town where death occurred 31 yrs ~ mos ~ ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harriet Wilson Dushane Penniman

(a) Residence: No. 1002 Poplar Hill Road St., ... Ward. Resident
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George Dobbin Penniman

6. DATE OF BIRTH (month, day, year) Nov 15, 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife None 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) 3-3-32

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

FATHER

13. NAME John Alexander Dushane

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Elizabeth Marion DuRe

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

17. INFORMANT Geo. Dobbin Penniman
(Address) 1002 Poplar Hill Road.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date 5-6- 1932

19. UNDERTAKER Henry W. Jenkins & Sons
(Address) Richard Colle Cullom

AUG - 1932

20. FILED ..... 19... Registrar.

Huntington Williams, M.D. Director

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May ~ 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1932 to ..... 19...
I last saw her alive on April 19 1932 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Coronary Occlusion died instantly	5-7-32
Senile Arteriosclerosis	1926
Chronic Contracted Kidney	1927
Diabetes Mellitus	1921

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Gibson Porter M. D.
(Address) 4822 Roland Ave

Sipe—9-30—A. & Co.—250 Blks

E 79406 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79406

CERTIFICATE OF DEATH. 1205

1 PLACE OF DEATH

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 1216 S. Potomac St. ST | - | WARD)

2 FULL NAME Rev. Papa Pavlos.

(a) RESIDENCE NO 1216 S. Potomac St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Minnie Pavlos.

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about 80				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Priest 018

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Greek Orthodox Church

9 BIRTHPLACE (city or town) (State or country) Greece.

PARENTS

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Theodore Pavlos
(Address) 1216 S. Potomac St.

15 Filed MAY 5 - 1932 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4, 1932

17:

I HEREBY CERTIFY, That I attended deceased from May the 3 1932 to May the 4 1932
that I last saw h in alive on May 4th 1932
and that death occurred, on the date stated above, at 7P. m.

The CAUSE OF DEATH* was as follows:

acute enteritis

(duration) — yrs. — mos. 1½ ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical symptoms

(Signed) B. Arter M. D.

5-5 1932 (Address) 450 Eastern

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL May 7 1932

20 UNDERTAKER Ehrnowitz Bros

ADDRESS 3615 Eastern Ave

Director

TION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 79407

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 79407

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp (St.) (Ward)

Length of residence in city or town where death occurred 5 yrs. Mos. Dys. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rowllow Bolden

(a) Residence: No. 614 Perkins Pl. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Dec 12 1924

7. AGE: Years 7 | Months 6 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Middleburg Va

FATHER

13. NAME: Preston Bolden

14. BIRTHPLACE (city or town) (State or country): Middleburg Va

MOTHER

15. MAIDEN NAME: Fannie Smith

16. BIRTHPLACE (city or town) (State or country): Middleburg Va

17. INFORMANT: Fannie Bolden

(Address) 614 Perkins Pl

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lebanon Cemetery Date May 5, 1932

19. UNDERTAKER: Thos Rollo & Williams

(Address) 3221 Seventy St

Filed MAY 5 - 1932 19

Huntington Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 3 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Simple Meningitis	4 Days
Other contributory causes of importance: Influenzal Infection	14 Days

Name of operation: Regular Date of

What test confirmed diagnosis: Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. B. Kirk Coroner M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 79408 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79408

CERTIFICATE OF DEATH

87-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp St. 16-23 (Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm Parker

(a) Residence: No. 824 Woodyear St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col'd | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lottie Parker

6. DATE OF BIRTH (month, day, year) May 14 1888

7. AGE: Years 43 | Months 8 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Central Georgia

FATHER

13. NAME Wesley Parker

14. BIRTHPLACE (city or town) (State or country) Talbot Co, Md

MOTHER

15. MAIDEN NAME Fanny Sharp

16. BIRTHPLACE (city or town) (State or country) Talbot Co Md

17. INFORMANT Lottie Parker

(Address) 824 Woodyear

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Zion Date May 8 1922

19. UNDERTAKER Joseph A Lipsky

(Address) 1519 N. Mount St

20. FILED MAY 8 1922 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4th, 1922

22. I HEREBY CERTIFY, That I attended deceased from May 1922 to May 1922

I last saw h alive on May 1922 Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 4 hours

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Hollwitt Coroner M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79409

E 79409

11-00

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 903 N Luzerne Ave St. 7-12 Ward)

Length of residence in city or town where death occurred 51 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Philip H Nengel

(a) Residence: No. 903 N Luzerne Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mamie Rosman

6. DATE OF BIRTH (month, day, year) Nov 12 th 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Highways Balto city

10. Date deceased last worked at this occupation (month and year) 6 yrs Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry Nengel

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary Huth

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Mamie Nengel
(Address) 903 N Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date May 7 1932

19. UNDERTAKER John Gilbert
(Address) 1201 Eutaw

20. FILED ... 19... Hunterdon Register, N.J.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4 th 1932

22. I HEREBY CERTIFY, That I attended deceased from May 2 1932 to ... 19...
I last saw h[im] alive on May 4 1932
and death is said to have occurred on the date stated above, at 5.55 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	May 1
Other contributory causes of importance:	
Influenza	May 1

Name of operation ... Date of ...
What test confirmed diagnosis? Physical Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Fr E. Kearney M.D.
(Address) 1301 N Park pl

M. D. B. 1268-9

E 79410

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 79410

Registered No. 108

1. PLACE OF DEATH University Hospital St. 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 6 yrs. 1 mos. 10 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rose Hubert F

(a) Residence: No. 400 N. Carrollton Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) White Haven Md.

MOTHER FATHER

13. NAME John Wright

14. BIRTHPLACE (city or town) (State or country) Jacksonville, Md.

MOTHER

15. MAIDEN NAME Anna Jones

16. BIRTHPLACE (city or town) (State or country) White Haven Md.

17. INFORMANT Mrs. Hubert (daughter)
(Address) 924 Laurens St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet, Md. Date May 8, 1932

19. UNDERTAKER Miss. Ida R. Williams
(Address) 2221 Pennsylvania Ave.

20. FILED 1932 Harrington Williams, N.D.
Registrar Undertaker

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/3/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from 3/23/32 . 19 . to 5/3/32 . 19

I last saw her alive on 5/3/32 . 19 Death is said to have occurred on the date stated above, at 1:10 Pm

The principal cause of death and related causes of importance were as follows:

Pneumococcic Meningitis — Date of onset 5/1/32

Lobar Pneumonia (Rt. Lower Lobe) — 4/28/32

Other contributory causes of importance:
Chronic Infections Arthritis (All Joints in Body affected)

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) Harry J. Kelly M. D.
(Address) University Hospital

M. D. B. 1268-9

E 79411 HEALTH DEPARTMENT—CITY OF BALTIMORE 79411

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) St., 16-26 (Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence Spriggs

(a) Residence: No. 629 Carrollton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 3, ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31?	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Prince Geo Co

MOTHER

15. MAIDEN NAME May Spriggs

16. BIRTHPLACE (city or town) (State or country) Balto. Md. Prince Geo Co

17. INFORMANT Records of Balto. City Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Prince Geo Co
Place Woodlawn Date May 7, 1932

19. UNDERTAKER James E. Welch
(Address) 1021 Carrollton Ave

20. FILED MAY 5 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1932, 19

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1932 to May 3, 1932

I last saw him alive on May 3, 1932 Death is said to have occurred on the date stated above, at 6:30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, chr interstitial, acute	4/27/32

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas E Lunde Jr M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

AACo. C-H 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

79412

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

79412

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 Patterson Park Ave Ward)

Length of residence in city or town where death occurred yrs mos da How long in U.S. If of foreign birth? yrs mos da

2. FULL NAME Lillie E Roman

(a) Residence: No. 407 Patterson Park Ave Ward.

(If non-resident give city or town and State)

(usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Roman

6. DATE OF BIRTH (month, day, year) July 1 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	65	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Adolf Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Veronica Horn

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Nena Lina Patterson

(Address) 407 Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL Date May 7 1932

Place Holy Redeemer

19. UNDERTAKER Martin W.C. Tibbel inc

(Address) 37 S Ann St

Hunting Park Ave Wilmington N.C.

20. FILED MAY 7 1932

Director

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 1931, to May 4 1931

I last saw h[illegible] alive on May 3 1931

to have occurred on the date stated above, at 4:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Valvular Heart Disease	?
Chr arteri-Sclerosis	

Other contributory causes of importance:

Cardiac decompensation 6 wks

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Chas J. Feinghts M. D.

(Address) 700 N. E. Baltimore

M. D. B. 1268-6

E 79413

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 7-9 St., Ward)

Length of residence in city or town where death occurred yrs. mos. 6 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Sarsmore

(a) Residence: No. 5 Princess Ann St., Ward. Md—
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of / (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 6 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Standard Oil Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 86

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md—

MOTHER / FATHER

13. NAME Geo. Sarsmore

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Lindemann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records—
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Harmony Cemetery Date 5/5/32

19. UNDERTAKER W. A. Benz
(Address) Elkton Md.

20. FILED 5/6/32 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 28 1932 to May 4 1932

I last saw him alive on May 4 1932 Death is said to have occurred on the date stated above, at 7.15 p m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis, pulmonary — Duration 7 days

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. S. Anderson M. D.

(Address) Johns Hopkins Hosp.

STATE CAUSE OF DEATH IN PLAIN TERMS. See instructions on back of certificate. OCCUPATION is very important.

M. D. H. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79414

CERTIFICATE OF DEATH

159 E 79414

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1708 Lancaster St., 2-4 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Peter Tobarzycki

(a) Residence: No. 1708 Lancaster St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/23/32

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or 5 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

13. NAME

FATHER

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date 19

19. UNDERTAKER
(Address)

20. FILED 5-1932 Huntington Williams, M.D. C.C.O. Registrar. Director

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Still Born

(Mono Foetus)

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D.
Coroner

(Address) 1303 N Patterson Pk

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 79415

E 79415

REGISTERED NO. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 106 W. Conway ST. 27-30 (WARD)

2-FULL NAME Claude Hendricks

(a) RESIDENCE No. Marley Creek - Aa. Co. ST. Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eunice Hendricks

6 DATE OF BIRTH (month, day, and year) ...

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Plasterer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Texas

PARENTS

10 NAME OF FATHER John Hendricks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Texas

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. E. Hendricks

(Address) Marley Creek - Aa. Co. Md.

15 Filed ... 1932 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 19 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Poisoned by illuminating gas. Suicide

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? ...

(Signed) Eugene Zellers, M. D. Coroner

5/3, 1932 (Address) 739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL MAY 5 - 1932

20 UNDERTAKER [illegible]

ADDRESS ...

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79416

CERTIFICATE OF DEATH

E 79416

1. PLACE OF DEATH Good Shepherd Hospital 131 Registered No.

CITY OF BALTIMORE: (No. 1512 E. Pilmor St. 18-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Johnson

(a) Residence: No. 802 N. Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) abt. 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMANT William R. Boykin

(Address) 2566 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY OF MARYLAND Date MAY 5 - 1932

19. UNDERTAKER

(Address) Huntington Mills Inc

Date Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1932 to April 27, 1932

I last saw h alive on April 21, 1932 Death is said to have occurred on the date stated above, at 4 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	[illegible]
Uremia	4-25

Other contributory causes of importance: Chronic Myocarditis

Name of operation No Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public** place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles T. Wyckoff M. D.

(Address) 811 Hunter St

1932

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of **OCCUPATION** is very important. See instructions on back of certificate.

M. D. H. 1268-9

79417 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-002 E 79417

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St., 14-24 (Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Joseph Reynolds

(a) Residence: No. 1338 W. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, BUSBAND of (or) WIFE of Alice G Reynolds

6. DATE OF BIRTH (month, day, year) Oct 12/1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Boilermaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R R. 073

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Ellicott City Md

FATHER

13. NAME John Reynolds.

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Sivus

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Alice G. Reynolds
(Address) 1112 E 20th St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Cathedral Cem Date May 7 1932

19. UNDERTAKER Harry R Amadeo & Son
(Address) #2240 Edgewood Ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1932, to May 4, 1932

I last saw h[illegible] alive on May 4, 1932. Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Duodenal Ulcer	Dec 1[illegible]
Other contributory causes of importance: Hemorrhage Exhaustion Pernicious Anemia	April 15 May 4

Name of operation Date of

What test confirmed diagnosis? Aut. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Maurice Jones alone M. D.

(Address) Univ. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 2498

HEALTH DEPARTMENT CITY OF BALTIMORE

E 79418

CERTIFICATE OF DEATH

93 E 79418

1. PLACE OF DEATH Bolte City Hospital

CITY OF BALTIMORE: (No. ..... St. 27-41 Ward) 1

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME William Rigor Fremont Road

(a) Residence: No. 4223 Hacaith Rd Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Georgia Rigor

6. DATE OF BIRTH (month, day, year) May-3-1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER

13. NAME George Rigor

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Lillian Maccany

16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Evergreen Cemetery Date May 7th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. [illegible] 1932 ..... 19 ..... Registrar. APH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-3 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-28 1930 to 5-3 1932

I last saw him alive on 5-3 1932 death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Arterio-sclerotic Cardio-Vascular Lesions	
2. Chronic Myocarditis	
Other contributory causes of importance Cellulitis of Rt foot with Septicemia	4-25-32

Name of operation None Date of .....

What test confirmed diagnosis C.F. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Arthur P. Lewis, M. D.

(Address) Bolte City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

79418 E 79419

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 401 Calvin Ave St., 17 Ward)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Malachi T. Scalley

(a) Residence: No. 401 Calvin Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Catherine A Scalley

6. DATE OF BIRTH (month, day, year) Mar 10 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick Scalley

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Catherine Scalley
(Address) 401 Calvin Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Moriah Cem Towson Md Date May 7 1932

19. UNDERTAKER Wm Cook
(Address) 1217 E Pratt St

DATE RECEIVED May 5 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5th 1932

22. I HEREBY CERTIFY, That I attended deceased from October 1931 to May 5 1932

I last saw h alive on May 3 1932 Death is said to have occurred on the date stated above, at 2 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	10 yrs ago
Other contributory causes of importance: Cardiac Decompensation	1 day

Name of operation Chemical examination Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If ~~Accident~~ Specify

~~Suicide~~

Signed Geo McFee M. D.

(Address) 2435 Maryland Ave

Y 5 1932

Information must be given in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

79420

CERTIFICATE OF DEATH

E 79420

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 Franklintown Rd) Ward 9

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert M. Moore

(a) Residence: No. 410 Franklintown Rd Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of .....
(or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Feb 18th 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Tavers T. Moore

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margaret A. Smith

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Tavers T. Moore

(Address) 410 Franklintown Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date May 7th 1932

19. UNDERTAKER Wm Cook & Son

(Address) 1207 E Fayette St

20. FILED 1932 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5th 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/4/32 to 5/6/32

I last saw h— alive on 5/6/32 Death is said to have occurred on the date stated above, at 11a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	4 wks.
Other contributory causes of importance: Bronchopneumonia	7

Name of operation ..... Date of .....

What test confirmed diagnosis? Path Was there an autopsy? Y

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Bernard J. Fenz, M. D.

(Address) 910 W Lombard

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1266-9

E 79421

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79421

CERTIFICATE OF DEATH

210-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 21-42 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emilie C. Holtman

(a) Residence: No. 3014 Glenmore Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ (or) WIFE of Frederick W. Holtman

6. DATE OF BIRTH (month, day, year) Sept 5th 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Karl Heinrich

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marie ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Arthur C. Holtman

(Address) 425 Cambria St

18. BURIAL, ~~Removal~~ Cemetery Richmond Va Date 5/7/ 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED MAY 5 1932 Huntington W. Va. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3 1932

22. I HEREBY CERTIFY, That I attended deceased from ~~injury~~ 19 to 19

I last saw h alive on ~~injury~~ 19 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	5/3/32
Intracranial Hemorrhage	
Other contributory causes of importance:	
Struck by automobile	5/3/32

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in, also the following:

Accident, suicide, or homicide? Accident Date of injury 5/3 1932

Where did injury occur? Harford Rd & Glenmore Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by automobile

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph F. Young Coroner M. D.

(Address) 2200 E Madison St

OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79422

E 79422

CERTIFICATE OF DEATH

Registered No. 82-001

1. PLACE OF DEATH Johns Hopkins Hospital 5-5-32

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1400 Eutaw Place St.) (Ward)

Length of residence in city or town where death occurred 7-8 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Philip W. McAdams

(a) Residence: No. 1400 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84 years			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Edward McAdams

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ann Murray

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Johns Hopkins Hospital
(Address) 1400 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date May 6, 1932

19. UNDERTAKER Thomas F. Flynn
(Address) 1420 Eutaw Place

20. FILED MAY 5 - 1932 Huntington Williams M.D.
Registrar.
H.B.P. 10 Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/1, 1932, to 5/3, 1932

I last saw him alive on 5/2, 1932 death is said to have occurred on the date stated, above, at 3:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5/3/32

Other contributory causes of importance:

Senile Arteriosclerosis	1921
Hypertension	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Robert Reiver, M. D.

(Address) St. Agnes Hospital

MAKE CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79423

E 79423

CERTIFICATE OF DEATH

66-082

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-9 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2½ ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lillian Hammond

(a) Residence: No. Ellicott City. Md St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 1/15/78

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Embroiderer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 069

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md Va

FATHER

13. NAME Frank Hammond

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Fannie Cooke

16. BIRTHPLACE (city or town) (State or country) Md Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place St Johns Cem Date May 8 1932

19. UNDERTAKER Easton Sons

(Address) Ellicott City Md

20. FILED MAY 5 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1932 to May 5, 1932

I last saw h.e.r. alive on May 5, 1932. Death is said to have occurred on the date stated above, at ... p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hyperthyroidism	?
Other contributory causes of importance: Post Operative Bronchopneumonia Myocardial insuff.	

Name of operation Thyroidectomy (Partial) Date of 4/23/32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ralph J. Hills M. D.

(Address) Johns Hopkins Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

79424

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79424

CERTIFICATE OF DEATH

131

1-PLACE OF DEATH

City of Baltimore: (No. City Hospital St. 18-76 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sylvester Mann

(a) RESIDENCE NO. 4 N Poppleton St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 3 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 8-1875

7 AGE Years	Months	Days	IF LESS than 1 day hrs or min.
57	3	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Glass Bottle Blower
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Indiana

PARENTS

10 NAME OF FATHER John Mann

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Indiana

12 MAIDEN NAME OF MOTHER Mckneeun

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Indiana

14 Informant Cassie White
(Address) 4 N Poppleton

15 Filed MAY 6 1932 19 Huntington Williams, Registrar
Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~Inquest~~ Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

May 5, 1932 (Address) 1302 Hutton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem — DATE OF BURIAL 5/7/1932

20 UNDERTAKER John F Cowan & Son — ADDRESS 901 Edmondson Ave

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 79425

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79425

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Bon Secours Hospital St., 70-64 Ward)

Length of residence in city or town where death occurred 64 yrs. 6 mos. 27 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Boyd.

(a) Residence: No. 2121 Vine St. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel L Boyd.

7. DATE OF BIRTH (month, day, year) Oct 7th 1867

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas Wickham
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Annie Clark
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr Samuel L. Boyd. (Address) 2121 Vine Street

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters Date 5/7/1932

19. UNDERTAKER John J. Cowan & Son (Address) 901 St Paul St

20. FILED MAY 9 1932 Huntington Williams, M.D. Registrar Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1932, to May 4, 1932

I last saw her alive on May 4 1932 death is said to have occurred on the date stated above, at 12 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage Embolism	4 hrs.
Other contributory causes of importance: Diabetes Mellitus	?
Diabetic Gangrene of Left Leg	1 week

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) Andres E. Cala, M. D.
(Address) Bon Secours Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

William Thomas Mouse

E 79426

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79426

CERTIFICATE OF DEATH

V 34

1. PLACE OF DEATH Good Shepherd Hospital

Registered No.

CITY OF BALTIMORE: (No. 416-22 St. Ward)

If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Thomas Mouse

(a) Residence: No. 1124 Tucker St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Maggie Mouse

6. DATE OF BIRTH (month, day, year) 5-1-1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	-	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Grocer~~ Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Baltimore City Md.

FATHER

13. NAME Geo Mouse

14. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

MOTHER

15. MAIDEN NAME Martha Jones

16. BIRTHPLACE (city or town) (State or country) Baltimore City Md.

17. INFORMANT Maggie Mouse (Address) 1124 N. Stricker St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date 5/6 1932

19. UNDERTAKER Charles G. Cooper (Address) 574 N. Calhoun St.

20. FILED MAY 6 - 1932 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1932 to May 3, 1932

I last saw him alive on May 3, 1932. Death is said to have occurred on the date stated above, at 6.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Cerebral Hemorrhage~~	
Cerebral Hemorrhage	3-16-32
Cerebral Softening	4-27-32

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles J. Wiechard M. D.

(Address) 811 Hamilton Ave

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2500

E 79427

HEALTH DEPARTMENT CITY OF BALTIMORE

E 79427

CERTIFICATE OF DEATH

93-003

27-49

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4628 Schenley Rd St., 27th Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph H. Argabright

(a) Residence: No. 4628 Schenley Rd Ward. 27th.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Josephine Argabright

6. DATE OF BIRTH (month, day, year) Jan 11 dy 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 030
10. Date deceased last worked at this occupation (month and year) retired
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Elkton Va

FATHER

13. NAME Asher Argabright
14. BIRTHPLACE (city or town) (State or country) Elkton Va

MOTHER

15. MAIDEN NAME Sarah Rusmisselle
16. BIRTHPLACE (city or town) (State or country) Augusta Co Va

17. INFORMANT Floyd Argabright son
(Address) 4628 Schenley Rd

18. BURIAL, CREMATION OR REMOVAL Date May 7 1932
Woodlawn Cemetery

19. UNDERTAKER Wm. Maxwell
(Address) 2539 Eutaw Pl
Huntington L.I. Greville, N.Y.

Date of Certificate MAY 6 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1929 to May 4 1932
I last saw him alive on May 4 1932 death is said to have occurred on the date stated above, at 10.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerotic Cardiac disease.	
Other contributory causes of importance. Myocardial insufficiency & Pulmonary edema	

Name of operation ..... Date of .....

What test confirmed diagnosis? Ex Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. Smith, M. D.

(Address) 3429 Chestnut Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 79428

E 79428

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No) 1346 N. Fremont. (St.) 15-23 (Ward)

2-FULL NAME Bernard I. Peters.

(a) RESIDENCE. No. 1346 N. Fremont St. Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): April 5 1914

7 AGE: Years 18 Months 0 Days 29 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Errand Boy

(b) General nature of industry, business, or establishment in which employed (or employer): Shoe Store.

(c) Name of employer: Mr Goodman (Shoe Co) Baltimore

9 BIRTHPLACE (City or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Edgar E Peters.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Annapolis Md

12 MAIDEN NAME OF MOTHER: Cornelia Jennings

12 BIRTHPLACE OF MOTHER (city or town) (State or country): Anne Arundel Co.

13 Informant (Address): Edgar E Peters Jr 1346 N Fremont Ave

15 Filed . 19 Registrar, M. D.

MAY 6 - 1932

Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 4 1932

17 I HEREBY CERTIFY, That I attended deceased from March 16 1932 to May 4 1932 that I last saw h— alive on May 3 1932 and that death occurred, on the date stated above, at 12.50 A. m.

The CAUSE OF DEATH* was as follows:

Florida.

Pulmonary Tuberculosis (duration) yrs. 2 mos. dys.

CONTRIBUTORY (Secondary) Influenza (duration) yrs. mos. 20 dys.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical History.

(Signed) Wm. H. Wright M. D.

5/4 1932 (Address) 120 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem.

DATE OF BURIAL: May 6 1932

20 UNDERTAKER: Thomas E. Kelly

ADDRESS: 1303 Pennsylvania Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 79429 — 500 Blks.

E 79429

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

133

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 833 Edmondson Ave (ST.) 12 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elsie Reels

(a) RESIDENCE NO. 833 Edmondson Ave ST.

(Usual place of abode)

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Reels

7 DATE OF BIRTH (month, day, and year): Aug 21, 1888

7 AGE: 43 Years 44 | Months 8 | Days 7 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): D. C.

PARENTS

10 NAME OF FATHER: William Brompton

11 BIRTHPLACE OF FATHER (city or town) (State or country): D. C.

12 MAIDEN NAME OF MOTHER: Laura Grant

13 BIRTHPLACE OF MOTHER (city or town) (State or country): D. C.

14 Informant: Mother (Address) 833 Edmondson Ave

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 7, 1932

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1932, to May 7, 1932, that I last saw her alive on May 7, 1932, and that death occurred, on the date stated above, at 1:40 A.m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary): Pyelitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Typical

(Signed) Gary W. McDonald, M. D.

, 19 (Address) 700 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemetery

DATE OF BURIAL: May 6 1932

UNDERTAKER: Thomas E. Kelly

ADDRESS 1303 Pennsylvania Ave

Dr. 2 Cr.

important. See instructions on back of certificates.

MAY 6 - 1932

M. D. B. 1268-8

E 79430

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79430

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1134 N. Carlton St., 16-23 Ward)

Registered No. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Delois Smith

(a) Residence: No. 1134 N. Carlton St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. (Sex) Female

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 30 1930

7. AGE: Years 1 | Months 5 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Clifford Smith

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Esther Waters

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Esther Waters

(Address) 1134 N. Carlton St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date May 6 1932

19. UNDERTAKER Thomas E. Kelly

(Address) 1203 Pennsylvania Ave

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7 1932

22. I HEREBY CERTIFY, That I attended deceased from . 19 to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Whooping Cough.	10 days
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) M. D.

Coroner

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-11 2508

E 79431

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79431

CERTIFICATE OF DEATH

✓ 157-001

1. PLACE OF DEATH Union Memorial Hosp. 36-37 Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3 d 1/2 W Calvert St., _____ Ward)

Length of residence in city or town where death occurred 5 yrs. 5 mos. 20 ds. How long in U.S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Douglas Leroy Hewitt

(a) Residence: No. 246 So. Conkling St. St., _____ Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Baby

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Baby

6. DATE OF BIRTH (month, day, year) Nov. 13, 1931

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	—	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spooner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) 6-0
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER FATHER

13. NAME John H. Hewitt
14. BIRTHPLACE (city or town) (State or country) Maryland
15. MAIDEN NAME Laura Wilson
16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mr John H. Hewitt
(Address) 246 S Conkling St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt OLIVET Date May 6 1932.

19. UNDERTAKER John F Denny
(Address) 715 Light St

20. FILED MAY 6-1932 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 17 1932 to May 3 1932
I last saw h/m alive on May 3 1932 death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus	11/13/32

Other contributory causes of importance:

Resolution of Communicating Ventricle
Ventricular functions, arrested. Date of operation 5/3/32
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Jean C. Capers M.D.
(Address) Union Memorial Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 79432

E 79432

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 205 Ausquith (St.) 58 (Ward)

2. FULL NAME John F. Thomas

(a) RESIDENCE NO. 205 Ausquith St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: Boone

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Mary J. Mack 2130 Elmwood Ave

15 Filed . 19 Huntington Williams, M.D. Director

MAY 6 - 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5-4-32

17. I HEREBY CERTIFY, That I attended deceased from 4-29- , 1932, to 5-4- , 1932

that I last saw h[illegible] alive on 5-3- , 1932

and that death occurred, on the date stated above, at 11 A. M.

The CAUSE OF DEATH* was as follows:

Chronic Valvulitis.

unknown.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteria-Sclerosis unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Alex Hanger M. D.

5-5-1932 (Address) 611 N. Carrollton

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Ct

DATE OF BURIAL: 5/6/32

20 UNDERTAKER: Isaiah L. Brown & Son

ADDRESS: 1019 W Montgomery

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 79433

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79433

CERTIFICATE OF DEATH

122 002

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) The Baptist Home St. 1615 Park Ave. (Ward) 14-20

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret E. White

(a) Residence: No. 1615 Park Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of --

6. DATE OF BIRTH (month, day, year) Jan. 27, 1839

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	93	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Samuel C. White

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Sallie B. Taylor

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Margaret Anderson
(Address) 2905 Mt. Holly St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemty Date May 6, 1932

19. UNDERTAKER J. Wm. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED MAY 6 - 1932 19 Huntington Williams, Registrar.

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5 1932

22. I HEREBY CERTIFY, That I attended deceased from May 2 1932 to May 5 1932

I last saw h[illegible] alive on May 4 1932. Death is said to have occurred on the date stated above, at 6-55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Complete Obstruction of the bowels -	May 2 1932

Other contributory causes of importance:

—

Name of operation Fecal Fistula Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) C. F. Robinson M. D.

(Address) Medical Arts Building

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E.D. 79434

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79434

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1625 Linden Ave. St., 14-20 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna V. L. [redacted] Brewer

(a) Residence: No. 1625 Linden Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of --

6. DATE OF BIRTH (month, day, year) Dec. , 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John M. Brewer

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary A. Van Lear

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Miss Cora Brewer
(Address) 1625 Linden Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem'ty Date May 7, 1932

19. UNDERTAKER John J. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED May 7 1932 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5th, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 3d, 1932 to May 4th, 1932. I last saw h[illegible] alive on May 4th, 1932. Death is said to have occurred on the date stated above, at 6:00 a. m.

The principal cause of death and related causes of importance were as follows:

Intestinal disease of heart
& Myocardial degeneration
& Senility (contributory)

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased

[illegible] (Signed) [illegible] M. D.

(Address) 1515 Park Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

79435 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79435

CERTIFICATE OF DEATH

92-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1602 Lancaster St. 2-4 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. If of foreign birth 40 yrs. mos. ds.

2. FULL NAME Mikolaj Stryzegowski

(a) Residence: No. 1602 Lancaster street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced ~~WIFE~~ HUSBAND of Albina Stryzegowski

6. DATE OF BIRTH (month, day, year) October 5-1862.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laber.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Mikolaj Stryzegowski

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Jadwika Karpinska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT John Stryzegowski Son
(Address) 18-N. Conkling street

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date May 9th. 1932.

19. UNDERTAKER George A. Weber
(Address) 70 S. Ann street

20. FILED ..... Huntingtown Mills, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5th. 1932

22. I HEREBY CERTIFY, That I attended deceased from March 3rd., 1932 to May 5th., 1932.

I last saw him alive on May 5th., 1932, death is said to have occurred on the date stated above, at 5^00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis	Unknown
Myocarditis	"
Other contributory causes of importance:	
Acute Myocarditis	4/28/32

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Philip Antignani, M. D.

(Address) 2942 E. Fayette Street.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79436 E 79436

CERTIFICATE OF DEATH

93-002

1. PLACE OF DEATH West Baltimore General Hospital Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 15-24 St., Ward.

Length of residence in city or town where death occurred yrs mos ds How long in U. S. If of foreign birth? yrs mos ds

2. FULL NAME Mrs. Gertrude McGuiness

(a) Residence: No. 1831 N North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles McGuiness

6. DATE OF BIRTH (month, day, year) Nov. 8, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	46	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Geisler

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Margaret McGuiness

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Charles R. McGuiness
(Address) 1531 N. North Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date May 9, 1932

19. UNDERTAKER Martin Fahey & Sons
(Address) 1527 N. North Ave.

20. FILED May 11 1932 Huntington Williams, M.D.
Registrar Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1932 to May 4, 1932

I last saw her alive on May 4 1932 death is said to have occurred on the date stated above, at 11:30 A m

The principal cause of death and related causes of importance were as follows:

Acute Empyema of Gall Bladder
Chronic Myocarditis with Arterio Sclerosis

Date of onset

Other contributory causes of importance:

Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Philip Jones, M.D.

(Address) 2401 Baltimore General Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79437

E 79437

CERTIFICATE OF DEATH

93-002

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1301 N. Charles St. 11-14 Ward)

Length of residence in city or town where death occurred 37 yrs mos ds How long in U.S. If of foreign birth? 50 mos ds

2. FULL NAME Annie L. Tillo

(a) Residence: No. 1301 N. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank C. Tillo

6. DATE OF BIRTH (month, day, year) Mar 25 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	60	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md

MOTHER FATHER

13. NAME Mr. Ward

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Sarah F. Billingslea

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. Helen F. Tillo

(Address) 610 McCabe ave

18. BURIAL, CREMATION, OR REMOVAL Place Prospect Hill Cem Date May 9 1932

19. UNDERTAKER Henry Hoen & Sons Inc.

(Address) 1301 E Baltimore St

20. FILED MAY 9 1932 Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 death is said to have occurred on the date stated above, at 12 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Failure	2 days
Acute Dilatation of Heart	
Other contributory causes of importance:	
Endocarditis	7 yr.
Myocarditis	2 yr.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Earl R. Benson, M. D.

(Address) 5111 York Road.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 79138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 24 E 79438

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No.) St. 2544 (Ward)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S. if of foreign birth? yrs mos ds.

2. FULL NAME Grace Velte

(a) Residence: No. Hollins Ferry Road St., Ward. English Consul Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	widowed

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) Feb 9-1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hosp

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Peter Harlet

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Feil

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records Johns Hopkins Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cem Date May 9 1932

19. UNDERTAKER Henry Arbeck Sons Inc
(Address) 301 E. Eager St Baltimore Md

20. FILED May 6 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5 1932

22. I HEREBY CERTIFY, That I attended deceased from April 4 1932 to May 5 1932

I last saw her alive on May 5 1932 Death is said to have occurred on the date stated above, at 1 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Tuberculosis (miliary)	?
Tuberculosis of Sacro-iliac joint	?
Tuberculous Meningitis	1 wk

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) J. Whitridge M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2508

E 79439

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79439

CERTIFICATE OF DEATH

✓ 120

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. Ward 37

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas N. Finnerty

(a) Residence: No. 1607 Charlotte Ave. 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Mar

5a. If married, widowed, or divorced. HUSBAND of (or) WIFE of Veronica Finnerty

6. DATE OF BIRTH (month, day, year) 7-14-93

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation (?)

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME John Finnerty

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Margaret Cooney

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Veronica Finnerty Wife
(Address) 1604 Charlotte Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date May 7 to 1932

19. UNDERTAKER Keller Bros.
(Address) Huntington, W. Va.

MAY 6 1932

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-3, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-29, 1932 to 5-3, 1932

I last saw h. alive on 5-3, 1932 death is said to have occurred on the date stated above, at 6:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcerative Colitis	Sept. 1, 1931.
Other contributory causes of importance: Generalized Peritonitis	2 days

Name of operation Colostomy Date of 4-11-32

What test confirmed diagnosis? Clinical & Autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Lubbert E. Carter, M.D.

(Address) Balto. City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 79440

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79440

CERTIFICATE OF DEATH V 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 Fait Ave St., 1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Dickerson

(a) Residence: No. 2907 Fait ave St., 1 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of /

6. DATE OF BIRTH (month, day, year) April 19th 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39		11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George Dickerson

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Ka Cie

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Dickerson (Address) 2907 Fait ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Cem Date May 3rd 1932

19. UNDERTAKER Tilp & Sons (Address) Greenmount Ave & 25th St Baltimore, Md.

20. FILED May 3 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2nd 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 13 1932 to May 4 1932

I last saw h/ alive on May 2 1932 Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Chronic Nephritis

Date of onset

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Joseph Toulson M. D.

(Address) 600 A. Ellwood Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 79441

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79441

160-002

CERTIFICATE OF DEATH

Registered No. 37

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 S. Eaton St., 26 Ward.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Infant Roth

(a) Residence: No. 616 S. Eaton St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): May 2, 32

7. AGE: Years | Months | Days: 3 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Charles Roth
14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER

15. MAIDEN NAME: Catherine Hesse
16. BIRTHPLACE (city or town) (State or country): Balto Maryland

17. INFORMANT (Address): Catherine Roth 616 Eaton St

18. BURIAL, CREMATION, OR REMOVAL: Place Sacred Heart of Date May 6 1932

19. UNDERTAKER (Address): Tillye Zeiler Inc. 4338 Roseleigh Ave

20. FILED . . 19. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 6 1932

22. I HEREBY CERTIFY, That I attended deceased from May 2 1932 to May 6 1932

I last saw h[illegible] alive on May 6 1932. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage. Date of onset: May 3
following forceps delivery

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) William Rosenau M. D.

(Address) 801 Hamilton Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 79442

E 79442 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. 5-8 Ward)

Registered No. 83

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Rose

(a) Residence: No. 1201 McElderry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
47	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (40)

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Records at Baltimore City Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19

19. UNDERTAKER [illegible]
(Address)

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 16 . 1929 to May 2 . 1932

I last saw him alive on May 2 . 1932 Death is said to have occurred on the date stated above, at 12.15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Status Epilepticus	4/29/32
Other contributory causes of importance: Paresis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

Henry Goodsmith M. D.
(Signed)
(Address) Baltimore City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

E 79443

M. D. H. 1268-8

E 79443

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) St. 5-8 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elias Flemming

(a) Residence: No. 530 East St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mollie

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Harford Co. Md.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Lizzie Flemming

16. BIRTHPLACE (city or town) (State or country): Harford Co. Md.

17. INFORMANT (Address): Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL: MAR 5 - 1932

Place Date 19

19. UNDERTAKER (Address): [illegible]

19 Registrar.

20. FILED MAR - 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1932, to May 4, 1932

I last saw h in alive on May 4, 1932 Death is said to have occurred on the date stated above, at 5:05 A. M.

The principal cause of death and related causes of importance were as follows:

Myocarditis, chr — Date of onset 3-4 mos

Other contributory causes of importance:

Uremia — 3 days

Name of operation: Date of

What test confirmed diagnosis: Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) Balto. City Hosp.

Date State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 79444

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79444

CERTIFICATE OF DEATH

Registered No. 15

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 4-20 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Henking

(a) Residence: No. 604 E. Redwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 4, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) ? (State or country) Germany

MOTHER FATHER

13. NAME Frederick ?

14. BIRTHPLACE (city or town) ? (State or country) Germany

MOTHER

15. MAIDEN NAME Sophie Krico

16. BIRTHPLACE (city or town) ? (State or country) Germany

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL MAY 6 - 1932
Date , 19

19. UNDERTAKER [redacted]
(Address)

FILED MAY 6 - 1932 [redacted] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1932 to May 4, 1932

I last saw him alive on May 4, 1932 Death is said to have occurred on the date stated above, at 3:55 P. M.

The principal cause of death and related causes of importance were as follows:

Erysipelas of face — Date of onset 5-2-32

Other contributory causes of importance:

Arteriosclerosis
Broncho-pneumonia
Senility

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas Glenwood Jr M. D.

(Address) Balto. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNIVERSITY OF MARYLAND

M. D. B. 1268-9

E 79445 HEALTH DEPARTMENT—CITY OF BALTIMORE 79445

CERTIFICATE OF DEATH

Registered No. 107-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1800 Maryland Ave St. 10-20 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma A. Queen

(a) Residence: No. 1800 Maryland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) January

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Queen

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Elizabeth Mc Klin

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Rose Young (Sister)
(Address) 1800 Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date May 6 1932

19. UNDERTAKER Mrs. P. G. Elliott
(Address) 1800 Maryland Ave

20. FILED Huntingtown Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3 1932

22. I HEREBY CERTIFY, That I attended deceased from April 14 1932 to May 3 1932

I last saw him alive on May 3 1932 Death is said to have occurred on the date stated above, at 10 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcerated Pneumonia	May
Tuberculosis stand	14
Bronchial Pneumonia	1932

Other contributory causes of importance: none

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify none

(Signed) G. E. Hall M. D.

(Address) 926 E 20th St Balto Md

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Director

M. D. B. 1268-9

E 79446

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79446

CERTIFICATE OF DEATH

V 159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 609 Gaitan St. 26 Ward

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Ruth Lange

(a) Residence: No. 609 Gaitan Ave. St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 2 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Edgar Lange
14. BIRTHPLACE (city or town) U. S. (State or country)

MOTHER

15. MAIDEN NAME Linda Benson
16. BIRTHPLACE (city or town) Seneca (State or country) Md.

17. INFORMANT Mother (Address) 609 Gaitan Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date May 6, 1932

19. UNDERTAKER Lilly-Gittings Co.
(Address) 40 W. Lexington St.

20. FILED May 6 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1932 to May 5, 1932
I last saw him alive on May 4, 1932 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Bronchial	
Other contributory causes of importance: Pneumonia Bronchial	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Virgil A. Snyder, M. D.

(Address) 3323 E. Baltimore St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

79447 260247

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 79447

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St., 7-11 Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Paul Platt

(a) Residence: No. 619 N Curley St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 9 - 1909

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tinplate Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Herbert Platt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Ellen O'Dayle

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 9, 1932

19. UNDERTAKER John F. Moran

(Address) 3600 E. Baltimore St.

20. FILED Hunting Tow Williams, Registrar.

YB 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 25, 1932 to May 5, 1932

I last saw h[illegible] alive on May 5, 1932 Death is said to have occurred on the date stated above, at 305 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Enteritis	
Onset 5-1-32	5-1-32
Other contributory causes of importance:	
Acute Appendicitis	4-21-32
Appendectomy &	
Drainage	

Name of operation Drainage Date of 4-25-32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) , M. D.

(Address) [illegible]

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

Loiero

E 79448 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79448

124 V 002

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 10-15 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Pasquale Lupica (Loiero)

(a) Residence: No. 1013 - Forest St. St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Catarina Loiero

6. DATE OF BIRTH (month, day, year) Feb. 15 - 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

MOTHER FATHER

13. NAME Alfonso Loiero

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Filomina Carnevale

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs Catarina Loiero
(Address) 1013 Forest st.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 5/9 1932

19. UNDERTAKER Jno B. Kuchawska
(Address) 632 S Paca St.

20. FILED ... Registrar

5-9-32

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May. 6 1932

22. I HEREBY CERTIFY, That I attended deceased from April 27 1932 to May 6 1932

I last saw him alive on May 5 1932 death is said to have occurred on the date stated above, at 3:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis Liver	
Ascites	
Myocardial failure	
Uremia.	

Other contributory causes of importance:

Name of operation Exploratory Date of 5-4-32

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) ... M.D.

(Address) 632 S. Paca St. Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. B. R. 1268-5

E 79449

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79449

CERTIFICATE OF DEATH

131 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 Normandy Ave 20-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John C Hutchvelker

(a) Residence: No. 419 Normandy Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John C Hutchvelker

6. DATE OF BIRTH (month, day, year) July 10 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Adam F Hutchvelker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Herzog

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John F Hutchvelker
(Address) 4114 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Md Memorial Park 5/9 32

19. UNDERTAKER George A Young
(Address) Fulton & Laurette Huntington Woodlawn, Md.

20. FILED MAY 6 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5 1932

22. I HEREBY CERTIFY, That I attended deceased from 1930 19 to May 5 1932
last saw him alive on May 4 1932 Death is said to have occurred on the date stated above, at 1 A M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro Vascular Renal Disease	

Other contributory causes of importance:

None

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Standish McCleery M. D.

(Address) 1609 Eutaw Place

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 79450

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 79450

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Women's Hospital St. [illegible] Ward)

Length of residence in city or town where death occurred 15 yrs. ✓ mos. ✓ ds. How long in U.S. if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

2. FULL NAME Betyson A. Shilling

(a) Residence: No. Elkridge, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Roy Shilling

6. DATE OF BIRTH (month, day, year) April 4 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ✓ hrs. or ✓ min.
	43	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10. Date deceased last worked at this occupation (month and year) March 1932
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Plymouth Pennsylvania

FATHER

13. NAME Thomas Jenkins
14. BIRTHPLACE (city or town) (State or country) Cardiff Wales

MOTHER

15. MAIDEN NAME Katherine Dexter
16. BIRTHPLACE (city or town) (State or country) Hartford Conn.

17. INFORMANT (Address) Roy Shilling Elkridge Md.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date May 9. 1932

19. UNDERTAKER Horace F. Burgee (Address) 3631 Falls Road

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1932, to May 6, 1932

I last saw h er alive on May 6, 1932 death is said to have occurred on the date stated above, at 1 45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral insufficiency and stenosis (1)	11 yrs ago
Chronic myocarditis (2)	11 yrs ago
Other contributory causes of importance:	
Broncho-pneumonia	1 mo. ago.

Name of operation none Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 19 ✓

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓

(Signed) Rudolph L. Schork, M. D.

(Address) Women's Hospital.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 79451 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 79451

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. [illegible] St., 7-13 Ward)

Registered No. 107

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Samuel Johnson

(a) Residence: No. 1812 E. Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 24 1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	5 mo	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. [illegible]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records.
(Address)

18. PLACE OF DEATH JOHNS HOPKINS HOSPITAL.
Place Date 19

19. UNDERTAKER [illegible]
(Address) Huntington Mills, N.Y.

[illegible] 19 30 B. & H. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1, 19 32 to May 2, 19 32

I last saw h. alive on May 2, 19 32 Death is said to have occurred on the date stated above, at 12:30 A m.

The principal cause of death and related causes of importance were as follows:

Tetany — Date of onset Apr 30
Bronchopneumonia

Other contributory causes of importance:
Rickets

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John B. Washington M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 6 1932

1-30—M & T—100 B—50L

E 79452

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79452

CERTIFICATE OF DEATH

REGISTERED NO. 186-061

1-PLACE OF DEATH: Jenkins Memorial Hospital

CITY OF BALTIMORE: (No.) 4000 Caton Ave ST. WARD 25-72

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME: Elizabeth Holtz

(a) RESIDENCE NO: Thurmont, Maryland WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 10 mos. ? ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) ? ? 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	71	?	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Odd
(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Jenkins Memorial Hosp. (Address) 4000 Caton Ave. City

15 Filed: 6-1932 Huntington Williams, M.D. Registrar A.P.L. Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Slipped on floor, falling on left hip, — accidental

(duration) yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary) Fracture of surgical neck of left femur (duration) yrs. 3 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Physical signs

(Signed) Guy N. Thomas M.D. Coroner.

5/6, 1932 (Address) 293 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Thurmont Md DATE OF BURIAL: May 9 1932

20 UNDERTAKER: M. Eregger & Son ADDRESS: Thurmont

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79453

CERTIFICATE OF DEATH

163 E 79453

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto Gen Hosp St. 28 (Ward) 21

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances Schubert

(a) Residence: No. 236 Mallow Hill Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Geo L. Schubert

6. DATE OF BIRTH (month, day, and year): June 18 1895

7. AGE: Years 36 Months 10 Days 16 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Wm Dawson

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Frances Coal

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Geo L Schubert

(Address): 236 Mallow Hill Rd

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: May 7 - 1932

19. UNDERTAKER: Charles J. Schmidt

(Address): 525 N. Orange St Huntington Williams, Inc

THIS 1932

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 4 - 32

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

a Coronary Thrombosis

b Bichloride Mercury

c

Date of onset: May 4

Other contributory causes of importance:

Name of operation: Regular Date of

What test confirmed diagnosis: Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury May 25 1932

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C H Lurk M. D.

Coroner

(Address) Coroner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PHYSICIANS should

Y 6 1932

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

E 79454

CERTIFICATE OF DEATH

46 E 79454

1. PLACE OF DEATH Balto City Hospitals

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 1-12 Ward)

Length of residence in city or town where death occurred 8 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Trasek

(a) Residence: No. 2308 E. Madison St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosie Trasek

6. DATE OF BIRTH (month, day, year) May 18-1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	62	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 017

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Hill Date May 6, 1932

19. UNDERTAKER August Pasek
(Address) 2426 Eutaw Place

MAY 6 1932 Huntington Williams, M.D.
Registrar Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-6, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-31-31, to 5-6, 1932

I last saw h[illegible]live on 5-6, 1932 death is said to have occurred on the date stated above, at 10:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Carcinoma Rectum & Peritoneal Metastasis	1928 (?)
(2) Draining fistula	
(3) Arteriosclerosis general	

Other contributory causes of importance:

Uremia	4-27-32

Name of operation Resection Sigmoid Colon Date of 1928

What test confirmed diagnosis? C.F. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Luther E. Leede M.D.
(Address) Balto City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 79455

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79455

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH Baltimore City Hospitals — Registered No.

CITY OF BALTIMORE: (No. ..... St. 5-E (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Purner

(a) Residence: No. 151 N. [redacted] High St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 12, ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
Appx 60-70	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) Cecil Co.
(State or country) Md.

FATHER

13. NAME Jefferson

14. BIRTHPLACE (city or town) Cecil Co.
(State or country) Md.

MOTHER

15. MAIDEN NAME Beckie Steele

16. BIRTHPLACE (city or town) Cecil Co.
(State or country) Md.

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place St Paul's Date May 7, 1932

19. UNDERTAKER John C. Miller
(Address) 2435 E. Oliver St
Date MAY 6-1932 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1932 to May 3, 1932
I last saw h im alive on May 3, 1932. Death is said to have occurred on the date stated above, at 1:20 m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Unknown
Senility	Unknown
Contusion Scleroris	Unknown

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) [redacted] M. D.
(Address) Balto. City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-20—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79456 E 79456

186-66

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hospitals ST., 17-20 WARD)

2-FULL NAME Harry M. Wilson

(a) RESIDENCE NO. 418 N Greene ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) About 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
70 ✓	70			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman 066
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Unemployed

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER James B Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant R E Bowen

(Address) 919 Eutaw St

15 Filed MAY 6-1932 Huntington Williams, M.D. A.P.H. (Registrar)

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Fracture of R Femur accidental Ball.
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Autopsy.

(Signed) P O'Mera M.D. Coroner, M. D.

16, 1932 (Address) 1305 N Paterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery — DATE OF BURIAL May 7 1932

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 9-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

E 79457

CERTIFICATE OF DEATH

24 E 79457

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital St., 5-16 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Hartman

(a) Residence: No. 1721 Montford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 17th 30

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Churchville Harford Co Md

FATHER

13. NAME George W. Hartman

14. BIRTHPLACE (city or town) (State or country) Annapolis Md

MOTHER

15. MAIDEN NAME V. Leonard

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT (Address) Geo. V. Hartman Churchville Md

18. BURIAL, CREMATION, OR REMOVAL Smith Chapel Harford Co. Md Date May 7th 1932

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

Registered May 6 1932 Huntington Williams, M.D. Registrar. T. F. H. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6 1932

22. I HEREBY CERTIFY, That I attended deceased from May 3 1932 to May 6 1932

I last saw him alive on May 6 1932 death is said to have occurred on the date stated above, at 6.05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Other contributory causes of importance:	
Anemia.	

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) [illegible] M. D.

(Address) St Joseph's Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1248-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79458

CERTIFICATE OF DEATH

E 79458

93-203

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Park Ave. & Wilson St. (Ward) 14-20

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma A. Horner

(a) Residence: No. Plaza Apst. Park Ave. & Wilson St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur L. Horner

6. DATE OF BIRTH (month, day, year) Oct. 12, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	66	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles Rice

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Almira Bowman

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Geo. W. Lindsay

(Address) 1501 Mt. Royal Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date 5/7, 19 32

19. UNDERTAKER John C. Mitchell & Sons

(Address) Piccadilly Place

20. FILED MAY 6 1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1 1928 to May 6 1932

I last saw her alive on May 4 1932 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Block: Myocarditis	1928
Other contributory causes of importance:	
Convulsion (Stokes-Adams Syndrome)	May 6 1932
Arteriosclerosis } Symptoms -	1928
Hypertension }	

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis P Hamburger, M. D.

(Address) 1201 Eutaw Place

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact Statement OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

79459 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 79459

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 705 W 37th St. ST 13-52 WARD 9 REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret E. Green.

(a) RESIDENCE NO 705 W 37th St. ST WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Child

6 DATE OF BIRTH (month, day, and year): June 9, 1929

7 AGE: Years 1 2 | Months 10 11 | Days 27 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): md.

PARENTS

10 NAME OF FATHER: Raymond Green

11 BIRTHPLACE OF FATHER (city or town) (State or country): md.

12 MAIDEN NAME OF MOTHER: Lillian Snellings

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md.

14 Informant (Address): Raymond Green 705 W 37th St.

15 MAY 6 - 1932 Huntington Williams, M.D. Registrar T. O. H. Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 6, 1932

17 I HEREBY CERTIFY, That I attended deceased from April 23, 1932, to May 6, 1932

that I last saw her alive on May 6, 1932

and that death occurred, on the date stated above, at 5:30 P. M.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia post Pertussis (duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) Jr. Cliff M. D.

May 6 1932 (Address) 3532 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Hampden

DATE OF BURIAL: May 9, 1932

20 UNDERTAKER: Cherrowbrook Son

ADDRESS: 34 S Chestnut Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T—100 B—50L

E 79460

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 79460

115-98

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital ST. 20-70 WARD)

2-FULL NAME John Guerrasio

(a) RESIDENCE NO. 335 Ellamont ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. 10 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 20, 1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	10	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Bricklayer
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Antonio Guerrasio

11 BIRTHPLACE OF FATHER (city or town) Italy
(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth ?

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Italy

14 Informant Katherine Di Giovanna

(Address) 335 Ellamont St.

15 Filed MAY 6 1932, 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Septic sore throat

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Caused by Streptococci

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Physical Signs

(Signed) Guy N. Thornwell M. D. Coroner

5/6 1932 (Address) 203 Patapsco Ave. Dundalk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cathedral Cem

DATE OF BURIAL 5/7/32

20 UNDERTAKER [illegible]

ADDRESS 1135 Hoff Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sh[illegible] State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

MAY 6 1932

M. D. B. 1268-9

E 79461

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+131 E 79461

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 7-9 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Theresa Mc Clain

(a) Residence: No. Wise Ave - Sharrow St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of A. Bruce McClain

6. DATE OF BIRTH (month, day, year) 4-18-1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	—	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Alphonse Wilson

14. BIRTHPLACE (city or town) (State or country) Md —

MOTHER

15. MAIDEN NAME Sophie Schuemann

16. BIRTHPLACE (city or town) (State or country) Md —

17. INFORMANT Friends —

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 5/9/32

19. UNDERTAKER Geo. J. Kelly Inc.

(Address) 1735 Pratt St

20. FILED MAY 6 1932 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1932

22. I HEREBY CERTIFY, That I attended deceased (from May 2, 1932 to May 6, 1932

I last saw her alive on May 6, 1932 Death is said to have occurred on the date stated above, at 10:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Vascular Nephritis with Uremia	8 yrs.

Other contributory causes of importance:

Arteriosclerosis
Hypertension

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury .....

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, what? —

(Signed) Clarence Hopkins M. D.

(Address) Johns Hopkins Hosp-City M. D.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79462

CERTIFICATE OF DEATH

46

E 79462

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2418-E. Biddle Street St. 8-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John J. W. Voquin

(a) Residence: No. 2418-E. Biddle Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Elizabeth (Wernserdorfer)

6. DATE OF BIRTH (month, day, year) 2/13/1859

7. AGE Years	Months	Days	If LESS than 1 day, hours or min.
73	2	23	xxxxxxxx

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Staty. Engineer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 030

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME John Voquin

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Cecilia Hastings

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Elizabeth Voquin
(Address) 2418-E. Biddle Street.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 5/9/32 19

19. UNDERTAKER Geary & Burke Co
(Address) 1726 Madison Ave

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1932, to May 6, 1932

I last saw h alive on May 6, 1932. Death is said to have occurred on the date stated above, at 9a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	

Other **contributory causes** of importance:

Name of operation Physical Exam Date of

What test confirmed diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) R. E. Harris M. D.

(Address) 1301 N Rutland

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79463

CERTIFICATE OF DEATH

59 E 79463

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1326 N. Bond ST. 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Filippo Torregrossa

(a) RESIDENCE NO. 1326 N. Bond ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? 5 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sebastiana Torregrossa

6 DATE OF BIRTH (month, day, and year): July 9-1867

7 AGE — Years: 64 — Months: 9 — Days: 27 — If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Pasquale Torregrossa

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Anna Miratello

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Joseph DeFlavis
(Address): 1326 N. Bond St

15 FILED: MAY 6 1932 — Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 6-1932

17 I HEREBY CERTIFY, That I attended deceased from March 28, 1932 to May 6, 1932

that I last saw him alive on May 5, 1932

and that death occurred, on the date stated above, at 2.20 a m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Luigi D. DiStefano M. D.

May 6 1932

(Address) 407 N. Eden St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Sepulchre

DATE OF BURIAL: 5/9/32

20 UNDERTAKER: Geo. J. Roth & Son

ADDRESS: 1135 Hanover

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 6 1932

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79464 ✓ 79464

CERTIFICATE OF DEATH X 137 E 79464

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Community Hospital St. 4-30 Ward)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Stubbs

(a) Residence: No. Ellicott City, Md St., Ward. Ellicott City, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Gertrude Stubbs

6. DATE OF BIRTH (month, day, year) Aug. 15, 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) May 1931

11. Total time (years) spent in this occupation 12 yrs

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Samuel B. Stubbs

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Sandra Andrews

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT E. E. Stubbs

(Address) Ellicott City, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Shipley Date 5-9-1932

19. UNDERTAKER Joseph Shipley & Sons

Ellicott City, Md.

20. FILED 5-7-1932 Huntington Williams, Registrar

A. C. N

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-6, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-3, 1932 to 5-6, 1932

I last saw him alive on 5-6, 1932 Death is said to have occurred on the date stated above, at 10:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronco Pneumonia	5/11
Arteriosclerosis	?
Coronary Occlusion	
Other contributory causes of importance:	
Senility	5-4-3

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Hambaker M. D.

(Address) Ellicott City, Md.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-H 2508

E 79465

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79465

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Sanitarium (St.) Ward)

Registered No. 139-6006

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Florence Brown

(a) Residence: No. (Usual place of abode) Westminster, Md. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Brown.

6. DATE OF BIRTH (month, day, year) Jan. 8, 1883

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	49	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co., Md.

FATHER

13. NAME Langdon Myers
14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Mary Bodell
16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Westminster Date May 9. 1932

19. UNDERTAKER J. F. Rice
(Address) Westminster, Md.

20. FILED MAY 10 1932 Registrar Huntington Williams, M.D. U. S. P. H. Inspector

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7. 1932

22. I HEREBY CERTIFY, That I attended deceased from May 3. 1932, to May 7. 1932
I last saw h.r alive on May 7. 1932 death is said to have occurred on the date stated above, at 12:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Anemia Cyst, Bilat.	Dec. 1931
Uterine Fibroid	Dec. 1931

Other contributory causes of importance:

Acute Nephritis	5/6/32
Acute Dilatation of Heart.	5/5/32

Name of operation Laparotomy Date of 5/4/32
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert F. Clemmitt, M. D.
(Address) Md. General Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 79466

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79466

CERTIFICATE OF DEATH

X 169

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1003 Gloverdale road ST., 13-54 WARD

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME William Ransom Sanders

(a) RESIDENCE No. 1003 Gloverdale Road ST., ... WARD Raleigh, N. C.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice G. Sanders

6 DATE OF BIRTH (month, day, and year) May 17, 1894

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
38 37	11	27 13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Automobile Dealer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Smithfield
(State or country) North Carolina

PARENTS

10 NAME OF FATHER William M. Sanders

11 BIRTHPLACE OF FATHER (city or town)
(State or country) North Carolina

12 MAIDEN NAME OF MOTHER Lillian Long

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) North Carolina

14 Informant William M. Sanders Jr.
(Address) Smithfield N. C.

15 MAY 7 1932 Huntington Williams, M.D. 102 P.O.H. Register

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/6. 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture Skull - Blow To Jumping
Hand of Housemaid.
Suicide.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr. H. Downing, Coroner, M. D.

5/7, 1932 (Address) 222 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Smithfield, North Carolina — DATE OF BURIAL May 7 1932

20 UNDERTAKER E. Leroy Stiffler, Inc. — ADDRESS 125 E. North Ave.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—MAT—1500 Blks.

E 79467

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79467

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 703 Baker ST. 15-21 (WARD)

2-FULL NAME Margaret Trusty

(a) RESIDENCE NO. 703 Baker ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William Trusty

6 DATE OF BIRTH (month, day, and year): 1857

7 AGE: Years 74 | Months 2 | Days 2 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): Domestic

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Norfolk, Va

PARENTS

10 NAME OF FATHER: William Jacobs

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): " "

14 Informant: Harry Trusty

(Address): 705 Baker St.

15 Huntington Williams, Registrar

U. P. H. Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 5 1932

17 I HEREBY CERTIFY, That I attended deceased from April 26, 1932, to May 5, 1932, that I last saw her alive on May 4, 1932 and that death occurred, on the date stated above, at 12.50 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Senility Essential Hypertension Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. F. Stephens, M. D.

5-5, 1932 (Address) 825 N. Fremont St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem

DATE OF BURIAL: 5/7 32

20 UNDERTAKER: Edw Toulson

ADDRESS: Westfield

MAY 7 - 1932

INSTRUCTIONS: PHYSICIANS should be careful in filling out this certificate. All items should be carefully supplied. AGE should be stated EXACTLY. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. INFORMATION is very important.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79468

131

E 79468

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1006 Mursy alley ST., 10-15 (WARD)

2—FULL NAME Marietta Worthey

(a) RESIDENCE NO. 1006 Mursy alley ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Worthey

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	✓		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment In which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Howard co md.

PARENTS

10 NAME OF FATHER Josiah Prather

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Martha Prather

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard co md

14 Informant Bessie Jackson

(Address) 1006 Mursy alley

15 Filed MAY 7 1932 Huntington Williams Registrar

Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5-32

17 I HEREBY CERTIFY, That I attended deceased from May 5 1932 to May 5 1932

that I last saw h alive on May 5 1932

and that death occurred, on the date stated above, at 5.45 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

10 hours (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac-nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Dr. Edward Fisher, M. D.

5-6. 1932 (Address) 1612 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cem.

DATE OF BURIAL: 5-7 1932

20 UNDERTAKER: Byron & Marie Wright

ADDRESS: 1218 McElderry

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

AACo. 5-31 250R

E 79469

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79469

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 16-22 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fred Jones

(a) Residence: No. 911 N. Bloche St St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

3a. If married, widowed or divorced HUSBAND of (or) WIFE of Anna Jones

6. DATE OF BIRTH (month, day, year) 1893

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 004

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Henry Jones

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Nineta Butler

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Anna Jones
(Address) 911 N. Bloche St.

18. BURIAL, CREMATION, OR REMOVAL
Place Hollywood Va Date May 7 1932

19. UNDERTAKER Samuel Grace & Son
(Address) 628 E. Eleventh
Huntington West Virginia, N.D.

20. [illegible] Registered [illegible] Color

MAY 7 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-5, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-27, 1932 to 5-5, 1932.

I last saw him alive on 5-5, 1932 Death is said to have occurred on the date stated above, at 5:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	5-1-32

Other contributory causes of importance

Hypostatic Congestion of Lungs, Acute Endocarditis, Acute Myocarditis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) Henry Hill Fowler M.D.

5-6-32 (Address) Provident Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 79470

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79470

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1357 N Calhoun St. 15-32 Ward

Length of residence in city or town where death occurred 86 yrs 5 mos 14 ds How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Rebecca Stanley Suggs

(a) Residence: No. 1357 N. Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James H Suggs

6. DATE OF BIRTH (month, day, year) 12/14/48

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James Sears

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Rachel E Stanley

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mr. Nellie Killeen
(Address) 1357 N Calhoun St

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Date May 9 1932

19. UNDERTAKER Edmund R Chas Wm Son
(Address) 238 N Gilmor

20. FILED MAY 7 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5 5 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-25 1932, to 5-5 1932

I last saw h[illegible] alive on 5-5 1932 death is said to have occurred on the date stated above, at 6:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Disease	Mos
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) D L Blythe, M. D.
(Address) 4209 Caroline St

PLEASE PRINT OR TYPEWRITE. Any abbreviations must be clearly understood. Use ditto marks as little as possible. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 79471 — CERTIFICATE OF DEATH — L 79471

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md Gen Hosp St., 15 (Ward) 61

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME S. Elizabeth Scott.

(a) Residence: No. 2115 Roslyn St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth C. Scott

6. DATE OF BIRTH (month, day, year) Nov 12 1866

7. AGE Years 70 Months 6 Days 23 3 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office Employ

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Scott

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Reilly

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Egbert Scott

(Address) 2115 Roslyn St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 7, 1932

19. UNDERTAKER John F. Denny

(Address) 715 Eighth St Huntington, West Va.

20. Filed May 7 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1 month
Cardiac Debility	1 month

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Lenk Coroner M. D.

(Address) 3517 Liberty Heights Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79472

CERTIFICATE OF DEATH

E 79472

11-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2311 Druid Hill Ave. Ward 13-59)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Berry

(a) Residence: No. 2311 Druid Hill Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col.	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Berry

6. DATE OF BIRTH (month, day, year) 1886

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	46	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotels

10. Date deceased last worked at this occupation (month and year) April 1932

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Helen Berry

(Address) 2311 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date May 7 1932

19. UNDERTAKER Archibald E. Rudolph

(Address) 1240 N. Eutaw St.

20. FILED MAY 7 1932 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/5/32

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1932, to May 5, 1932

I last saw h... alive on May 5, 1932. death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	5/1/32

Other contributory causes of importance:

Influenza (Bronchial)	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Thos. Worley, M. D.

(Address) 1519 N. Carrollton Ave

Information should be carefully supplied. All items must be filled. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 7 1932

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79473

CERTIFICATE OF DEATH

59 E 79473

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3010 Northern P'kway St. 27-43 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Catharine A. Vance

(a) Residence: No. 3010 Northern Parkway St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Vance

6. DATE OF BIRTH (month, day, year) Jan. 17 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Wm. H. Lower

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Elizabeth M. Ness

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT George W. Vance
(Address) 3010 Northern Parkway

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date May 9. 1932

19. UNDERTAKER George W. Barkley
(Address) 1737 E. Eager st

20. FILED MAY 7 1932 Huntington Williams, N.P. Registrar. 5/6/32

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5 1932. 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1. 1930 to May 5. 1932

I last saw h[illegible] alive on May. 5. 1932 Death is said to have occurred on the date stated above, at 12:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism.	

Other contributory causes of importance:

Cardiac failure, hypostatic-dred Bronchopneumony. Diabetes

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) Claud Smith M. D.
(Address) 4706 Harford Rd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 79474

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-0E 79474

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 26 E 1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fred Moltze

(a) Residence: No. 902 S Clinton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan. 12 1918

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	14	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm Moltze

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Spangler

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem Date May 10 1932

19. UNDERTAKER George W. Zibler
(Address) 737 E Eager st.

20. FILED MAY 11 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1 1932 to May 6 1932

I last saw him alive on May 6 1932 Death is said to have occurred on the date stated above, at 9.50 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
rheumatic heart disease	3-1-32
	2-1-32

Other contributory causes of importance:

subacute bacterial endocarditis	3-1-32

Name of operation blood culture Date of ...

What test confirmed diagnosis? ... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Padget M.D.
(Address) The Johns Hopkins Hospital.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1365-9

E-259273

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-79475

CERTIFICATE OF DEATH

X 23 E 79475

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 7-9 Ward)

Length of residence in city or town where death occurred 4 yrs. 1 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Waltha Gaylord

(a) Residence: No. 520 1st-- Spanish Point St., Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) [illegible] 1918

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 670

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Wm Gaylord

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Jane Wilson

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Ashing ... Date May 7 ... 1932

19. UNDERTAKER Mrs. R. G. Ellis

(Address) 1923 Eastland ave Huntington Williams, N.Y.

20. FILED MAY 7 1932 C. H. P. F. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2 . 1932

22. I HEREBY CERTIFY, That I attended deceased from March 28 1932 to May 2 . 1932

I last saw h[illegible] alive on May 2 . 1932. Death is said to have occurred on the date stated above, at [illegible] p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Feb 1?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. Any intentional error may be punishable by law. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

79476

CERTIFICATE OF DEATH

210 E 79476

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. Gen. Hosp. St., 25-77 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ralph M. Seiss

(a) Residence: No. 4105 Morrison Court St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced — — — — — —
HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) August 13, 1924.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. - -

10. Date deceased last worked at this occupation (month and year) - -

11. Total time (years) spent in this occupation - -

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME Ralph E. Seiss.

14. BIRTHPLACE (city or town) (State or country) Fredrick, Md.

15. MAIDEN NAME Mary Duriskowsky

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Ralph Seiss (father)
(Address) 4105 Morrison Court

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cemetery Date May 9- 1932

19. UNDERTAKER Margaret T. Flynn
(Address) 1422 Edgelea Rd.
Huntington Williams, N.P.
Registrar

FILED MAY 7 1932
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from inquiry & autopsy, 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured right lung, shock.	5/6/32
Other contributory causes of importance:	
Struck by truck.	5/5/32.

Name of operation none Date of - -

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Injury 5/5. 1932

Where did injury occur? Church St. & Fairhaven.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by auto-truck

Nature of injury - - - - - - -

24. Was disease or injury in any way related to occupation of deceased? no If so, specify - - - - - -

(Signed) Joseph Pokorny M. D.
(Address) 2200 E Madison St. Former

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

79477
259675

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 79477

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. [illegible] St. 3742 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Schuchardt

(a) Residence: No. 4411 Glenmore ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Eliz

6. DATE OF BIRTH (month, day, year) Oct 21 - 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
61	62	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Julius Schuchardt

14. BIRTHPLACE (city or town) (State or country) Ger.

MOTHER

15. MAIDEN NAME Ernestine Brockman

16. BIRTHPLACE (city or town) (State or country) Records

17. INFORMANT

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date 5/9/32. 19

19. UNDERTAKER Harry A Kutzler

(Address) 4101 Eastern Ave

Huntington Williams N.Y.

Registrar

MAY 7 - 1932

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May - 5 - 1932

22. I HEREBY CERTIFY, That I attended deceased from apr 8 1932 to May 5 1932

I last saw h alive on May 5 1932 Death is said to have occurred on the date stated above, at 9 10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - Bronchopneumonia - Post operative - pulmonary abdominal operation	5-3-32
Other contributory causes of importance: Carcinoma of Stomach	?

Name of operation Gastro Enterostomy & Entero enterostomy Date of 4-30-32

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Glenn W Zieber M. D.

(Address) Johns Hopkins Hospital Baltimore Md

Information should be carefully supplied. Age, should be stated exactly. Fill in all blanks. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 79478 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79478

46 V

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 90 W Fayette St. 14-20 Ward)

Length of residence in city or town where death occurred 59 yrs. mos ds. How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Catherine J Philbin

(a) Residence: No. 90 W Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert F. Philbin

6. DATE OF BIRTH (month, day, year) July 25th 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Patrick Roche

14. BIRTHPLACE (city or town) (State or country) Ire.

MOTHER

15. MAIDEN NAME Sullivan

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Anna Tyrell
(Address) 90 W Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place Pr Cathedral Cem. Date 5/9/ 1937

19. UNDERTAKER E. J. Fleming & Son
(Address) 1435 E. Lafayette Ave.

Huntington, West Virginia Reg. May 1/37

1932 Left

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6th 1937

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1932 to May 6, 1937

I last saw h[illegible] alive on May 5, 1937 death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	3/8/32
Asthenia	3/8/32

Other contributory causes of importance:

Name of operation Negative Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas F Chandler, M. D.

(Address) 3012 N Paca St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79479

CERTIFICATE OF DEATH

E 79479

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 8-16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Greul

(a) Residence: No. 1745 N. Milton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph E. Greul

6. DATE OF BIRTH (month, day, year) Aug 4/1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph Koedert

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Dorothy Bauer

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Joseph E. Greul

(Address) 1745 N. Milton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date May [illegible], 19

19. UNDERTAKER [illegible]

(Address) Huntington Williams, N.Y.

20. FILED MAY 7 - 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6/32, 19

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19 to [illegible], 19

I last saw h alive on [illegible], 19 Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	
Other contributory causes of importance: Epilepsy	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. Walsh Coroner, M. D.

(Address) 508 E. Monument

N. B.—WRITE PLAINLY, WITH INK. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-11 2508

E 79480 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79480

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward) 7

Length of residence in city or town where death occurred — yrs. — mos. 19 ds. How long in U.S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Mr. Rupert Kavanagh

(a) Residence: No. Gaylordsville Conn. St., Ward.
(If non-resident give city or town and State)
(usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Rupert Kavanagh

6. DATE OF BIRTH (month, day, year) Jan 18 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	3	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 071
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER FATHER
13. NAME Mr Morgan Kavanagh
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Katherine Shine
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Patient
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New York NY Date May 7 1932

19. UNDERTAKER Henry H. Frankis Sons & Co. Inc.
(Address) Huntington Williams, N.Y.

MAY 7 1932
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May - 7 . 1932

22. I HEREBY CERTIFY, That I attended deceased from April 15 . 1932 to May 7. 1932
I last saw him alive on May 7 1932 Death is said to have occurred on the date stated above, at 1.18 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	
broncho pneumonia	
Chronic myocarditis	
Hypertension	

Other contributory causes of importance:

Name of operation none Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Richard Fraser M. D.
(Address) Union Memorial Hosp.

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 79481 HEALTH DEPARTMENT—CITY OF BALTIMORE

260638

CERTIFICATE OF DEATH

E 79481

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St. 26-38 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha Bohlen

(a) Residence: No. Old Phila. Rd St., Ward. Rosedale Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 2-7-32

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Bohlen

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Eliz Tuder

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Park Cem Md Date 5/18/32

19. UNDERTAKER Fred. Lassahn & Son

(Address) 7401 Belair Rd.

Huntington Williams, N.D.

20. Filed MAY 7 1932 Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1932 to May 7, 1932

I last saw her alive on May 7, 1932 Death is said to have occurred on the date stated above, at 12³⁰ Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5-3-32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ann S Kutner M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T—100 B—50L

E 79482

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181 E 79482

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 4-6 WARD)

2-FULL NAME James Couch

(a) RESIDENCE No. 34 Market Pl. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Mal	Wht	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	24			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Common
(c) Name of employer out of work

9 BIRTHPLACE (city or town) (State or country) Balto, Md

PARENTS

10 NAME OF FATHER unknown Couch

11 BIRTHPLACE OF FATHER (city or town) unknown
(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown
(State or country)

14 Informant Hospital Record
(Address)

15 MAY 7 1932 Huntington Williams M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

3d Burns over body legs & arms Accident (Prob Cigarette) (duration) about 24 hrs yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute nephritis (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? 34 Market Place

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Inspection Laboratory

(Signed) James M Fenton, M. D.
Coroner

5 7 1932 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart DATE OF BURIAL May 7 1932

20 UNDERTAKER Frueh & Wachter 1906 Eutaw ADDRESS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. ANY information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 79483

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-804 E 79483

8-13

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1818 E. Chase ST., 8 WARD)

2-FULL NAME Virginia Bidlingmeyer

(a) RESIDENCE NO 1818 E. Chase St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Bidlingmeyer

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	72			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): at home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant John Bilingmeyer

(Address) 1818 E. Chase St

15 Filed MAY 7 1932. 192 Huntington Williams N.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Probably May 2/32 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Insuffbciency
(Found dead in bath room on May 7/32

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) J S H Paten, M. D. Coroner

5/7/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park | DATE OF BURIAL May 7 1932

20 UNDERTAKER Frank Brockley | ADDRESS 1900 Eutaw

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

79484 STATE OF MARYLAND—CERTIFICATE OF DEATH 79484

1. PLACE OF DEATH

County

Village or City Baltimore Registration Dist. No. 21-46

No. 1123 W. Lenard St. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Conrad H. Behrens Sr.

(a) Residence: No. 1123 Wiconico St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH month, day, and year July 2nd 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Watchman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Hamms Distillery

10. Date deceased last worked at this occupation (month and year) Aug 1929

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Conrad Behrens

14. BIRTHPLACE (city or town) (State or country) Hanover Germany

MOTHER

15. MAIDEN NAME Amanda Burke

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Edna M. Kinsett

(Address) 1123 Wiconico St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date 5/10, 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 7 1932
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 18th, 1932, to May 7th, 1932

I last saw h[illegible] alive on May 5th, 1932; death is said to have occurred on the date stated above, at .... m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1931
Other Contributory Causes of importance: Secondary hemorrhage	3 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Dr. Thos. J. Alexander M.D.

(Address) Gen. Hosp. Baltimore, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

E

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E

M. D. B. 1268-9

E 79485 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79485

CERTIFICATE OF DEATH

Registered No. 8-45

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2102 N. Wolfe St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edwin L. Marchant

(a) Residence: No. 2102 N. Wolfe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 29, 1916

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
16	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George E. Marchant

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Florence Landbeck

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT George E. Landbeck
(Address) 2102 N. Wolfe St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date May 9, 1932

19. UNDERTAKER William Cook
(Address) 1217 St Paul Street

20. FILED MAY 6 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1932 to May 7, 1932

I last saw him alive on May 7, 1932 Death is said to have occurred on the date stated above, at 12 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	April 22/32
Pulmonary Tuberculosis (Tuberculosis)	May 6 32
Myocardial Insufficiency	May 7, 32
Myocardial Insufficiency	May 7 32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. W. Hoover, M. D.

(Address) 806 N. Eutaw St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 6 1932

Director

M. D. B. 1268-9

79486

HEALTH DEPARTMENT—CITY OF BALTIMORE

79486

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1821 Mosher St. 16-22 Ward.)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Faucer

(a) Residence: No. 1821 Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~
~~HUSBAND of~~
(or) WIFE of William Faucer

6. DATE OF BIRTH (month, day, year) Nov 18th 1847

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Justice Weaver

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Springer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Emma Faucer
(Address) 1821 Mosher St

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cemetery Date May 10th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 E Pratt St

20. FILED MAY 9 - 1932 Huntington Williams Registrar
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7th 1932

22. I HEREBY CERTIFY, That I attended deceased from April 13th 1932 to May 7th 1932

I last saw her alive on May 7th 1932 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Apr 13.
Other contributory causes of importance: Nephritis Coma	May 3

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide ~ Date of injury 19

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ~

Manner of injury ~

Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) George E. Shannon M. D.

5/7/32 (Address) 700 Fulton ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 79487

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79487

CERTIFICATE OF DEATH

X V71-001

1. PLACE OF DEATH St. Agnes' Hospital — Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Caton & Wilkens Ave) (Ward)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 7 ds. How long in U.S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Lottie L. Fox

(a) Residence: No. 116 N. 24th St. Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow

6. DATE OF BIRTH (month, day, year): July 13th 1888

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
44	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ____

10. Date deceased last worked at this occupation (month and year): ____

11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Samuel M. Gregory

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Clara V. Haynie

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Mrs Frank Costello
(Address) 116 N. 24th St.

18. BURIAL, CREMATION, OR REMOVAL
Place: White Hall Va Date: May 8th 1932

19. UNDERTAKER: Wm Cook
(Address) 1217 St Paul St

20. FILED: MAY 9 1932 — Huntington Williams, M.D. Registrar / Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1932 to May 7, 1932

I last saw h[illegible] alive on May 7, 1932 death is said to have occurred on the date stated above, at 4:10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious anemia	about Apr. 1 1932

Other contributory causes of importance: ____

Name of operation: None Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Robert Hewson, M. D.

(Address) St. Agnes Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

79488

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 79488

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2102 Brookfield ave St. 3-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Pearl Pear

(a) Residence: No. 2102 Brookfield ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced: HUSBAND of / (or) WIFE of Late Morris A.

6. DATE OF BIRTH (month, day, year) 1835

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
97			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Samuel

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT M. Herwitz

(Address) 2102 Brookfield ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Southern ave Date May 8 1932

19. UNDERTAKER Sol Gurnson + Bro

(Address) 1127 E Balto st

MAY 10 1932 (Date received by Registrar) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1932 to May 7, 1932

I last saw him alive on May 5, 1932 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

about 1 week

Other contributory causes of importance:

Senility, age.

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) M. Ephraim M. D.

(Address) 1904 E Eutaw pl

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 79489

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√59 E 79489

1. PLACE OF DEATH Lemdale — Registered No. 27-54

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jacob ~~Swart~~ Swat

(a) Residence: No. Belredere & Speerspring Rds. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Marion

6. DATE OF BIRTH (month, day, year) 1860

7. AGE: Years 71 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 40

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): R.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): R

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): R.

17. INFORMANT: Nathan Bliss

(Address) 2215 Gordon Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. 5-8-32 19

19. UNDERTAKER: Hart Sears Bros

(Address) 1439 E. Fort Huntington Wilkens, N.D.

Registrar.

MAY 8 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-6 . 1932

22. I HEREBY CERTIFY, That I attended deceased from July . 1931 to May 6 . 1932

I last saw him alive on 5-6 . 1932 Death is said to have occurred on the date stated above, at 12:30 P. m.

The principal cause of death and related causes of importance were as follows:

Arterio sclerosis
Chr. card. valvular disease
Diabetes Mellitus

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Edmund Leru M. D.

(Address) Lemdale

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 79490

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79490

CERTIFICATE OF DEATH

91-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 3-4 Ward)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. if of foreign birth? 24 yrs. mos. ds.

2. FULL NAME Sadie Waller

(a) Residence: No. 1421 E. Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Isaac Waller

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Getta

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Jack Lewis Brez
(Address) 1439 E. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date 5-8-32, 19

19. UNDERTAKER Jack Lewis Inc
(Address) 1439 E. Pratt St.

20. FILED MAY 9 1932 Huntington Latimore, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-7, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-12, 1932 to 5-7, 1932

I last saw her alive on 5-7, 1932 Death is said to have occurred on the date stated above, at 6.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute Bacterial Endocarditis	12-1-31

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis B.C. Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. B. Kirsh M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

B 79491 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 79491

CERTIFICATE OF DEATH

70-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5002 Belair Road St., 27-4 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances D. Appler

(a) Residence: No. 5002 Belair Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Walter W. Appler

6. DATE OF BIRTH (month, day, year) Dec 27/1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Salvatore Collurafici

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rosa Buccheiri

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs. Salvatore Collurafici
(Address) 5013 Belair Road

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 5/9 19 32

19. UNDERTAKER Frederick Lussahn & Son
(Address) 7401 Belair Rd

20. FILED MAY 9 1932 Huntington Mitchell, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6/32 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 6. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Purpura Hemorrhagica	? wks
(Cause & type undetermined)	

Other contributory causes of importance:

Meningial complications- probably Hemorrhagic — 3 days

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. S. H. Pace M. D.
Coroner
(Address) 504 E. Fort Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T—100 B—50L

79492

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79492

131

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced dead at

CITY OF BALTIMORE: (No.) Mercy Hospital ST., 27-41 WARD

2-FULL NAME Louis A. Little

(a) RESIDENCE NO 4609 Hampnett Ave. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Catherine Little

6 DATE OF BIRTH (month, day, and year) Mar. 14, 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	1	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Electrician
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Stopped work 1918

9 BIRTHPLACE (city or town) (State or country) York Pa.

PARENTS

10 NAME OF FATHER Amos F. Little

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Annie R. Pennell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant Mrs. Ruth O'Kelly
(Address) 4609 Hampnett Ave.

15 Filed MAY 8 - 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) acute alcoholism

(duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death? I do not know

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Fenton, M. D.
Coroner

5/7, 1932 (Address) Town Chart

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cem. DATE OF BURIAL 5/10 1932

20 UNDERTAKER Frederick Lassahn Sr. ADDRESS 7401 Belair Rd.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 79493 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 79493

CERTIFICATE OF DEATH

122-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 76-37 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Yolando Leone

(a) Residence: No. 6708 Fait Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 7/1930

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Sami Leone

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Antonette Nopoli

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Sami Leone
(Address) 6708 Fait Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oaklawn Cem. Date 5/10 1932

19. UNDERTAKER Leo J. Cook
(Address) 1723 N Patterson Pk Ave

20. FILED MAY 6 1932 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6/32 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 11.25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction ?	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. H. Mason M. D.
Coroner

(Address) 508 E Fort Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-13, 23—W.F.—5,000 Blks.

E 79494

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79494

CERTIFICATE OF DEATH.

23

1-PLACE OF DEATH

CITY OF BALTIMORE, No. 1003 McCulloh St. 11-2 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Worsell

(a) RESIDENCE NO. 1003 McCulloh St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced, BUSBAND of or) WIFE of: None

6 DATE OF BIRTH (month, day, and year): Jan 1913

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	04	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Burdett Worsell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Elsie Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mrs. Elizabeth Green

(Address) 1003 McCulloh St

15 Date received: MAY 8 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 4 — 1932

17

I HEREBY CERTIFY, That I attended deceased from April 2nd, 1932, to May 4th, 1932

that I last saw h[illegible] alive on May 6th, 1932

and that death occurred, on the date stated above, at 2:40 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis (Pulmonary)

(duration) yrs. 0 mos ds.

CONTRIBUTORY (Secondary): Influenza

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Jas C Carper, M. D.

, 19 (Address) 1433 Madison ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: 5/8 1932

20 UNDERTAKER: Samuel Kennedy — ADDRESS 578 W Fayette

Director

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-11-2501

E 79495

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79495

CERTIFICATE OF DEATH

+ 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem. Hospital St., ... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos 1 ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Mrs. Mary Gould Levering

(a) Residence: No. Keyton Ave, Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edwin H. Levering

6. DATE OF BIRTH (month, day, year) Oct. 20 1857

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
74	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME James A. Gould

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Mary Wilson

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Edwin H. Levering Jr
(Address) Keyton Md

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mound Date May 9 1932

19. UNDERTAKER John D. Mitchell Sons
(Address) 1900 Eutaw Place

FILED 19 Registrar

MAY 8 - 1932

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) May 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-6, 1932 to 5-7, 1932

I last saw h er alive on 5-7 1932 death is said to have occurred on the date stated above, at 12.45 A M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	
Other contributory causes of importance: Acute appendicitis and appendectomy four weeks previous	

Name of operation appendectomy Date of 4-1-32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) , M. D.

(Address) Union Memorial Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-11 250B

E 79496

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79496

186-001

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 1-44 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Ella Galloway

(a) Residence: No. 502 E. 36th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of Mr. John Galloway

6. DATE OF BIRTH (month, day, year) Oct 15, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 039

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME John Parks

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Sara Armstrong

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Mary J. Kane

(Address) 502 E. 36th St.

18. BURIAL, CREMATION, OR REMOVAL

Jessup's Bulbo May 9 1932

19. UNDERTAKER Chesnaveth & Son

(Address) 3417 Christmas Ave

20. FILED MAY 8 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-7-32, 19 , to 5-7-32, 19

I last saw her alive on 5-6-32, 19 death is said to have occurred on the date stated above, at 3.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of left hip	
Coma	
Coroner J. J. Thomsen	
Other contributory causes of importance: Old age and exhaustion	

Name of operation Reduction of fracture of left hip Date of operation 3-10-32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edward S. Fowler, M. D.

(Address) Union Memorial Hospital

INSTRUCTIONS: This certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A & Co.—250 Blks

E 79497

✓ E 79497

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 4023 W. Harrison Ave ST.) 15-63 (WARD)

2 FULL NAME Angelike Contoe

(a) RESIDENCE No. 4023 W. Harrison Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Contoe

6 DATE OF BIRTH (month, day, and year): Sept 20 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	7	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Greece.

PARENTS

10 NAME OF FATHER: Peter Moraitis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Greece

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Violet Contos

(Address): 4023 W. Harrison Ave.

15 [illegible] Registrar

MAY 8 - 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 8, 1932

17

I HEREBY CERTIFY, That I attended deceased from 5-8-, 19 32, to 5-8-, 19 32

That I last saw h[illegible] alive on 5-7-, 19 32

and that death occurred, on the date stated above, at 6a. m.

The CAUSE OF DEATH* was as follows:

Buried Arteriosclerosis, cerebral hypertension - Enlargement of valvular heart,

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary): Acute myocarditis

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) S. Brown M. D.

5-9 19 32 (Address) Medical Autopsy

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn

DATE OF BURIAL: May 10 19 32

20 UNDERTAKER: Cherow & Son

Address: 3615 Chestnut Ave

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79498

E 79498

CERTIFICATE OF DEATH

127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hosp 25-32 St., Ward)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carl Kuhn

(a) Residence: No. 2137 Annapolis St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 14 1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer C40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & R

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thomas S Kuhn

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Rosie Floyd

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Rosie Kuhn

(Address) 1432 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Park Md May 9 1932

19. UNDERTAKER Wm. Taylor

(Address) 1440 W. Mulberry

20. FILED MAY 10 1932 Huntington Williams, M.D. Registrar

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/5, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/26, 1932, to 5/5, 1932

I last saw him alive on 5/5 1932 death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism? following drainage & gall bladder for hydrops. Possible hepatic insufficiency.	
Other contributory causes of importance:	

Name of operation Cholecystotomy Date of 5/3/32

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Robert Hench M. D.

(Address) St. Agnes Hosp.

N. B.—WHITE PLAINLY, WITH CAPABILITY FOR THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T—100 B—50L

E 79499

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79499

CERTIFICATE OF DEATH

183

1-PLACE OF DEATH: Spring Gardens off 500 ft. span

CITY OF BALTIMORE: (No.) Hanover St. Bridge. (St.) 36-37 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME: Aloysius Weeks.

(a) RESIDENCE No. 713 Pontiac St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) April 18, 1916

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	0	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Clerk.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Cleveland, Ohio.

PARENTS

10 NAME OF FATHER: Paul Weeks.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ohio.

12 MAIDEN NAME OF MOTHER: Clementine Carlin.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ohio.

14 Informant: Paul Weeks. (father)

(Address) 713 Pontiac St.

15 Date MAY 8 1932, 192

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning.

Sinking of a boat from under him.

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt Coroner, M. D.

5/6/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross, A&C

20 UNDERTAKER: John J. Fahey Son

DATE OF BURIAL: 5/9 1932

ADDRESS: 1318 Eutaw

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M 5 7—100 B—50L

79500

E 79500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

REGISTERED NO. 46-37

1-PLACE OF DEATH: Spring Gardens off 500 ft. span

CITY OF BALTIMORE: (No.) Hanover St. Bridge. ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME: James C. Weeks.

(a) RESIDENCE NO. 713 Pontiac St, ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. ---------- How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) November 20, 1917

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	5	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Cleveland, Ohio.

PARENTS

10 NAME OF FATHER: Paul Weeks.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ohio.

12 MAIDEN NAME OF MOTHER: Clementine Carlin.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ohio.

14 Informant: Paul Weeks. (father)

(Address): 713 Pontiac St.

15 Filed 8-1932, 192

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning.
Sinking of a boat from under him.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Wade H. Kinnard, M. D. Coroner

5/6/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Gaby Bros. & Co

20 UNDERTAKER: John J. Gaby Sons

DATE OF BURIAL: 5/9 1932

ADDRESS: 3918 Eastern

Huntington Williams, M.D. Director

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 79501

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 79501

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 527 W. 40th St. 13-52 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia A. Wilson

(a) Residence: No. 527 W. 40th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas F. Wilson

6. DATE OF BIRTH (month, day, year) Oct. 1842

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James Knox

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT E. K. Wilson

(Address) 527 W. 40th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 5/9 1932

19. UNDERTAKER J. Edw. Boyle & Co.

(Address) Huntington Williams, Registrar

20. FILED MAY 9 1932

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/7 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 21 1931 to May 7 1932

I last saw her alive on May 7 1932 Death is said to have occurred on the date stated above, at 4:40 P.M.

The principal cause of death and related causes of importance were as follows:

Bronchi-pneumonia — Date of onset May 2, 32

Other contributory causes of importance:

Nephritis — 7 days

Name of operation — Date of

What test confirmed diagnosis — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Jno A. Lyles Jr. M. D.

(Address) 12 E. Eager St, Baltimore

M. D. B. 1268-9

E 79502

79502
259768

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. [illegible] St., [illegible] Ward)

Length of residence in city or town where death occurred yrs. mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Oscar Trout

1a) Residence: No. Bar. 2 51st R.R.D. 1 St., Ward. Roanoke, Va.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) unknown

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C & O

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Oscar Trout

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Hutchinson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Va Roanoke 5/8 [illegible]
Place Date 19

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED 1932 Huntington, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7 1932

22. I HEREBY CERTIFY, That I attended deceased from April 11 1932 to May 7 1932

I last saw h[illegible] alive on May 7 1932 Death is said to have occurred on the date stated above, at 1-55 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral tuberculosis tuberculoma cerebellum	Feb 1932

Other contributory causes of importance: none

Name of operation Cerebellar Upgrade Date of 4-1932

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fred W Good M. D.

(Address) Johns Hopkins Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement as to OCCUPATION is very important. See instructions on back of certificate.

E 79503

E 79503

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balt. City Hosp. (St.) 24-33 (Ward)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martin F Reynolds

(a) Residence: No. 422 Riverside Ave. St., 422 E Fort Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Wid.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary E Reynolds

6. DATE OF BIRTH (month, day, year) Oct. 23, —

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
69 —	— 6	— 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Michael C. Reynolds

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary A Leach

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Ricardo E. (Address) Balto City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date May 9 1932

19. UNDERTAKER Margaret L. Flynn (Address) 1422 Riggs Ave. Hunting Park Philadelphia, Pa.

MAY 8 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-7 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-20 1932 to 5-7 1932

I last saw h[illegible] alive on 5-7 1932 Death is said to have occurred on the date stated above, at 9:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Rectum with metastases to liver	Unknown
Other contributory causes of importance:	
Anemia, secondary	Unknown
Arteriosclerosis	
Chronic bronchitis	4 mos

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. A. Ellwood Jr. M. D.

(Address) Balto City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 79504

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79504

CERTIFICATE OF DEATH

v 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2846 Mayfield Ave St.) (Ward) 45

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Vacek

(a) Residence: No. 2846 Mayfield Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louis Vacek

6. DATE OF BIRTH (month, day, year) Jan 15 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	42	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME John Silverstein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Frank Vacek

(Address) 4618 Bowleslane

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date May 9, 1932

19. UNDERTAKER Frank Brockton

(Address) 1906 Alameda

20. FILED MAY 9 1932 Washington Williams, N.P. Registrar.

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1932

I HEREBY CERTIFY, That I attended deceased from January 15, 1932 to May 6, 1932

that I last saw h[illegible] alive on May 6 1932 and that death is said to have occurred on the date stated above, at 6:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	

(Other contributory causes of importance:

Carcinoma Uterus.

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify —

(Signed) John A. Schwenck M. D.

(Address) 1337 S. Charles St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—I. P. S.—500 Bks.

E 79505

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79505

CERTIFICATE OF DEATH

REGISTERED NO. 48

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 38 Gorman Ave ST., 20-54 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Augusta Martha Gladden

(a) RESIDENCE NO. 38 Gorman Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. 8 mos. 27 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm M Gladden

6 DATE OF BIRTH (month, day, and year) Aug 10th 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	8	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Gottlieb Pauwelsen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Charlotte Buchholtz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Wm M Gladden (Address) 38 Gorman Ave

15 Filed MAY 9 - 1932 Huntington Frederick Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6, 1932

17 I HEREBY CERTIFY, That I attended deceased from 1930, 19..., to May 6, 1932

that I last saw her alive on May 5, 1932

and that death occurred, on the date stated above, at 10:05 A.m.

The CAUSE OF DEATH* was as follows:

Carcinoma cervix uteri

(duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) — (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Biopsy

(Signed) Grant E. Ward, M. D.

5/6, 1932 (Address) Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL May 9th 1932

20 UNDERTAKER F B Wright - 1850 N. Paca St — ADDRESS

Important. See instructions on back of certificates.

Spec. 0-20 — A Co. — 250 Bks

E 79506.

E 79506.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 1910 Boone St. ST. 9-46 (WARD)

2 FULL NAME Mary Angela Cartwright

(a) RESIDENCE NO. 1910 Boone St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 24, 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	8	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sec. 609

(b) General nature of industry, business, or establishment in which employed (or employer) Publishing.

(c) Name of employer American School Found'n

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER C. Mitchell Cartwright

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Cath. McManus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Mrs. Catherine Cartwright,
(Address) 1910 Boone Street

15 MAY 9 1932 19 Huntington Williams N.P. Registrar Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6/32

17 I HEREBY CERTIFY, That I attended deceased from Jan 30, 19 32, to May 6, 19 32

That I last saw h er alive on May 6, 19 32

and that death occurred, on the date stated above, at 4.45 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast
General Carcinomatosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of May, 1931

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) J. Nelson Carey M. D.

, 19 (Address) 1014 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetry — DATE OF BURIAL: 5/9/32 19

20 UNDERTAKER: C. Vernon Lennon — ADDRESS: 4611 Park Heights

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 79507

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79507

CERTIFICATE OF DEATH.

106-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 513 Gold ST. (Ward) 14-59

2-FULL NAME Annie L Morris

(a) RESIDENCE NO. 513 Gold ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Richard Morris

6 DATE OF BIRTH (month, day, and year)

7 AGE: 44 (Years / Months / Days)

If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): N J

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): U S A

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): U S A

14 Informant (Address): Walter Hollard 513 Gold

15 Filed May 9 1932 Huntington Williams, M.D. Registrar Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 6 — 1932

17 I HEREBY CERTIFY, That I attended deceased from April 30 1932 to May 6 1932

that I last saw h[illegible] alive on May 6 — 1932

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Acute bronchitis

non tuberculous.

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Malnutrition

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. T. Coleman, M. D.

May 6 1932 (Address) 2039 McCulloh

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary

DATE OF BURIAL: May 9 1932

20 UNDERTAKER: Archibald C. Waldie 1840 McCulloh

ADDRESS

CAUSE OF DEATH to plain terms, so that it may be properly TION is very important. See instructions on back of certificates.

MAY 9 - 1932

M. D. B. 1268-9

79508 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 79508

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH Sinai Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6-9 St., Ward)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. if of foreign birth? 37 yrs. mos. ds.

2. FULL NAME Mrs Esther Goldberg

(a) Residence: No. 1826 Fairmount Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. Color or Race W

5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Israel

6. DATE OF BIRTH (month, day, year) 1873

7. AGE — Years 59 — Months — Days — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Vokroun

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Vokroun

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Margaret Goldberg (Address) 1826 E. Fairmount

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Date 5-9-32

19. UNDERTAKER Jack Lewis Inc (Address) 1439 E. Baltimore St

20. FILED MAY 9 1932 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/8 1932

22. I HEREBY CERTIFY, That I attended deceased from April 17 1932 to May 8 1932

I last saw her alive on 5/8 1932. Death is said to have occurred on the date stated above, at 2 PM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	?
cardiac chr. myocarditis	?

Other contributory causes of importance:

Gangrene Left Leg	2 wks

Name of operation — Date of No

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Milton B Kurtz M. D.

(Address) Sinai Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

Wanieck

E 79509 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79509

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 819 N Broadway St. 7-13 Ward)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine M Wanieck

(a) Residence: No. 819 N Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Karl Wanieck

6. DATE OF BIRTH (month, day, year) May 8. 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John B. Hay

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Toni Ensor

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT J. B. Hay Jr. (Address) 520 W Royal Ave

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date May 10 1932

19. UNDERTAKER John Ellicott (Address) 2008 Eutaw St

20. FILED MAY 9 - 1932 Huntington Williams N.P. Registrar.

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1932 to May 7, 1932

I last saw her alive on May 7, 1932 death is said to have occurred on the date stated above, at 3 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	
Senile Exhaustion	5/4/32

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Alex. J. Hayl, M. D.

(Address) 709 N Broadway

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 79510

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79610

108

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3927 E Pratt St. 26-37 (Ward)

Length of residence in city or town where death occurred 27 yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Josephine Amato

(a) Residence: No. 3927 E Pratt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John Amato

6. DATE OF BIRTH (month, day, year): Dec 25 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: (3?)
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Italy

FATHER

13. NAME: Jacob Marsuda
14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME: Dora Rosa
16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT: John Amato
(Address) 3927 E Pratt St

18. BURIAL, CREMATION, OR REMOVAL
Place St. Leonards Date May 10 1932

19. UNDERTAKER: John Wilds
(Address) 200 E Eager St

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 7. 1932

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1932, to May 7, 1932
I last saw her alive on May 7 1932 death is said to have occurred on the date stated above, at 12 noon.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4/28/32
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Philibert Antignani M. D.
(Address) 2942 Eastern Ave

state CAUSE OF DEATH in plain terms. Do not state mode of dying. OCCUPATION is very important. See instructions on back of certificate.

E 79511

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79511

93-003

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1331 W North Ave St. 14-54 Ward

2-FULL NAME Mr. John H. Danzeglock

(a) RESIDENCE NO. 1331 W North Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? 48 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Julia Danzeglock

6 DATE OF BIRTH (month, day, and year): Oct 22 1867

7 AGE: Years 64 | Months 6 | Days 15/6 | If LESS than 1 day ....hrs. or....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Butcher & Grocer

(b) General nature of industry, business, or establishment in which employed (or employer): Retired 013

(c) Name of employer: self

9 BIRTHPLACE (city or town)

(State or country): Germany

PARENTS

10 NAME OF FATHER: Aug Danzeglock

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant (Address): Mrs Annie Smith 1331 W. North Ave

15 Filed ..... 19 ..... Registrar

MAY 9 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1932 May 7 7 A.M.

17 I HEREBY CERTIFY, That I attended deceased from Oct. 3 1931, to May 7, 1932 that I last saw him alive on May 7, 1932 and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilitation

6 hrs

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic myocarditis + arteriosclerosis

Infarcency (duration) ..... yrs. 10 mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Fred. L. Zimmerman M. D.

5/7 1932 (Address) 2658 Harford Rd

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — Date of Burial: May 9 1932

20 UNDERTAKER: Lohr Mercer — ADDRESS: 2008 Orleans St.

MAY 9 1932

Very important. See instructions on back of certificates.

E 79512 F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79512

34

CERTIFICATE OF DEATH

REGISTERED NO. 15-21

1—PLACE OF DEATH
CITY OF BALTIMORE: (No. 618 Baker ST. WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Maggie Jefferson

(a) RESIDENCE NO. 618 Baker ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Alexander Jefferson

6 DATE OF BIRTH (month, day, and year) Mar. 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	2		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS
10 NAME OF FATHER Samuel Keeton
11 BIRTHPLACE OF FATHER (city or town) (State or country) Va
12 MAIDEN NAME OF MOTHER Adelina Johnson
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant William Jefferson, Son
(Address) 618 Baker St

15 Filed ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5, 1932

17 I HEREBY CERTIFY, That I attended deceased from April 20 1932 to May 5 1932
that I last saw her alive on May 5 1932
and that death occurred, on the date stated above, at 1:00 P. m.

The CAUSE OF DEATH* was as follows:

Acute Hypostasis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) B. M. Rhoads, M. D.
5/6 1932 (Address) 2424 O'H

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Johnsonia Cemetery	May 9, 1932
20 UNDERTAKER Thomas E. Kelem	ADDRESS 1805 Pennsylvania Ave

OF DEATH in plain terms, so that it may be properly classified. Also important. See instructions on back of certificates.

M. D. R. 1265-9

E 79513 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79513

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St. 1 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Warren Johnson

(a) Residence: No. 1374 Walker St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 29 1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Charles Johnson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Jackson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Records Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Cem. Date May 11 1932

19. UNDERTAKER Thomas E. Kelly (Address) 1303 Pennsylvania Ave

20. FILED MAY 11 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 17 1932 to May 7 1932

I last saw h[illegible] alive on May 7 1932 Death is said to have occurred on the date stated above, at 1.00 p.m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis (?) Date of onset Jan 32

Tuberculoma Brain (?) Jan 32

Other contributory causes of importance:

Syphilis

Name of operation — Date of —

What local confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr. Nicholson M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 79514 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79514

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1906 Penna Ave St. 14-20 Ward)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm Peace

(a) Residence: No. 1906 Penna Ave St., —. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of ~~WIFE~~ Lola Peace

6. DATE OF BIRTH (month, day, year) March 24, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Wm Peace

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Wm Peace, Jr

(Address) 1906 Penna Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date May 9, 1932

19. UNDERTAKER Thomas E. Kelly

(Address) 1303 Pennsylvania Ave Baltimore, Md.

20. FILED 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1932 to May 5, 1932

I last saw h[illegible] alive on May 5, 1932 Death is said to have occurred on the date stated above, at 1:15 a m

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 4/30/32

Ex Pneumonia Whites at Park, Va

Worked on a farm

Other contributory causes of importance:

Name of operation ✓ Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Lee Roe, M. D.

(Address) 924 Madison Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

79515 BE79515

CERTIFICATE OF DEATH

V 82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 Guilford Ave 11-14 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Aldridge

(a) Residence: No. 1200 Guilford Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ (or) WIFE of Elias H Aldridge

6. DATE OF BIRTH (month, day, year) Dec 1846

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York N.Y.

FATHER

13. NAME Abram Mabitt

14. BIRTHPLACE (city or town) (State or country) New York N.Y.

MOTHER

15. MAIDEN NAME Cynthia Marrett

16. BIRTHPLACE (city or town) (State or country) New York N.Y.

17. INFORMANT Henry M. Anderson

(Address) 3050 B St Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park (Funeral) Date 5/9/ 1932

19. UNDERTAKER Wm Cook

(Address) 1212 St Paul St

Huntington Pittsville, W. Va.

19 Registrar.

Director

MAY 9 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8th 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1 1931 to May 8 1932

I last saw h[illegible] alive on May 6 1932 Death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset May 8

Other contributory causes of importance:

Arterio Sclerosis — 1931 May 1

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) N. E. Keener M. D.

(Address) 1301 N Patterson Pk

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 79516

E 79516 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. 27-43

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (3114 Clear View Ave Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma M. Walsh

(a) Residence: No. 3114 Clear View Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ WIFE of James Henry Walsh

6. DATE OF BIRTH (month, day, year) Mar 21st 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fayetteville Ill

MOTHER FATHER

13. NAME Frederick Beckman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Lena Lempke

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Geo M. Stahmke

(Address) 3114 Clear View Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Chicago Ill Date May 9th 1932

19. UNDERTAKER Lyon & Cook

(Address) 1217 St Paul St

Huntington for Williams, N.D.

MAY 9 1932

Registrar

Director

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7th 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h... alive on ..... 19 .... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Valvular Insufficiency	? yrs

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. H. Pace M. D.

(Address) 1086 Hollins Coroner

79517

HEALTH DEPARTMENT—CITY OF BALTIMORE 79517

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2000 Brookfield Av St. 13-54 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Solomon E. Hamburger

(a) Residence: No. 2000 Brookfield Av St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Lillie Hamburger

6. DATE OF BIRTH (month, day, year) Feb 29 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. a retired c

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Emanuel Hamburger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rachel Kastner

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Benj Hamburger 2000 Brookfield Av

18. BURIAL, CREMATION, OR REMOVAL

Place Beth Jacob Date 5-10 1932

19. UNDERTAKER (Address) Jos Strauss & Son 1600 Eutaw Place

20. FILED ... 19... Registrar

Director

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1932 to May 8, 1932

I last saw h[illegible] alive on May 7, 1932 death is said to have occurred on the date stated above, at 7.50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5/1/32 ?

Other contributory causes of importance:

Pulmonary edema	5/7/32

Name of operation ... Date of ...

What test confirmed diagnosis? physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Frank Lemmon, M. D.

(Address) 2305 Eutaw Place

AACo. 5-31 250M

E 79518

E 79518 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 Sterling St St. 10-14 Ward)

Length of residence in city or town where death occurred 4 yrs ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Kelley Dartone

(a) Residence: No. 611 Sterling St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widow

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto City

FATHER
13. NAME unknown
14. BIRTHPLACE (city or town) (State or country) md

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Annie Kelley
(Address) 732 N. Calhoun St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 11-9 1932

19. UNDERTAKER Dennis Carberry
(Address) 916 Pennsylvania Ave

20. FILED ..... Registrar.
Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1932 to May 6, 1932, I last saw h[illegible] alive on May 6, 1932 death is said to have occurred on the date stated above, at 11 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... M. D.

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

Size 2-29-28—L. F. S.—500 Blks.

E 79519

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

REGISTERED NO. 79519

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1134 Dorm ST., 17-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Benjamin Pratt.

(a) RESIDENCE NO. 1134 Dorm ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced. (write the word) Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1889

7 AGE: Years 43 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER William Pratt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Flora Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Charles Pratt

(Address) 1211 Druid Hill

15 Filed MAY 9 - 1932 Huntington Wallace Registrar

Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7, 1932

17 I HEREBY CERTIFY, That I attended deceased from April 30, 1932, to May 7, 1932

that I last saw h/ alive on May 7, 1932

and that death occurred, on the date stated above, at 1:30 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Tuberculosis)

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Acute respiratory infection

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy X-Ray.

(Signed) George McDonald M. D.

19 (Address) 900 W Franklin St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: 5-9- 1932

20 UNDERTAKER: Samuel Carter

ADDRESS 916 Pa ave.

M. D. B. 1268-9

E 79520

E 79520

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 322 S. Duncan St. 1-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Mazur

(a) Residence: No. 322 S Duncan St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Mazur.

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Paul Czada

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME unk.

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Joseph Mazur.
(Address) 322 S. Duncan St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date May 10. 1932

19. UNDERTAKER J. W. Zygowski
(Address) 1930 Eastern Ave.

20. FILED Huntingtown, Md. May 11 1932
Registrar. Director

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7 . 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/1/32 . 19 . to 5/7/32 . 19 .

I last saw her alive on 5/7/32 . 19 . Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma	
Broncho Pneumonia	5/1/32
Carcinoma Pancreas with Jaundice (Annular Stricture)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Biopsy Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Hamil L. Fraley . M. D.

(Address) 316 S. Bond St.

AACo. 5-31 250B

E 79521

79521 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

112

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 N Fulton St. 15-54 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lula L Masemore

(a) Residence: No. 2211 N Fulton St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James N Masemore

6. DATE OF BIRTH (month, day, year) Oct 15 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Va.

FATHER

13. NAME Christopher Reid
14. BIRTHPLACE (city or town) (State or country) ... Va

MOTHER

15. MAIDEN NAME Charlotte Fisher
16. BIRTHPLACE (city or town) (State or country) ... Va

17. INFORMANT James N Masemore
(Address) 2211 Fulton St

18. BURIAL, CREMATION, OR REMOVAL
Place London Pk Date 5-10 1932

19. UNDERTAKER E & C Harle
(Address) 115 E. Mad. St

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-1- 1932 to 5-7- 1932

I last saw her alive on 5-7- 1932 Death is said to have occurred on the date stated above, at 11 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	2 mos.
Other contributory causes of importance: Bronchial Asthma	2 yrs.

Name of operation — Date of —

What test confirmed diagnosis? Clinical Were an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Lyman Perrott M. D.

(Address) 2202 North Ave.

OCCUPATION is very important. See instructions on back of certificate.

E 79522

E 79522

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. 18-29

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 949 W Lombard St. (Ward) 18

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME Anthony Zemaitaitis

(a) Residence: No. 949 W Lombard St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Zemaitaitis.

6. DATE OF BIRTH (month, day, year) Dec 8 1865

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
66	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Car repairing.

10. Date deceased last worked at this occupation (month and year) April 15, 32

11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Simon Zemaitaitis.

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Mary Linauckas

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Valentine Matelis.
(Address) 924 W Lombard St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date May 11, 1932

19. UNDERTAKER John Grebliauskas
(Address) 423 S Paca St

20. FILED MAY 3 1932 Huntington Middleton Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1st, 1932, to May 7-, 1932.
I last saw h[illegible] alive on May 6th, 1932. Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Liver — Date of onset ?

Other contributory causes of importance:

Toxemia + Exhaustion.

Name of operation not any Date of —

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) G. T. Buxton, M. D.
(Address) 301 E Lemmon St

1-30—M. & T.—100 B—50L

E 79523

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79523

CERTIFICATE OF DEATH

186-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 10-15 WARD)

2-FULL NAME Samuel Johnson

(a) RESIDENCE No. 604 E Madison ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Johnson

6 DATE OF BIRTH (month, day, and year) 1908

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	24			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer James Hallowars

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Josiah Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Jane Peachy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant E La Williams

(Address) Overlea Md

Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Fall down Hatchway at 606 E madison reaching his Usual returning Services his Card

CONTRIBUTORY (Secondary) Acute Nephritis (duration) yrs. mos. 4 ds.

(duration) about 2 mos 20 ds.

18 Where was disease contracted if not at place of death? 1104 E Madison

Did an operation precede death? yes Date of

Was there an autopsy? no

What test confirmed diagnosis? Appearance

(Signed) James H Taylor M. D.

Coroner

1932 (Address) 2002 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pinehurst Cem. May 9 1932

DATE OF BURIAL

20 UNDERTAKER Chas. E. Johnson

ADDRESS 5?? Caroline

CAUSE OF DEATH in plain terms, so that it may be properly coded. TION is very important. See instructions on back of certificates.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE E 79524

9524

CERTIFICATE OF DEATH

93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3201 Echodale Ave. St. 27-44 (Ward)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Wells Wilcox.

(a) Residence: No. 3006 Ailsa Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Raith Wilcox.

6. DATE OF BIRTH (month, day, year) July 2, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cashier B& O R?R.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Passenger Dept.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Thomas S. Wilcox,

14. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

MOTHER

15. MAIDEN NAME Elizabeth Green,

16. BIRTHPLACE (city or town) (State or country) Rhode Island.

17. INFORMANT Mrs. Elizabeth R. Wilcox

(Address) 3006 Ailsa Ave

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date MAY 11 1932 19

19. UNDERTAKER Geo. H. Kettler

(Address) 2700 Edmondson Ave

20. FILED MAY 9 1932 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 6th, 1932 to May 8, 1932

I last saw h alive on May 5, 1932 death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Cerebral Hemorrhage	

Other contributory causes of importance

Arterio Sclerosis

Hypertension

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Chas. Bunch M. D.

(Address) 4702 Harford Road

5/8/32

M.D.H. 79525

E 79525

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

260448

Registered No. 124

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 7-13 Ward)

Length of residence in city or town, where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Constance Collins

(a) Residence: No. 1526 E Monument St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female | 4. Color or Race: black | 5. Single, Married, Widowed, or Divorced (write the word):

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/22/28

7. AGE: Years 4 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ---

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Aubert Collins

14. BIRTHPLACE (city or town) (State or country) West Indies

MOTHER

15. MAIDEN NAME Alice South

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cemetery Date 5-9 1932

19. UNDERTAKER [illegible] (Address) [illegible] Baltimore, Md.

MAY 9 1932 19 Registrar. Director

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7 1932

22. I HEREBY CERTIFY, That I attended deceased from April 30 1932 to May 7 1932

I last saw h[illegible] alive on May 7 1932 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

Tuberculous Pericardial Effusion

Tuberculosis Meningitis

Duration of each: Yrs. 1931 Mos. April 1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. L. Goodwin M. D.

5/7/32 (Address) 6 H Monument

M. D. R. 1268-9

79526

HEALTH DEPARTMENT—CITY OF BALTIMORE

79526

CERTIFICATE OF DEATH

X 36

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. [illegible] Ward)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary C. Richards.

(a) Residence: No. Hampstead Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married.

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Harry F. Richards.

6. DATE OF BIRTH (month, day, year) March 1, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hampstead. Maryland

FATHER

13. NAME George Grose

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Nancy Brown.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Harry F. Richards.
(Address) Hampstead, Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Hampstead Md. Date May 11, 1932

19. UNDERTAKER Edw Clifton
(Address) Hampstead Md

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1932 to May 8, 1932

I last saw her alive on May 8, 1932 Death is said to have occurred on the date stated above, at 9 30 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicaemia.	5/8/32
	about
Other contributory causes of importance:	
Pulmonary Oedema	5/8/32
Cerebral Oedema	5/8/32

Name of operation Date of

What test confirmed diagnosis? Not. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 79527

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

E 79527

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2028 Walbrook ST. 15-21 WARD

2-FULL NAME Fannie Fillmore

(a) RESIDENCE NO 2028 Walbrook ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Fillmore

6 DATE OF BIRTH (month, day, and year) May 10 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	11	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Middletown Md.

10 NAME OF FATHER Eli Koogle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Susan ——

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Lelia Mylander

(Address) 2028 Walbrook

15 Filed May 9 1932 192 Huntington Williams, M.D. Director

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) I find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Leslie Steele, M. D. Coroner

(Address) May 7 1932

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Middletown Md

DATE OF BURIAL May 10 1932

20 UNDERTAKER Wm J. Tuckey & Sons

ADDRESS Nathl Pa

CAUSE OF DEATH must be stated plainly. See instructions on back of certificates. TION is very important

AaCo. 5 31 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE E 79528

CERTIFICATE OF DEATH

79528

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 E. 23rd St. 9-11th Ward)

Length of residence in city or town where death occurred 59 yrs mos ds. How long in U. S. if of foreign birth? yrs mos ds.

2. FULL NAME Louise Vogedes

(a) Residence: No. 522 E. 23rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Fred J. Vogedes

6. DATE OF BIRTH (month, day, year): June 5, 1860

7. AGE: Years 71 | Months 11 | Days 1 | If LESS than 1 day hrs or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

13. NAME: Peter Weber

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Katherine Siegmund

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mr. Wm Vogedes (Address) 2024 E. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL: Druid Ridge Date May 9 1932

19. UNDERTAKER: Wm. Rud. Ross (Address) North & Pa. Ave.

20. FILED MAY 9 - 1932 19 Huntington Williams, Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from October 16, 1931 to May 6, 1932

I last saw her alive on May 6, 1932 and that death is said to have occurred on the date stated above, at 7 p m.

The principal cause of death and related causes of importance were as follows:

	Duration
Diabetes Mellitus	3 years
General Arteriosclerosis	1 year
Chronic Interstitial Nephritis	14 m
	6

Other contributory causes of importance: Myocardial insufficiency, Dyspnea — 3 days

Name of operation — Date of

What test confirmed diagnosis? Typus Evan — Was (or) an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Vogedes M. D.

Director (Address) 2024 E. Lanvale St.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79529

E 79529

CERTIFICATE OF DEATH

93003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3108 Wallbrook St. 15-63 (Ward)

Length of residence in city or town where death occurred 60 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Mary Helen Thomig

(a) Residence: No. 3108 Wallbrook St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): APR 17, 1837

7. AGE: Years 95 | Months 0 | Days 19 | If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Annapolis Md.

FATHER

13. NAME: Andrew Thomig

14. BIRTHPLACE (city or town) (State or country): Rahmensdorf Austria

MOTHER

15. MAIDEN NAME: Christina Waggoner

16. BIRTHPLACE (city or town) (State or country): Berlin Germany

17. INFORMANT (Address): Mrs. Roberta Eckhardt 3506 Stoneleigh Rd.

18. BURIAL, CREMATION, OR REMOVAL: Place Greenmount Cem. May 9 19

19. UNDERTAKER (Address): Wm. J. McGuire Sons North & Fulton Aves.

20. FILED ... 19 ... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1932, to May 6, 1932

I last saw her alive on May 2, 1932 Death is said to have occurred on the date stated above, at 8:55 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage, Senile Arteriosclerosis, Chronic Nephritis, Duration several years

Date of onset: May 1932

Other contributory causes of importance:

Contracted Bladder, Duration several years

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) ... M. D.

(Address) 2202 Eutaw Place

Director

M. D. R. 1265-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79530

E 79530

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3002 Grayson St. 16-67 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME John R. Doering

(a) Residence: No. 3002 Grayson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Anna Doering.

6. DATE OF BIRTH (month, day, year) April 18, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	0	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Millerdale Coal

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 2 yrs.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Bristow Emmet Prescott

(Address) 3002 Grayson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date May 19, 1932

19. UNDERTAKER (Wm. McKee Sons)

(Address) Hoyle & Pulver

MAY 9 - 1932

19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1932 to May 7, 1932

I last saw her alive on May 6, 1932. Death is said to have occurred on the date stated above, at 6:40 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Dilatation — Date of onset 4/30/32

Other contributory causes of importance:

Hypertension

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward H. Harrison, M. D.

(Address) 2607 Garrison Blvd

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

79531

CERTIFICATE OF DEATH

51 E 79531

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2130 W. Balto (St.) 20-69 (Ward)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U.S. if of foreign birth 65 yrs mos ds.

2. FULL NAME William Furst

(a) Residence: No. 2130 W Balt St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed or divorced — HUSBAND of (or) WIFE of: Maggie Furst

6. DATE OF BIRTH (month, day, year): Oct 27 1861

7. AGE — Years: 70 — Months: 6 — Days: 11 — If LESS than 1 day hrs or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Retired Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: R.R.

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 23

12. BIRTHPLACE (city or town) (State or country): Alabama

FATHER

13. NAME: John Furst

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Sophia Bergman

16. BIRTHPLACE (city or town) (State or country): Wirtzburg

17. INFORMANT (Address): Maggie Furst 2130 W Balt St

18. BURIAL, CREMATION, OR REMOVAL — Place: London Park Date: April 11 1932

19. UNDERTAKER (Address): H. Thurnert Sons Baltimore

20. FILED: MAY 9 - 1932 (Registrar) Huntington Williams, M.D. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 8 1932

22. I HEREBY CERTIFY, That I attended deceased from July 22 1931 to May 8 1932

I last saw h— alive on May 8 1932 death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Bladder (Cystoscopy) — Date of onset: July 1931

Other contributory causes of importance: General Metastasis — Dec 1931

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury . 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) John Dorsch M. D.

(Address) 936 E. Monument St

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 79532 HEALTH DEPARTMENT—CITY OF BALTIMORE 93-803 E 79532

Home CERTIFICATE OF DEATH

1. PLACE OF DEATH 912 East North Ave Registered No.

CITY OF BALTIMORE: (No. 912 St., 9-18 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Andrew Wiley

(a) Residence: No. 912 East North Ave St., Ward. Baltimore, Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs Lillie Wiley

6. DATE OF BIRTH (month, day, year) Sept 17, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Custom Service Government
10. Date deceased last worked at this occupation (month and year) Dec. 1931
11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Harford Co Md.

FATHER
13. NAME David Wiley
14. BIRTHPLACE (city or town) (State or country) Harford Co Md Morrisville

MOTHER
15. MAIDEN NAME Mary Jewell
16. BIRTHPLACE (city or town) (State or country) Harford Co Md

17. INFORMANT W. M. Wiley (Address) 711 Melville Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Morrisville, Md Date 5-10- 1932

19. UNDERTAKER Howard Webb (Address) Lawn Grove Pa.

20. FILED MAY 6 1932 Registrar Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 8 1931 to May 7 1932

I last saw him alive on May 7 1932 Death is said to have occurred on the date stated above, at 1.15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with Hypertension	
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Herman B. Ernsher M. D.

(Address) 1729 St Paul St Balto Md
opp Cathedral

OCCUPATION is very important. See instructions on back of certificate.

E 79533

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79533

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 N. Montford Ave St., 6-10 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christian W. Tarpell

(a) Residence: No. 106 N. Montford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 1, 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at (this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Martin Tarpell

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Emma Larsen

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Martin Tarpell
(Address) 106 N. Montford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Carmel Cem Date May 9, 1932

19. UNDERTAKER L. Sander Sons Inc
(Address) 1710 Eutaw St

20. FILED MAY 9 1932, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1932 to May 8, 1932

I last saw him alive on May 7, 1932 Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

Convulsions — Date of onset
Bronchial Pneumonia
Cyanosis

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Andrew Tsamoutsis, M. D.

5/9/32 (Address) 2029 Eastern Ave.

-30—M. & T.—100 B—50L.

E 79534

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ E 79534

107-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 10-14 WARD)

2-FULL NAME Deloris Jackson

(a) RESIDENCE NO 150 McKim (823 McKim St.) ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 21/31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		11	17	
			8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md.

PARENTS

10 NAME OF FATHER Raymond Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Anna Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Katy Jackson

(Address) 817 N. Bond St.

15 Filed ..... 192 ..... Registrar

6-9-1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8/32 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Marasmus

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) ..... Coroner, M. D.

, 19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cem

DATE OF BURIAL 6-9 1932

20 UNDERTAKER Jas. M. Skinner

ADDRESS 1125 E. Mad St

E 79535

✓ E 79535

679535

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

REGISTERED NO.

(If death occurred in a hospital or institution give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 824 Rutland Ave ST. 7th WARD 13

2. FULL NAME Indianna Williams

(a) RESIDENCE NO. 824 Rutland Ave ST. 7th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: f

4 COLOR OR RACE: col.

5 Single, Married, Widowed, or Divorced (write the word): widow

6a If married, widowed, or divorced (or) WIFE of: John Williams

6 DATE OF BIRTH (month, day, and year): Jan. 14. 1870

7 AGE — Years: 62 Months: 3 Days: 22 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: Angeline Laine

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant (Address): Mrs. Jessie Ann Matthews 824 Rutland Ave

15 Filed 9-22 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 6, 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 17, 1932 to May 6, 1932

that I last saw her alive on May 6, 1932

and that death occurred, on the date stated above, at 10 P. M.

The CAUSE OF DEATH* was as follows:

chronic interstitial nephritis (uremia)

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) chronic myocarditis chr. otitis media → yrs. 4 mos. 19 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Rayner Browne M. D.

5/7 1932 (Address) 15 W E. Madison St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary cemetery — DATE OF BURIAL: May 9 1932

20 UNDERTAKER: Mrs R. G. Elliott — ADDRESS: 1225 Eastlan Ave

IMPORTANT: See instructions on back of certificate

A&Co. 5-31 250B

E 79536

E 79536 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. 15-63

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Anne E. King

(a) Residence: No. 4401 Fernhill Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of David King

6. DATE OF BIRTH (month, day, year) May 6 - 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	—	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER FATHER

13. NAME Thomas Arrington

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Nancy Brown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT David King

(Address) 4401 Fernhill Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Cem. Date May 10 1932

19. UNDERTAKER Chas. H. Nauert & Son

(Address) 1111 Eutaw Pl.

20. FILED May 9 1932 Registrar

Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-8- 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-27 1932, to 5-8 1932

I last saw her alive on 5-8 1932 death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardiac degeneration Decompensation	4-27-32

Other contributory causes of importance:

Chronic myocarditis (Generalized) Arteriosclerosis	

Name of operation X Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert Dawes, M. D.

(Address) St. Agnes Hospital.

AACo. 5-31 250B

79537 HEALTH DEPARTMENT CITY OF BALTIMORE E 79537

CERTIFICATE OF DEATH

93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2204 Ruskin St. 13-59 Ward)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Katie Kirby

(a) Residence: No. 2204 Ruskin ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert N. Kirby

6. DATE OF BIRTH (month, day, year) May 15. 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	68	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Benj. Thompson

14. BIRTHPLACE (city or town) (State or country) N. J.

15. MAIDEN NAME Martha Lester

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Robert N. Kirby 2204 Ruskin ave

18. BURIAL, CREMATION, OR REMOVAL Place Waynesboro Date May 10 . 1932

19. UNDERTAKER (Address) H. M. Tuckner & Sons Hunt & Pa Huntington Williams, N.Y.

20. FILED MAY 11 1932 Registrar Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day year) 5/8/1932

22. I HEREBY CERTIFY, That I attended deceased from 5/8/1931 to 5/8/1932

I last saw h[illegible] alive on 5/11/1932 death is said to have occurred on the date stated above, at 2301 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	?

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible], M. D.

(Address) [illegible]

E 79538

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2004 Edgewood St., 15-67 Ward)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Otto Valentine Vonsiff

(a) Residence: No. 2004 Edgewood St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geraldine Vonsiff

6. DATE OF BIRTH (month, day, year) July 22 1887

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	44	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Newspaper

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Otto Vonsiff

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Mary E. Ulrich

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Mary E. Vonsiff
(Address) 2109 Edmondson

18. BURIAL, CREMATION, OR REMOVAL Place Druid Grove Date 5/10 1932

19. UNDERTAKER H. Funkhouser Sons
(Address) Northern Ave

20. FILED MAY 9 1932 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1932.

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1932 to May 8, 1932

I last saw him alive on May 7, 1932 death is said to have occurred on the date stated above, at 3.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension cardio-renal disease.	1929
Other contributory causes of importance: Uremia.	

Name of operation — Date of

What test confirmed diagnosis? Bladderomanetin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. H. Smith, M. D.

(Address) 3429 Chestnut Ave.

AACo. 5-31 250M

E 79539

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79539

CERTIFICATE OF DEATH

Registered No. 66-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Gen'l Hospital (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. 6 mos. 6 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Julia E. Carolan

(a) Residence: No. Channing Crescent St. Ward. Old Orchard Rd.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Mr. Bernard G. Carolan

6. DATE OF BIRTH (month day year) Feb. 27 1883

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min
	49	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home-wife. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Jno. Bidons

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Jane Eskins

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT (Address) Hospital Records.

18. BURIAL, CREMATION, OR REMOVAL. Place Loudon Park Cem. Date May 11 1932

19. UNDERTAKER (Address) 1003 W. Baltimore St.

20. FILED MAY 9 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day year) May 8 1932

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1932 to May 8 1932

I last saw her alive on May 8 1932 death is said to have occurred on the date stated above, at 3:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exophthalmic Goitre	1928
Myocardial failure	5/4/32

Other contributory causes of importance: Acute Thyroxtoxicosis 5/4/32

Name of operation Thyroidectomy Date of 5/5/32

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edw. A. R. Wilkinson, M. D.

(Address) Bd. Bayside Hospitals

M. D. R. 1268-9

E 79540 HEALTH DEPARTMENT—CITY OF BALTIMORE E 79540

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial (or Hospital) St. (or Ward) 56

Registered No. 82-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jessie Cummings

(a) Residence: No. 510 Dennison St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C.	Married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jessie.

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48.		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Da Baltimore

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Jessie Cummings (Address) 510 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

[illegible] Date MAY 9 1932, 19

19. UNDERTAKER [illegible]

(Address)

MAY 9 1932 [illegible]

20. FILED MAY 9 1932 [illegible] Registrar

THE MORGUE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/22, 1932

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19 to [illegible], 19

I last saw h alive on [illegible], 19 Death is said to have occurred on the date stated above, at [illegible] m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

Coroner

(Address) 1532 Eutaw St

E 79541

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 152

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) University Hospital (Ward) 7-25

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dys.

2. FULL NAME James Johnson

(a) Residence: No. 634 Jasper St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER
13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Date ... Director
Place

19. UNDERTAKER
(Address)

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis of scalp	
Other contributory causes of importance: Abscess of scalp	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Eugene Zellert M. D.
Coroner
(Address) 2739 Eastern Ave.

79542 OB

HEALTH DEPARTMENT—CITY OF BALTIMORE E 79542

CERTIFICATE OF DEATH

122-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp 23-33 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret L Renando

(a) Residence: No. 40 C West 21 St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Renando

6. DATE OF BIRTH (month, day, year) Aug 12, 1901

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	30	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harrisonburg Va.

MOTHER FATHER

13. NAME Benjamin J. Miller

14. BIRTHPLACE (city or town) (State or country) Harrisonburg Va

15. MAIDEN NAME Lucy Mchorn

16. BIRTHPLACE (city or town) (State or country) Woodstock Va.

17. INFORMANT Joseph Renando
(Address) 40 C. West St

18. BURIAL, CREMATION, OR REMOVAL
Brunswick Md. Date 5/10 32

19. UNDERTAKER Fred C Brangston
(Address) 1a Monument St.

20. FILED ... 19... Registrar

VS-1933 Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/7 . 1932

22. I HEREBY CERTIFY, That I attended deceased from May 4 . 1932 to May 7 . 1932

I last saw her alive on May 7 . 1932 death is said to have occurred on the date stated above, at 12 32 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	4/17/32
Other contributory causes of importance: Pregnancy	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C.O. Schaub, M. D.

(Address) St Josephs Hosp

AACo 5-11-2500

79543

HEALTH DEPARTMENT—CITY OF BALTIMORE

79543

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 N Chester St. 8-17 Ward)

Length of residence in city or town where death occurred 64 yrs 10 mos 2 ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Margaret L Baker

(a) Residence: No. 616 N Chester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Samuel Baker Dec'd

6. DATE OF BIRTH (month, day, year) 7-6-1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	65	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

13. NAME Rosa Maguire

14. BIRTHPLACE (city or town) (State or country) Md

FATHER

15. MAIDEN NAME Henrietta Haviland

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Miss Sadie Baker (Address) 616 N Chester St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Md Date 5-12 1932

19. UNDERTAKER Albert L Hill Jr (Address) 616 N Chester Street

20. FILED 5-9-1932 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8 1932

22. I HEREBY CERTIFY, That I attended deceased from March 22 1932 to May 8 1932

I last saw her alive on May 8 1932 death is said to have occurred on the date stated above, at 1.30 P m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage 2 hrs.
Hypertension Arteriosclerosis 1 yrs

Date of onset

Other contributory causes of importance: Pneumonia 7 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert L Hill Jr M. D.

5/8/32 (Address) 1125 E Fayette St

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79544

E 79544

CERTIFICATE OF DEATH

131

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1111 Gorsuch Ave. ST. 9-46 WARD

2 FULL NAME Laura E. Cook.

(a) RESIDENCE NO. 1111 Gorsuch Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of William T. Cook.

6 DATE OF BIRTH (month, day, and year) Aug 20, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	8	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (state or country) md.

PARENTS

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) (state or country) Unknown.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Unknown.

14 Informant Mrs. Estella M. Brooks (Address) 1111 Gorsuch Ave.

15 Filed 19 Huntington Williams Registrar

9-1932 T.P.H. Director

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8, 1932

17

I HEREBY CERTIFY, That I attended deceased from March 30, 1932, to May 8, 1932

that I last saw her alive on May 8, 1932

and that death occurred, on the date stated above, at 3:30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis and nephritis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardiac Insufficiency

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings + Symptoms

(Signed) J. N. Wilcox M. D.

19 (Address) 848 W 36th St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge

DATE OF BURIAL May 11 1932

20 UNDERTAKER Thomas Ford

ADDRESS 2415 Eastern Ave

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

79545 E 79545

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Lydenham Hospital St., (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marion Louise Ludwig

(a) Residence: No. Parkton, Balto. Co. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 4, 1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Parkton Md

FATHER

13. NAME John Ludwig
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Leona Smith
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Leona Ludwig
(Address) Parkton Md

18. BURIAL, CREMATION, OR REMOVAL
Place Bear Cemetery Date May 10, 1932
Parkton Md

19. UNDERTAKER Kaplan & Siegel Monumental
(Address) Fred Sauer Parkton Md

Filed May 10 1932 Huntington Williams M.D.
(Registrar)
6 P.M. (Director)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1932, to May 8, 1932

I last saw her alive on May 8, 1932, death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	4/27/32

Other contributory causes of importance:

Bronchopneumonia

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If (Yes) specify

(Signed) Myron G. Tull, M.D.
(Address) Lydenham Hospital

M. D. B. 1268-9

E 79546

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79546

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 524 N Polomac St., 7-11 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Ann Miller

(a) Residence: No. 524 N. Polomac St., 6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Miller

6. DATE OF BIRTH (month, day, year) Aug. 4, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Daniel Cunningham

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Catherine Riley

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Margaret Reid

(Address) 524 N. Polomac St

18. BURIAL, CREMATION, OR REMOVAL

Place Edwards Cem. Date May 10th, 1932

19. UNDERTAKER Lilly & Siler Inc.

(Address) 403 S. Wolfe St. Huntington, W. Va.

20. Filed 9-1932 Registrar. Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7th, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1 - 1929 to May 5 1932

I last saw her alive on May 5 1932 Death is said to have occurred on the date stated above, at 2 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Heart failure	May 5 1932
Other contributory causes of importance:	
Arterio sclerosis - hypertension & chronic diffuse nephritis	1929 July

Name of operation — Date of

What test confirmed diagnosis? Sugar & albumen Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John D. Ruth, M. D.

(Address) 1628 Brookland

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

79547

CERTIFICATE OF DEATH

146 E 79547

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 10-W Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? 28 yrs. ... mos. ... ds.

2. FULL NAME Mrs. Cora Dicea XXX (Cora Dicea)

(a) Residence: No. 426 E. Eager St., Ward. (If non resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of (Joseph V. Dicea.)

6. DATE OF BIRTH (month, day, year) 2/17/1895

7. AGE	Years	Months	Days	If LESS than 1 day: hours or min.
	37	2	20	xxxxxx

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Gaetano Gambardella

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Sophia Scala

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Samuel Annello (Address) 416-Colvin Street

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 5/10/32 19

19. UNDERTAKER George D. Ruth Inc. (Address) 1545 W. Fayette St.

20. FILED ... 19 ... Registrar.

MAY 9 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/6, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/24, 1932 to 5/6, 1932

I last saw h[illegible] alive on 5/6, 1932 death is said to have occurred on the date stated above, at 7:35 P.M.

The principal cause of death and related causes of importance were as follows:

Syphilitic Toxemia of Pregnancy

Duration of illness

Other contributory causes of importance:

Uremia

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) K. F. Young, M. D.

(Address) St. Joseph Hosp.

1-30—M & T.—100 B—50L

E 79548

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 79548

CERTIFICATE OF DEATH

93-803

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 625 W. Saratoga ST. 4-25 (WARD)

2-FULL NAME Antonisia Bordonaro

(a) RESIDENCE NO. 625 W. Saratoga ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND (or) WIFE of Providencia Bordonaro

6 DATE OF BIRTH (month, day, and year) Dec 30-1843

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	88	✓	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Fruit
(b) General nature of industry, business, or establishment in which employed (or employer) Grocer
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Mrs. V. Petrillo

(Address) 621 W. Saratoga St

Filed MAY 9 1932, 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardio-vascular disease

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Eugene Feltel, Coroner, M. D.

5/9, 1932 (Address) 2729 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL 5/10 19 32

20 UNDERTAKER [illegible]

ADDRESS [illegible]

TION is very important See instructions on back of certificates.

M. D. H. 1268-9

E 79549

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

163 E 79549

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 26-42 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nicola Capone

(a) Residence: No. 4216 Springwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Vincenzina Zita

6. DATE OF BIRTH (month, day, year) Dec. 23, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Napoli Italy

FATHER

13. NAME Vincenzo Capone

14. BIRTHPLACE (city or town) (State or country) Napoli Italy

MOTHER

15. MAIDEN NAME Raffaela Comendioso

16. BIRTHPLACE (city or town) (State or country) Napoli Italy

17. INFORMANT Frank Tine

(Address) 4216 Springwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Vincents Date 5/10/32, 19

19. UNDERTAKER George D. Ruth Inc.

(Address) 1 Huntington Avenue, Md.

20. FILED MAY 9 - 1932, 19 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7/32, 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

Bichloride Poisoning
Mercury

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 19

Where did injury occur? At home-7 P.M. 5/6/32
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John A Cuccia M. D.
Coroner

(Address) 508 E Fayette St

M. D. B. 1268-9

E 79550

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 79550

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1705-Harford Ave. St., (Ward) 9-16

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred --yrs.--mos. 3-Months.ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elthonia Murray

(a) Residence: No. 1705-Harford Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Middlesex N. C.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Murray

6. DATE OF BIRTH (month, day, year) 8/8/1864

7. AGE Years	Months	Days	If LESS than 1 day xxxxxxxx or min.
67	10 9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. Hattie Etty

(Address) 1705-Harford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Middlesex, N.C. Date 5/10/1932

19. UNDERTAKER Geo. F. Butts Inc

(Address) 201 N. Eutaw St. Baltimore

FILED 9-1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1932 to May 9, 1932

I last saw her alive on May 8, 1932 Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

21. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) R. Herzegrad M. D.

(Address) 1305 N. Patterson Park Ave.

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THE 29th DAY July

OF 1965 THE MICROPHOTOGRAPHS APPEARING

HEREIN STARTING WITH #E 76361 Feb 4, 1932 AND

ENDING WITH #E 79550 MAY 9, 1932 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE

RECORDS OF THE DEPARTMENT OF Treasury

BUREAU OF Municipal Accounts AS DELIVERED

IN THE REGULAR COURSE OF BUSINESS FOR

PHOTOGRAPHING, AND THAT:

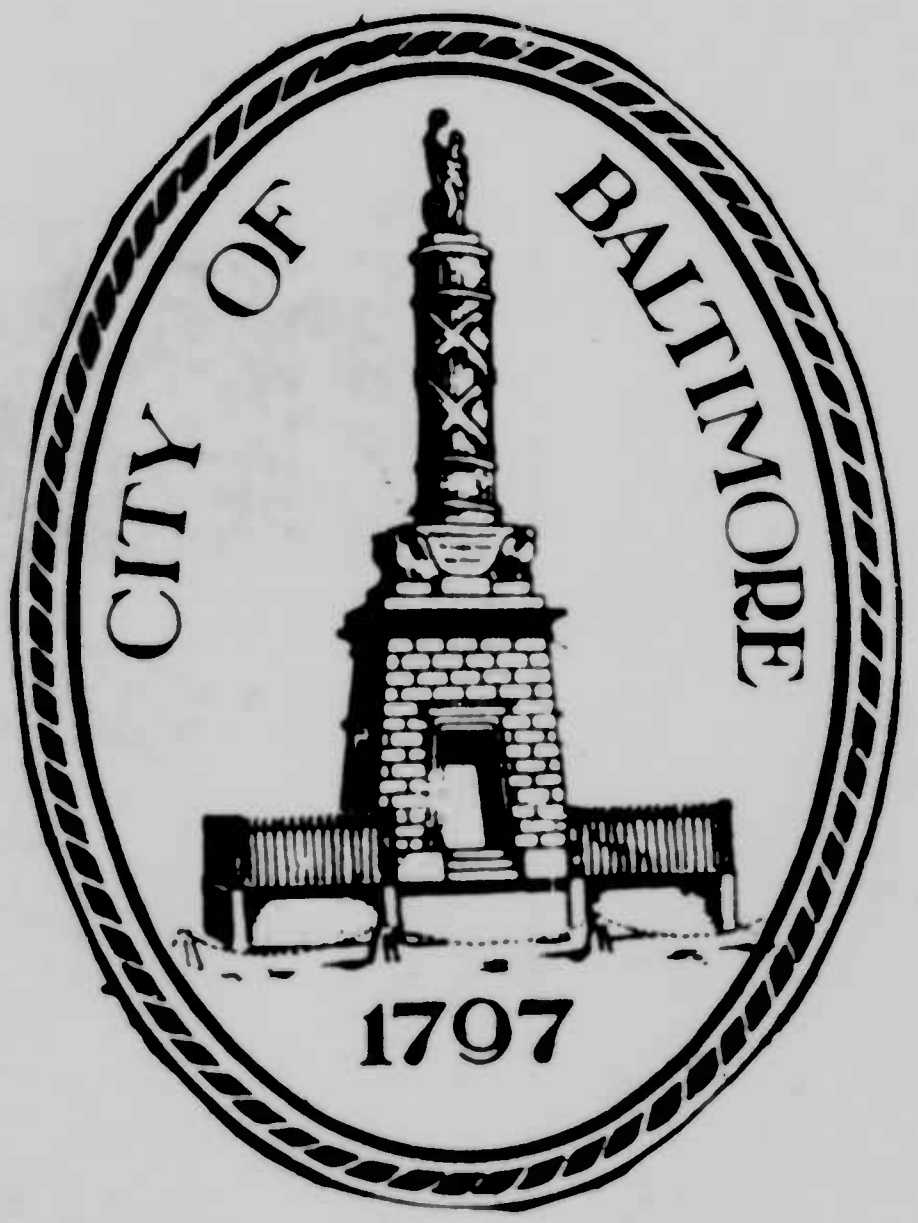
TO THE BEST OF MY KNOWLEDGE THE MICROFILM

MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU

OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC

COPY.

CAMERA OPERATOR: J. McFaul



END OF REEL